

**GYNECOLOGICAL SURGERY****Unnecessary Procedure — OB-GYN****Plaintiff claimed unnecessary procedure caused ureter injury**

<b>VERDICT</b>	<b>Defense</b>
<b>CASE</b>	Jane Wang v. Kuan I. Wang M.D. and John Schlaerth M.D., No. GC035644
<b>COURT</b>	Superior Court of Los Angeles County, Pasadena, CA
<b>JUDGE</b>	Joseph F. DeVanon Jr.
<b>DATE</b>	2/6/2008

<b>PLAINTIFF ATTORNEY(S)</b>	Nicola Kazandjieff, Kazandjieff & Traney, Sherman Oaks, CA Bruce Traney, Kazandjieff & Traney, Sherman Oaks, CA
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<b>DEFENSE ATTORNEY(S)</b>	Raymond L. Blessey, Taylor Blessey LLP, Los Angeles, CA
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**FACTS & ALLEGATIONS** On June 18, 2004, plaintiff Jane Wang, 53, a bank data-entry clerk, presented to OB-GYN Kuan I. Wang with a complaint of heavy discharge since menopause. His diagnostic work-up including an ultrasound of the uterus, and an endometrial biopsy revealed an enlarged uterus with well-differentiated adenocarcinoma. Given the known diagnosis of endometrial cancer, Kuan Wang consulted with gynecologic oncologist John Schlaerth regarding surgery.

On July 20, surgery was performed. The first phase of the surgery included a hysterectomy and removal of the fallopian tubes and ovaries. Kuan Wang was the primary surgeon for this portion of the procedure. Surgical specimens taken during this initial phase revealed that the uterine cancer was not invasive. The next phase of the surgery was dedicated to surgical staging. Schlaerth was the primary surgeon for this portion of the procedure. He removed the pelvic, peri-aortic and renal lymph nodes. There were no apparent complications, and the patient left the operating room in good condition. The frozen section analysis of the surgical specimens including the uterus, tubes, ovaries and three sets of lymph nodes revealed the absence of invasive and metastatic disease. The permanent section, available 48 hours after the procedure, revealed moderately differentiated adenocarcinoma with a tumor mass totaling 2 centimeters. There was no evidence of metastatic disease on the permanent sections.

On July 29, Jane Wang returned to the emergency room on July 29 with complaints of abdominal pain and was diagnosed by imaging studies as having a hole in her left ureter. A stent was eventually placed to allow for healing. However, due to a stricture that developed in the area of the opening, she required

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multiple additional procedures, including transplantation of a portion of the gastrointestinal tract for the purpose of forming a bypass around the stricture.

Jane Wang sued Kuan Wang and Schlaerth, alleging medical malpractice. Schlaerth settled with the plaintiff prior to trial for an undisclosed amount.

Jane Wang alleged that the lymph node sampling in general, and specifically the peri-aortic lymph node sampling, was unnecessary given the pre-operative evidence of Grade I adenocarcinoma and the frozen section analysis which revealed noninvasive cancer of the uterus. In addition, she claimed that the results of the peri-aortic lymph node sampling did not alter her treatment plan after the surgery at issue.

Plaintiff general and oncologic surgery expert Harvey Kalan testified that Kuan Wang's failure to terminate the July 20 surgery prior to the lymph node sampling was below the standard of care, given Jane Wang's low-grade cancer as demonstrated on the pre-surgery endometrial biopsy and frozen section of the uterus. He also claimed that the ureter injury was caused by a hemoclip that was placed on the ureter during the peri-aortic lymph dissection.

Jane Wang's expert medical oncologist Edwin Jacobs testified that the peri-aortic lymph node sampling was inappropriate and did not add any useful information to the management of the patient after surgery.

Kuan Wang contended that he reasonably consulted with Schlaerth, who is an expert in gynecologic oncology. Moreover, he argued that he was entitled to rely on Schlaerth because he is a recognized authority in his field, and that frozen section results are known to be unreliable, and the risk of ureter injury is extremely low.

Defense OB-GYN expert James Macer testified that it was reasonable to consult with a gynecologic oncologist regarding the nature and extent of the surgical staging indicated. Furthermore, he opined that it was well within the standard of care to rely on the recommendations of the subspecialist for surgical decisions pertinent to cancer.

Defense gynecologic oncology expert Philip DiSaia testified that, given the size of the uterus found pre-operatively and the risk of metastatic cancer, the risks of not sampling far outweighed the risk of sampling. He contended that the results of the peri-aortic sampling provided definitive information that the plaintiff did not need radiation therapy.

**INJURIES/DAMAGES** *stricture*

The plaintiff allegedly sustained a ureter injury due to a hemoclip placed on the ureter during the peri-aortic lymph dissection—a procedure that she contended was unnecessary and inappropriate. Imaging studies conducted nine days after surgery revealed a hole in her left uterine. A stent was placed, but due to a stricture that developed in the area of the opening, she had to undergo multiple additional procedures. Among the procedures was a transplantation of a portion of the gastrointestinal tract for the purpose of forming a bypass around the stricture.

The plaintiff's economic expert estimated her past and future loss of earnings at \$135,000.

In closing arguments, plaintiff's counsel asked the jury for \$918,000 in general damages. In addition, a Medi-Cal lien in the amount of approximately \$66,600 was entered into evidence.

**RESULT** The jury returned a defense verdict.

**DEMAND** \$150,000  
**OFFER** Waiver of costs

**TRIAL DETAILS** Trial Length: 7 days  
Trial Deliberations: 70 minutes  
Jury Vote: 10-2

**PLAINTIFF EXPERT(S)** Edwin Jacobs, M.D., oncology, Burbank, CA  
Harvey Kalan, M.D., oncologic surgery, Tarzana, CA

**DEFENSE EXPERT(S)** Philip DiSaia, M.D., gynecologic oncology, Irvine, CA  
James A. Macer, M.D., OB-GYN, Pasadena, CA

**EDITOR'S NOTE** This report is based on information provided by plaintiff's counsel and defense counsel.

—Julie Bratvold