

LA Medical Disclosure Panel
May 17, 2013 | 10:00a – 12:00p

Members Present:	Members Absent:
Regan	Mitchell
Mouton	Marier
Garrett	Levet
Blankenship	Morvant
Williams	Pressly
Samuels	Miller
Yount	Daly
Hall	
Berger	

Call to order 10:09 am.

Introduction of Carol Lee, new administrative staff to take over duties of MDP from Michelle Christopher. Quorum not established at roll call.

Review and Approval previous minutes. – Deferred

Legal - General Consent Form Discussion

Blankenship had concerns regarding changes made to Section 2a of the Informed Consent form approved at prior meeting. Wants to limit actions of doctors to areas within their expertise and call in appropriate consultant when necessary. Recommends restating Section 2a to read: “Anything reasonably necessary and appropriate to save the patient’s life relative to the procedure and within the physician’s expertise.”

Mouton: objects to “within physician’s expertise” b/c limits consultations.

Berger: some procedures may not be within physician’s expertise. Adding language protects the physician.

During discussion quorum was established.

Motion by Williams to adopt Blankenship’s recommendation. Second by Blankenship. Roll call vote – Regan – N, Blankenship – Y, Mouton – N delete “within physician’s expertise”, Samuels – N, Garrett – Y, Yount – N, Williams – Y, Hall – Y, Berger – Y. 5 –Yeas, 4-Nays. Motion carries.

Williams. Passed at last meeting where patient initials at Section 3 Patient Condition and section 5 Reasonable Therapeutic Alternatives.on General Consent form to indicate understanding.

Mouton: in agreement. Has seen forms where 3 and 5 are left blank

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Williams: Have patients initial bottom of each page vs. forcing their initials at each condition.

Blankenship: Accomplishes same thing.

Motion by Williams. Second by Blankenship. Delete previous change made at last meeting and removing patient initials at Sections 3 and 5 of Consent Form. Require patients to initial bottom of each page. No objection. Motion passes.

Metabolic and Bariatric Surgery Presentation

Dr. Rachel Moore of the American Society for Metabolic and Bariatric Surgery presented. In 2001, FDA approved device. Recommendations are based on increased knowledge of complications that appear 8 – 10 years after surgery.

Add to 2451 - Gastric Lap Band for Obesity. Subsection C. Need for additional surgery due to 5. Band slippage and/or movement of band position on stomach; 6. Band erosion; 7. Reflux and/or inflammation of the esophagus; 8 enlargement and/or dysfunction of the esophagus; and 9. malfunction of band device.

Add to 2451 Subsection D. Other long term risks. 2 Inadequate weight loss; 7 Band slippage and/or movement of band position on stomach, 8 Band erosion, 9 Reflux and/or inflammation of the esophagus, 10. Enlargement and/or dysfunction of the esophagus.

Motion by Williams. Adopt recommendations as amended. No objections. Motion passes

Add to 2453 - Gastric Bypass with or without Liver Biopsy for Obesity. Subsection C. Need for additional surgery due to 5. Leakage of stomach and/or intestinal fluids; 6. strictures of anastomosis (areas where bowel and/or stomach are joined); 7 persistent ulcers.

Add to 2453 subsection D. Other Long Term Risks. 2. Inadequate weight loss; 5. Failure of the procedure, 9. Hair loss; 10. Sensitivity to alcoholic beverages

Motion by Williams. Adopt recommendations as amended. No objections. Motion passes

Add new Section 2454 – Sleeve Gastrectomy with or without Liver Biopsy for Obesity.

Dr. Moore: Surgeons all over the state contributed to this section and had opportunity to comment.

Mouton: Document is mislabeled. Change numbering.

Greg Waddell of LSMS: Formatting changes will be made during the rulemaking process.

Motion by Williams. Adopt recommendations with editorial changes. No objections. Motion passes.

Chair Williams asks Mr. Waddell to educate panel regarding the rulemaking process.

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Waddell: Must comply with administrative procedures process will be at least 6 months. DHH's Policy Division will send notice of intent to publish as a rule to State Register. Public hearing for comments. Then go to legislature for oversight. Final rule then published. Six month process.

ACOG Presentation

Williams: Discuss adding Cytotec to list of procedures that need consent. ACOG is opposed to adding cytotec to form. Not Relevant to purpose of form for consent to medications.

Mouton: should be on list of procedures/medicines to be disclosed discloses for patient's benefit and physicians.

Waddell: LSMS wouldn't support adding.

Garrett: Every medicine carries risk of death. Ridiculous to complete form for every medicine that is prescribed.

Mouton. How many medicines are used in off label use?

Garrett: Numerous. Don't fill out separate forms for off label use.

Blankenship: Bad connotation to jury. Too easy to paint doctor into corner when used off label.

Williams: ACOG spells out specific guidelines for off-label use.

Mouton: Cytotec is given electively, not medically necessary.

Williams. Necessary when you must expedite delivery. Uses regularly in accordance with ACOG guidelines.

Mouton: matter for convenience for patients and doctors.

Williams: if off-label use, getting separate consent form is burdensome and unnecessary

Mouton: supports disclosure for medications when off label use. Cytotec has picture of pregnant woman with a red slash through it.

Williams: Cytotec not for use in early pregnancy because risk of miscarriage. ACOG validates use for delivery. If Cytotec included on consent form would be open door to other medications.

Blankenship: Defer to next meeting

Samuels: wants to investigate further.

Mouton: suggests creating new Induction of Labor section, including Pitocin and Cytotec.

Williams: Defer to next meeting for further discussion. Discuss with ACOG, Dr. Culotta.

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Motion to approve minutes. By Mouton. Seconded by Garrett. No opposition. Motion passes.

Williams: Under 2303.C. All Fallopian tube and ovarian surgery with or without hysterectomy. 5. ... that may result in menopause which may require lifetime of hormone therapy or similar. 10. Failure to diagnose or miss cancer.

Motion by Williams to add change as amended. No objections.

Williams: Under 2303 D. Abdominal endoscopy Add robotics surgery.

Mouton: Any additional risks to robotics surgery?

Williams: ACOG didn't present any. Higher risk of cuff dehiscence and injury to bowels. Risks already included in vaginal hysterectomy.

Williams: Defer Robotics to next meeting. Determine if another category to be formed. Katie Sullivan of ACOG will be here

Mouton: Under J. Abdominal Suspension of Bladder -should we add anything as it relates to mesh?

Williams. Work with urology as it crosses specialties. Add consent form used for product. Patient acknowledges risks when product is used.

Samuel: objects to that. Risks might be unknown by physicians.

Williams: Move forward with consent form. And amend when mesh is used

Mouton: Under 2305. Maternity and Related Cases recommends adding another section C. Induction of labor. Included would be Cytotec, Pitocin, list of risks.

Williams took a poll to determine best time for meeting with a preference for members to be physically present at the meetings. It was determined that Fridays in the afternoon (1-3) was a good time. Next meeting is scheduled for Friday, August 16th from 1-3.

General Surgery will be topic at next meeting.

Motion by Williams to adjourn. Seconded by Mouton. No objections. Motion carries.

Meeting adjourned 11:47 am.