BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **MICHAEL R. ROLLINS, M.D.** Holder of License No. **30379** For the Practice of Allopathic Medicine In the State of Arizona.	Board Case No. MD-06-0456A **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER** (Letter of Reprimand)

The Arizona Medical Board ("Board") considered this matter at its public meeting on October 11, 2007. Michael R. Rollins, M.D. ("Respondent") appeared before the Board with legal counsel Stephen Myers for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order after due consideration of the facts and law applicable to this matter.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 30379 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-06-0456A after receiving notification from a local hospital that Respondent resigned from staff while under investigation. Several of Respondent's cases were reviewed by Board Staff and one, involving a thirty-five year-old male patient ("JH"), was forwarded to the Board for consideration.

4. On June 23, 2005 Respondent performed a sigmoid colectomy on JH for recurrent diverticulitis. Respondent inspected the completed anastomosis with a rigid sigmoidsocope and no leak was identified after insufflation of the rectum with the anastomosis underwater. On June 26, 2005 JH's hematocrit was 23 and on the next day it dropped to 20. Postoperatively JH's hemoglobin declined from 15.9 on the date of surgery to 7.1 on June 27, 2005. Respondent

believed the blood loss was at most a "trickle" and transfused JH with two units of packed cells and the hemoglobin rose to 9.1 on June 28, 2005. JH was discharged on June 29 with a hematocrit of 26. On July 3, 2005, ten days post-surgery, JH collapsed at home and was brought to the emergency room complaining of 10 out of 10 pain and two hours of diffuse abdominal pain with distention and vomiting. The emergency room physician described JH's abdomen as distended and diffusely tender with mild guarding and rebound. Abdominal films demonstrated free air with no definite obstruction or fluid levels. A CT scan of the abdomen demonstrated ascites with free air. The emergency room physician noted JH was stable and well appearing despite his tachycardia. However, the emergency room physician did not believe JH required urgent surgery, but did believe he needed close monitoring.

5. Respondent presented to the emergency room and examined JH. Respondent noted a white blood cell count as 7 and a hematocrit of 40. Respondent's impression indicated JH was ten days to two weeks following sigmoidectomy with acute onset of severe abdominal pain with relatively unremarkable CT and laboratory data. Respondent noted the acites were consistent with the postoperative bleeding and the small amount of free air was unremarkable given JH's postoperative status. Respondent planned to follow JH's abdominal examination closely. Nursing notes from July 3 indicate JH's pain level raised between six and ten, most often either nine or ten. The notes also indicate JH was passing blood per rectum and had coffee ground emesis. Respondent was notified of the blood per rectum and an elevated potassium of 6.8.

6. Respondent was not surprised by the free air and free fluid felt the small amount of free air was left over from his previous surgery and the free fluid was whole blood from JH's post-operative bleed. Respondent discussed the situation extensively with JH and relayed both operative and non-operative approaches to the problem. Respondent and JH chose to pursue the non-operative conservative approach first and Respondent believed this to be a very reasonable

option. When it became clear to Respondent the morning of July 4, 2005 that the non-operative approach was failing he told JH he would need to re-explore him. JH did not want another operation.

7. In the afternoon of July 4, 2005 Respondent took JH to surgery and performed an exploratory laparotomy with drainage of intra-abdominal abscess, creation of colostomy and placement of central venous line. When the abdomen was opened, Respondent suctioned 3,000 ccs of fluid (clotted blood) in the midst of which JH became bradycardic and required CPR lasting approximately six to seven minutes and, after several rounds of medication, JH recovered his own rhythm. Respondent then completed the exploration, discovered a 0.5 centimeter leak in the anterior portion of the anastomosis, divided the sigmoid colon distal to the tear and performed an end colostomy. JH did poorly post-operatively, developing renal failure and requiring hemodialysis. JH was returned to the operating room four times for "washout of his abdomen" and ultimately to close the abdominal wall. JH remained essentially unresponsive even following weaning from sedation on July 20, 2005. JH's clinical status was consistent with global anoxic injury and this was confirmed by MRI. JH remained in a persistent vegetative state. JH underwent tracheostomy on August 4, 2005 and was transferred to a skilled nursing facility where he died on August 6, 2005. Respondent did not expect such a rapid decline in an otherwise relatively healthy, yet obese, young man and was very sorry for the outcome. Respondent believes in retrospect that JH's cardiac arrest was due to hypovolemia.

8. In order for JH's hematocrit to drop from 47 to 20 after the first surgery he would have had to lose about five liters of blood in a seventy-two to ninety-six hour period. Re-exploration at this point did not guarantee Respondent would have found the source of the bleed, but he could have looked for the source. Had Respondent re-explored he may have been able to correct the source of the bleeding and evacuate, prior to JH's discharge, what turned out to be a very large pelvic hematoma.

9. The standard of care required Respondent to recognize and timely diagnose and treat a post-operative complication of hemorrhage.

10. Respondent deviated from the standard of care by failing to recognize and timely diagnose and treat JH's post-operative complication of hemorrhage.

11. JH died.

CONCLUSIONS OF LAW

1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof and over Respondent.

2. The Board has received substantial evidence supporting the Findings of Fact described above and said findings constitute unprofessional conduct or other grounds for the Board to take disciplinary action.

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient of the public") and A.R.S. § 32-1401(27)(ll) ("[c]onduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.").

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

Respondent is issued a Letter of Reprimand for failure to timely operative on a patient with post-operative complications.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 14th day of December, 2007.

THE ARIZONA MEDICAL BOARD

By _____
AMANDA J. DIEHL, MPA, CPM
Deputy Executive Director

ORIGINAL of the foregoing filed this 14th day of December, 2007 with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Executed copy of the foregoing mailed by U.S. Mail this 14th day of December, 2007, to:

Stephen Myers
Myers & Jenkins, PC
3003 North Central Avenue – Suite 1900
Phoenix, Arizona 85012-2910

Michael R. Rollins, M.D.
Address of Record