

LA Medical Disclosure Panel  
November 8, 2013 | 1:00p – 3:00p

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

Call to order 1:05 pm.

There was a quorum present.

No representative from Louisiana State Medical Society was present.

Carol Lee was the DHH Representative Present.

Review and approval of the 5/17/2013 minutes (Blankenship/Garrett).

Review and approval of the 8/9/2013 minutes

Dr. Garrett – The meeting in August those of us who attended via phone conference were not able to get through and I waited on hold on my end for almost 30 minutes. I would like the minutes to reflect the fact that members were not just absent, they just could not get through.

Dr. Williams: Not a problem. We did not vote on anything at that meeting.

Dr. Garrett: The minutes make it look as though I did not make an attempt and that is not the case.

Dr. Levet: The same thing happened for him.

(Garrett/Levet - Note that Garrett was working to attend webinar but there were technical difficulties on the part of DHH)

Dr. Williams asked for a Motion to Approve the minutes of August 9<sup>th</sup>.

Kurt Blankenship moved to accept minutes. Dr. Garrett Seconded.

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Dr. Williams: No objections were made to approve minutes. Motion so approved.

Dr. Williams: Next on the agenda is the approval of the Consent Form which we talked about at the May Meeting. One of the things that was discussed in August was that instead of having initials at each underlined area, it would be at the bottom of the page would be sufficient. That is the only difference. The other things on the form are things we discussed in the May meeting.

No questions were asked.

Dr. Williams: Do I have Motion for Approval?

Dr. Garret: So Moved.

Dr. Levet: Second.

No objections were made.

Dr. Williams: Consent Form approved.

Dr. Williams: The next item on the Agenda is OB/GYN. This was started in the May meeting and completed in the August meeting. There was discussion in May about Cytotech. Mr. Mouton wanted a Cytotech specific section. ACOG and the members were able to decide that the section under induction of labor would suffice for the Cytotech. Added IUD and added a section for Robotics. It is titled Robotic or laparoscopic hysterectomy. We included Robotics in the Endoscopy Section, letter D. See what was emailed to you, the highlighted areas indicate where the changes have been made between May and August. Any questions?

There were none.

Dr. Williams: Do I have a motion for approval as written?

Kurt Blankenship: I'll move that.

Dr. Levet: Second.

Dr. Williams: Any objections?

Ben Mouton: Object that cytotech is not an individual entry and disclosure of all the risks that go with that as we discussed in the August meeting.

Kara Samuels: I join in the objections.

Dr. Williams: Let's call for a Formal Vote.

Daly – At this point, I don't quite understand the concept. If that is something you guys think should be approved, then I am all for voting it down and adding it back into it.

Williams: The problem was and the discussion that we had was that if we added that we would go down a different road when we add different medications and risks involved with different medications. It is about interpretation and why do you want to open the door. What we have been asked to do is to determine risks for procedures and treatment. It would be onerous and

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burdensome on the OB/GYN and where would we stop doing that? Trying to focus on what our purpose is.

Daly – In that case, I would have to agree with you and I would vote for it.

Williams – Approve minutes with revisions as written?

Daly – Yes

Williams – To clarify, if you are voting yes, for approval of the OB/GYN revisions as written.

Daly – Yes, then my vote is yes.

Blankenship – Yes, I approve as written

Mouton – No

Samuels – No

Garrett – Yes

Williams – Yes

Levet – Yes

Morvant – Yes

Hall – Yes

Regan – Yes

8 Yes Votes

2 No Votes

Motion Passed.

Dr. Williams: Revisions passed as Written. I do want to say if an issue comes up that warrants change then it can be discussed. If new information comes up then, it can be discussed.

Dr. Morvant: I don't think an issue should open for discussion where a larger quorum have made a decision and a smaller group could change the vote of a larger majority.

Dr. Williams: No, if a new procedure, for example for OB/GYN, if it is new information, we could revisit that specialty.

Dr. Garrett: OK

Dr. Williams: Next issue is Oral Surgery and Psychiatry. This is new information before the Panel. The societies' have recommended no changes.

Mr. Blankenship: Have you sent those around to review.

Approved

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Dr. Williams: They are current statute now. They are on the website. If you want, I can postpone the vote on this and we can recirculate a copy of the current rules for Oral Surgery and Psychiatry and bring this up for vote at the next meeting.

Mr. Blankenship: I would be in favor of handling that way.

Dr. Williams: Next on the Agenda is Legal Discussion regarding Obstetrics and Gynecology. That was the Cytotech. Mr. Mouton you were going to call some of the lawyers for their individual opinions. Is there anything you want to discuss today?

You said you didn't have time to meet with the lawyers. I believe it was only the Cytotech issue. I wanted to open the forum. Is there anything else you wanted to talk about that you discovered on the general?

Mr. Mouton: In terms of the general consent and the cytotech issues. Nothing else has come up. I don't have anything to report specifically on anything that we have voted on thus far or on the general consent. Nothing to report on that.

Dr. Williams: The next issue is Chiropractic. Dr. Morvant, would you please conduct the Chiropractic Rule.

Dr. Morvant: I met with the President of the Board of Examiners and also the Executive Board of the Chiropractic Association. We are in agreement to Cervical Manipulation/Adjustment to removing the risk of stroke and leaving the rest. And leaving Thoracic or Lumbar Manipulation/Adjustment the same. So all we want to do is remove Stroke as a risk factor under Cervical Manipulation.

Dr. Williams: So 2461, you want to remove stroke under Cervical Manipulation. Under Thoracic or Lumbar, no changes.

Dr. Morvant: Correct. Under Cervical Manipulation, B, C, D no change.

Dr. Williams: Do we have any discussion on the proposed revision.

Mr. Mouton: Doctor what is the medical justification for removing stroke on that one.

Dr. Garrett: There is number of studies that have shown that it is not a material risk for cervical manipulation as far as to call it a factor.

Mr. Mouton: Is that something that has been developed in the literature recently because it was included originally when the rule was first promulgated.

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Dr. Morvant: Explained that in a 9 years study in which like 100 million person years of observation with only 8 cases of stroke in the 9 year study.

Dr. Williams: My advice, I believe that is a risk, putting that on the form, we would have to if it is a risk at all.

Further discussion took place regarding the removal of Stroke from the lists of Risks under 2461.

Following the discussion, Dr. Morvant stated they would agree to leave Chiropractic 2461 and 2463 as is with no changes made.

Ben Mouton: Asked if Chiropractors doing the dry needling procedure that has come out.

Dr. Morvant: Not at this time. The Board of Examiners is working on the ruling for that.

Ben Mouton: Please keep us information. If that is something that gets approved, we need to address it in the consent.

Dr. Levet: Moved to approve Chiropractic Rules as written with Stroke. (Exhibit 2)

Kurt Blankenship: Seconded

Dr. Williams: Motion so approved for Chiropractic.

Dr. Williams: Next on the Agenda – General Surgery. (Exhibit 1)

Dr. Williams: Reviewed changes made under Section 2313.

Dr. Garrett: Moved to Accept Changes.

Dr. Daly: Seconded.

No objections, Motion Passed

Dr. Williams: Reviewed changes made under Section 2319.

We will vote on A-E and get clarification on F.

Dr. Garrett: Moved to accept changes A-E as written

Kurt Blankenship: Seconded Motion.

Dr. Williams: No Opposition. Rules accepted as written 2319 A-E. We will bring 2319 F back for clarification.

Dr. Williams: Section 2323 – clarification needed. Should the risks for A,B and C all be the same? Section 2323 tabled to get clarification from Dr. Richardson.

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Dr. Williams: Section 2422. Dr. Levet moved to accept changes as written. Dr. Garrett seconded. Approved as written.

Dr. Williams: Section 2432 Ventriculoperitoneal Shunt Placement – Dr. Garrett moved to approve as written, Dr. Levet Second. No opposition. 2432 passes as written.

Dr. Williams: Section 2436 Lumboperitoneal Shunt Placement – Dr. Berger moved to approve as written, Dr. Garrett Second. No opposition. 2436 passes as written.

Dr. Williams: Sections 2440 and 2442 Tabled.

Dr. Williams: Sections 2455. They have added several risks. Dr. Garrett moved to accept as written. Dr. Daly second. No objections. Pass as written.

Dr. Williams: New Section, Say 2456. Fundoplication, hiatal hernia, Heller myotomy. Dr. Garrett moved to approve as written, Dr. Daly second. No objections. Passed as written.

Dr. Williams: New Section, 2457, Resections A – D. Dr. Garrett move with changes as written. Dr. Levet Second. No objections. Passed as written.

Next Meeting:

Dr. Williams: The proposed date for the next meeting with the room secured is Friday, 1/24/2014, 1pm – 3pm.

Meeting Topics:

Dr. Williams: The goal to have the following present at the next meeting:  
Anesthesia  
Cardiology (Ben Mouton)  
Podiatry

Garrett Motion to Adjourn; Berger Second; Meeting adjourned 2:05 p.m.

**Exh 1-20131108 Minutes-SurgerySurgery**  
Exhibit 1 – Minutes 11/8/2013

**§2313. Endocrine System Treatments and Procedures**

**A. Thyroidectomy or Parathyroid**

1. injury to the nerves resulting in hoarseness or impairment of speech;
2. injury to parathyroid glands resulting in low blood calcium levels that require extensive medication to avoid serious degenerative conditions, such as cataracts, brittle bones, muscle weakness and muscle irritability;
3. lifelong requirement of thyroid medication.
4. failure to identify disease

**B. Adrenal**

1. Recurrence of disease
2. lifelong medications
3. continued disease
4. missed diagnosis

**§2319. Digestive System Treatment and Procedures**

**A. Cholecystectomy (Removal of the Gallbladder) with or without Common Bile Duct Exploration**

1. pancreatitis (inflammation of the gland that produces insulin);
2. injury to the tube (common bile duct) between the liver and the bowel;
3. retained stones in the tube (common bile duct) between the liver and the bowel;
4. narrowing or obstruction of the tube (common bile duct) between the liver and the bowel;
5. injury to the bowel and/or intestinal obstruction.
6. bile leak
7. contrast reaction

**B. Gastrectomy or Vagotomy and Pyloroplasty (formerly 2416)**

1. Infection in Incision or Inside Abdomen
2. Bleeding which may Require Transfusion
3. Leakage from Stomach (Fistula)
4. Inability to Maintain Weight
5. "Dumping Syndrome" (Chronic Vomiting after Eating)
6. Inability to eat Large Amount of Food, Especially Early after Surgery
7. Diarrhea
8. Need for Vitamin B-12 Injections for Life if Total Gastrectomy is Needed
9. Recurrence of Condition for which Surgery was Originally Done

**C. Colon Resection (formerly section 2418)**

1. Infection in the Incision
2. Intra-Abdominal Infection (Abscess) Requiring Additional Surgery and Prolonged Hospitalization
3. Leakage from Colon (Fistula) Requiring Additional Surgery and Possible Colostomy (Colon Empties into Bag Worn on the Abdomen)
4. Injury to other Organ or Blood Vessel Requiring Additional Surgery or Blood Transfusion
5. Diarrhea, Sometimes Permanent
6. Hernia in Incision Requiring Additional Surgery for Repair
7. Recurrence of Cancer (If Surgery is done for Cancer)
8. Incomplete Resection of Disease
9. Malfunctioning of Stoma (if performed)

**D. Appendectomy (formerly section 2420)**

1. Infection in the Incision
2. Bleeding from or into Incision
3. Intra-Abdominal Infection (Abscess) Requiring Additional Surgery and Prolonged Hospitalization
4. Leakage from the Colon (Fistula) Requiring Additional Surgery and/or Colostomy (Colon Empties into Bag Worn on the Abdomen)
5. Hernia in the Incision

**Comment [CL1]:** Section 2313. Dr. Garrett moved to accept changes. Dr. Daly Seconded. No objections. Motion Passed.

**Comment [CL2]:** Dr. Williams: Reviewed changes made under Section 2319. We will vote on A-E and get clarification on F.  
Dr. Garrett: Moved to accept changes A-E as written  
Kurt Blankenship: Seconded Motion.  
Dr. Williams: No Opposition. Rules accepted as written 2319 A-E. We will bring 2319 F back for clarification.

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**E. Hemorrhoidectomy or Excision of Anal Fistula or Fissure (formerly 2424)**

1. Bleeding at Operative Site
2. Post-Operative Pain, Especially with Bowel Movements
3. Temporary/Permanent Difficulty Controlling Bowel Movements or Passage of Gas
4. Recurrence of Hemorrhoids or Fistula or Fissure
5. Narrowing of Anal Opening Requiring Additional Surgery or Repeated anal Dilatations
6. Urinary retention

**F. Trans-anal (NEW SECTION under 2319)**

1. Bleeding at Operative Site
2. Post-Operative Pain, Especially with Bowel Movements
3. Temporary/Permanent Difficulty Controlling Bowel Movements or Passage of Gas
4. Recurrence of Hemorrhoids or Fistula or Fissure
5. Narrowing of Anal Opening Requiring Additional Surgery or Repeated anal Dilatations
6. Urinary retention
7. Incomplete resection of disease

**Comment [CL3]:** . Bring back to 1/2014 meeting after obtaining clarification from Dr. Richardson. Trans-anal WHAT?

**§2323. Integumentary System Treatment and Procedures**

**A. Radical or Modified Radical Mastectomy (Simple Mastectomy Excluded)**

1. limitation of movement of shoulder and arm;
2. swelling of the arm;
3. loss of the skin of the chest requiring skin graft;
4. failure to completely eradicate the malignancy;
5. decreased sensation or numbness of the inner aspect of the arm and chest wall;
6. injury to major blood vessels.
7. Missed Diagnosis
8. Seroma
9. Disfiguring Scar
10. Failure to locate and remove malignancy
11. Recurrence of Disease
12. Pain, numbness or weakness of arm
13. Need for further operations

**Comment [CL4]:** . 2323 Tabled. Should the risks for A, B and C all be exactly alike, i.e. 1-13?

**B. Excisional Breast Biopsy with or without needle localization and with or without sentinel lymph node biopsy (Formerly 2426)**

- A. Infection;
- B. Blood clot (hematoma);
- C. Failure to obtain accurate diagnosis;
- D. Disfiguring scar;
- E. Failure to locate and remove abnormality.
- F. Seroma
- G. Recurrent disease
- H. Need for further surgery including mastectomy
- I. Inadequate margins

**C. Lumpectomy (partial excision of breast) with Axillary Dissection with or without needle localization, with or without sentinel lymph node biopsy (Formerly Section 2428)**

- A. Infection
- B. Blood Clot (Hematoma)
- C. Disfiguring Scar
- D. Fluid Collection in Axilla (Arm Pit)
- E. Numbness to Arm
- F. Swelling of Arm on Side of Surgery
- G. Damage to nerves of Arm or Chest Wall, Resulting in Pain, Numbness, Weakness
- H. Local Recurrence of Cancer
- I. Complication of Irradiation



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**§2422. Inguinal, Incisional, Ventral, Umbilical Hernia Repair**

- A. Infection in the Incision, Possibly Requiring Additional Surgery to Remove Mesh if used for Repair
- B. Bleeding into Incision or Scrotum Resulting in Marked Swelling with Pain, Possibly Requiring Additional Surgery
- C. Recurrence of Hernia
- D. Injury to or Loss of Testicle(s) or Spermatic Cords(s), Possibly Causing Sterility
- E. Nerve Injury Resulting in Numbness or Chronic Pain in Groin Area
- F. Damage to testicles
- G. Numbness

**Comment [CL5]:** Section 2422. Dr. Levett moved to accept changes as written. Dr. Garrett seconded. Approved as written.

**§2432. Ventriculoperitoneal Shunt Placement**

**NOTE:** Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Malfunction of Shunt Due to Infection
- B. Collection of Blood or Fluid between Brain and Skull (Subdural Hematoma/Hygroma)
- C. Headaches (Low Pressure Syndrome)
- D. Development of Condition Requiring another Shunt (e.g., Isolated Ventricle)
- E. Weakness or Loss of Sensation or other Function Due to Placement of Catheter
- F. Blood Clot in Brain (Intracerebral Hematoma)
- G. Failure to Absorb Fluid from Peritoneal Cavity (Fluid in Abdomen)
- H. Blindness, Seizures or Epilepsy
- I. Leaks in Catheter And Its Connections
- J. Injury to Abdominal Organs
- K. Mechanical Failure
- L. Separation or Migration of Catheter
- M. Infection with or without Malfunction of Shunt
- N. Bowel Injury
- O. Mal-positioned catheter

**Comment [CL6]:** Dr. Garrett moved to approve as written, Dr. Levett Second. No opposition. 2432 passes as written.

**§2436. Lumboperitoneal Shunt Placement**

**Note:** Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Inflammation Reaction in Nerves of Spinal Canal
- B. Curvature of Spine
- C. Shifting/Movement of Brain with Neurological Impairment
- D. Headaches
- E. Spasticity
- F. Difficulty Swallowing
- G. Other Neurological Difficulties
- H. Bowel Injury
- I. Mal-positioned catheter

**Comment [CL7]:** Dr. Berger moved to approve as written, Dr. Garrett Second. No opposition. 2436 passes as written

**§2440. Dialysis**

**A. Peritoneal Dialysis**

**Note:** Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

1. Peritonitis (Infection within the Abdominal Cavity)
2. Catheter Complications (Perforation of an Organ In the Abdomen)
3. Hypotension (Abnormally Low Blood Pressure)
4. Metabolic Disorders (Protein Loss, Malnutrition, Elevated Blood Sugar)
5. Hypertension (High Blood Pressure)
6. Pulmonary Edema (Excess Fluid in Lungs)

**Comment [CL8]:** Title/Heading Needed. Would this be correct?

**Comment [CL9]:** Is this title correct? Or should It be General Dialysis?

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7. Cardiac Arrhythmias (Irregular Heartbeats)
8. Cardiac Arrest (Heart Stoppage)
9. Use of Temporary Access Catheter

**B. Peritoneal Dialysis, Temporary or Permanent**

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

1. Peritonitis (Infection inside the Abdominal Cavity)
2. Bleeding
3. Infection
4. Intestinal Perforation (Piercing of an Organ Within the Abdominal Cavity)
5. Ileus (Sluggishness and Distention of Intestines)
6. Chronic Pain
7. Hernia
8. Fluid Leak
9. Adhesions
10. Primary non-function of catheter
11. Mis-position of catheter

**Comment [CL10]:** Formerly Section 2444. Name changed from Insertion of Temporary Peritoneal Dialysis Catheter. Change by ACOS. Is this title correct?

**§2442. Insertion of Temporary or Permanent Hemodialysis Access Catheter**

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Blood Clots, Requiring Re-Operation
  - B. Infection
  - C. False Aneurysm (Damaged to Blood Vessels with Swelling, Rupture or Pain)
  - D. Recurrent Thrombosis (Blood Clot)
  - E. Severe Edema Of Extremity (Swelling)
  - F. Pneumothorax (Air in Chest Cavity Causing Collapse of Lung)
  - G. Arrhythmia
- Removed F. Inadequate Blood Supply to Extremity (Interference with Blood Supply)  
Removed G. Inadequate Blood Supply to Nerves with Resulting Paralysis

**Comment [CL11]:** Section tabled. Requesting clarification from ACOS.

**Comment [CL12]:** ACOS - Do you want this to Remain. Not clear from your comment.

**§2455. Thoracentesis (insertion of needle or tube for drainage of chest cavity fluid)**

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for the particular procedure.

- A. Bleeding
- B. Pneumothorax (Lung Collapse)
- C. Infection
- D. Failure to alleviate primary problem
- E. Failure to diagnose problem
- F. Prolonged O2 requirement
- G. Need for further intervention
- H. Arrhythmia
- I. Pain

**Comment [CL13]:** Section 2455. They have added several risks. Dr. Garrett moved to accept as written. Dr. Daly second. No objections. Pass as written.

**New Section 2456: Fundoplication, hiatal hernia, Heller myotomy**

1. Reflux or recurrent reflux
2. Hiatal hernia or recurrent hiatal hernia
3. Inability to vomit or burp
4. Difficulty swallowing
5. Increased flatulence
6. Bloating

**Comment [CL14]:** New Section, Say 2456. Fundoplication, hiatal hernia, Heller myotomy. Dr. Garrett moved to approve as written, Dr. Daly second. No objections. Passed as written.

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**New Section 2457: Resections:**

**A. Soft Tissue Biopsy or Resection (Add blank for location of Lesion or Lesions)**

1. Disfiguring scar
2. Failure to eradicate disease
3. Recurrent disease
4. Damage to local blood vessels or nerves
5. Pain
6. Local Numbness

**B Lung Resection (Add blank for type and location of resection)**

1. Stroke
2. Extended O2 Requirement
3. Arrhythmia
4. Recurrent Disease
5. Incomplete Removal of Disease
6. Chest Tubes

**C. Liver Resection (Add blank for location or type of resection)**

1. Liver Failure
2. Bile Leak
3. Prolonged O2 requirement
4. Arrhythmia
5. Recurrent disease
6. Failure to remove all Disease
7. Misdiagnosis of disease

**D. Pancreatic Resection (Add blank for location or type of resection)**

1. Leakage of bowel
2. Leakage or Spillage of Pancreas or Liver secretions
3. Development of diabetes
4. Prolonged O2 Requirement
5. Arrhythmia

**Comment [C15]:** New Section, 2457, Resections A – D. Dr. Garrett move with changes as written. Dr. Levett Second. No objections. Passed as written.

**EXHIBIT 2 -Exh 2-Chiropractic LA- 20131108  
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**§2461. Cervical Manipulation/Adjustment**

NOTE: This Section was originally promulgated as §2440 but was moved as that number was in use.

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Stroke
- B. Disc Herniation
- C. Soft Tissue Injury
- D. Rib Fracture

**§2463. Thoracic or Lumbar Manipulation/Adjustment**

NOTE: This Section was originally promulgated as §2442 but was moved as that number was in use.

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- A. Disc Herniation
- B. Soft Tissue Injury
- C. Rib Fractures