

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2024-007

In the Matter of

KATHERINE MATTA, M.D.

**CONSENT ORDER**

Pursuant to G.L. c. 30A, § 10, Katherine Matta, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 21-019.

**Findings of Fact**

1. The Respondent is Board-certified in Obstetrics and Gynecology. She graduated from the University of Missouri, Kansas City School of Medicine in 2003. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 245099 since 2012. The Respondent works at St. Elizabeth's Medical Center (SEMC).

2. On February 7, 2020, the Medical Executive Committee of SEMC voted to suspend the Respondent's privileges to perform robotic surgery, open gynecologic surgery, laparoscopy surgery, and operative hysteroscopy due to four separate incidents of concern.

Patient A

3. Patient A, a G.L. c. 4, § 7(26)(c) female, underwent laparoscopic removal of a G.L. c. 4, § 7(26)(c) by the Respondent on G.L. c. 4, § 7(26)(c) 2015.

4. Intraoperatively, the Respondent consulted with a general surgeon to assist in successfully removing the G.L. c. 4, § 7(26)(c).

5. The Respondent continued the surgery and performed an G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

6. Patient A did not consent to removal of her G.L. c. 4, § 7(26)(c)

7. The Respondent failed to meet the standard of care with regard to Patient A.

Patient B

8. Patient B, G.L. c. 4, § 7(26)(c) female, underwent a hysteroscopic resection of G.L. c. 4, § 7(26)(c) with the Respondent on G.L. c. 4, § 7(26)(c)G.L. c. 4, § 7(26)(c), 2018.

9. The Respondent attempted the resection using the MyoSure with normal saline; however, due to poor visualization, the Respondent switched to the resectoscope with glycine.

10. Patient B developed G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c)

11. The Respondent aborted Patient B's surgery.

12. Patient B's fluid deficit was G.L. c. 4, § 7(26)(c) of a combination of glycine and saline.

13. Patient B was transferred to the ICU for management of G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c).

14. The Respondent reported that approximately G.L. c. 4, § 7(26)(c) was removed because "[i]t was unable to be grasped without visualization."

15. Patient B was discharged home on postoperative day three with G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

16. Patient B returned to the Respondent for a subsequent hysteroscopy with Myosure on G.L. c. 4, § 7(26)(c) 2018

17. The Respondent failed to meet the standard of care with regard to Patient B.

Patient C

18. Patient C, a G.L. c. 4, § 7(26)(c) female, underwent a robotic assisted laparoscopic hysterectomy and bilateral salpingectomies with the Respondent on G.L. c. 4, § 7(26)(c) 2019.

19. During a pre-operative visit on G.L. c. 4, § 7(26)(c) 2019 with the Respondent, neither a pelvic exam nor a urinary pregnancy test was performed on Patient C.

20. No urinary pregnancy test was performed on Patient C on the day of surgery, G.L. c. 4, § 7(26)(c), 2019.

21. Intraoperatively, the Respondent noted that Patient C's G.L. c. 4, § 7(26)(c)  
G.L. c. 4, § 7(26)(c)

22. As the Respondent G.L. c. 4, § 7(26)(c)  
G.L. c. 4, § 7(26)(c)  
G.L. c. 4, § 7(26)(c)

23. The Respondent failed to meet the standard of care with regard to Patient C.

Patient D

24. Patient D, G.L. c. 4, § 7(26)(c) female, underwent an abdominal supracervical hysterectomy and bilateral salpingectomies with the Respondent on G.L. c. 4, § 7(26)(c) 2019.

25. The Respondent's operative note stated: G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

26. The Respondent noted poor visualization, difficult dissection, G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

27. The Respondent reported that the G.L. c. 4, § 7(26)(c)

28. The surgery concluded and Patient D was transferred to recovery.

29. Shortly thereafter, in the G.L. c. 4, § 7(26)(c), Patient D became G.L. c. 4, § 7(26)(c)

G.L. c. 4, § 7(26)(c)

30. Patient D returned to the operating room with the Respondent and a gynecologic oncologist.

31. Approximately G.L. c. 4, § 7(26)(c) was removed from Patient D's abdomen.

32. G.L. c. 4, § 7(26)(c)

33. The hysterectomy was completed during Patient D's second surgery.

34. The Respondent failed to meet the standard of care with regard to Patient D.

### Conclusion of Law

A. The Respondent has violated G.L. c. 112, §5, ninth par. (c) and 243 C.M.R. 1.03(5)(a)3 in that she engaged in conduct which calls into question her competence to practice medicine, including but not limited to practicing medicine with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

B. The Respondent has violated 243 C.M.R 1.03(5)(a)17 in that she committed malpractice within the meaning of G.L. c. 112, § 61.

### Sanction and Order

Pursuant to G.L. c. 112, § 5A and 243 C.M.R. 1.05(7), the Respondent is permanently restricted from performing gynecologic surgery, with the exception of diagnostic hysteroscopy; the Respondent is not restricted from performing obstetric surgery. Further, the Respondent's license is hereby SUSPENDED, indefinitely. Any stay of the suspension would be at the Board's discretion and contingent upon the Respondent entering into a 5-year Probation Agreement with terms including: (1) completion of a practice audit; and (2) a Board-approved practice plan with Board-approved monitors to report on complete and timely submission of records. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

### Execution of this Consent Order

Complaint Counsel, the Respondent, and the Respondent's counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent's counsel are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then

the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on her behalf, has received any promises or representations regarding the same.

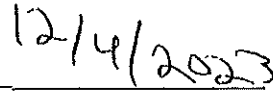
The Respondent waives any right of appeal that she may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated during the period of probation. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



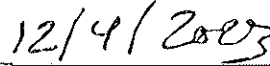
Katherine Matta, M.D.  
Licensee



Date



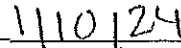
Mary Azzarito, Esq.  
Attorney for the Licensee



Date

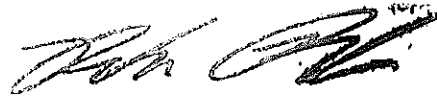


Rachel N. Shute, Esq.  
Complaint Counsel



Date

So ORDERED by the Board of Registration in Medicine this 8th day of February, 2024.



Booker T. Bush, M.D.  
Board Chair