

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2019-006

In the Matter of

Leonardo J. Velazquez, M.D.

**STATEMENT OF ALLEGATIONS**

The Board of Registration in Medicine (Board) has determined that good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges that LEONARDO J. VELAZQUEZ, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No 15-033.

**Biographical Information**

1. The Respondent was born on December 13, 1971. He graduated in June 2001 from the University of Puerto Rico School of Medicine. The Respondent is board-certified in Ophthalmology and has been licensed to practice medicine in Massachusetts since October 2004 under certificate number 223086. He is affiliated with the Cataract and Laser Center in West Springfield and Wing Memorial Hospital in Palmer.

**Factual Allegations**

2. In July 2014, the Greater New Bedford Surgicenter (Surgicenter), with which the Respondent maintained a practice, suspended his privileges citing complications during his cataract surgery on four patients. The Surgicenter alleged that the Respondent had a higher rate

of dropped nucleus incidents compared to that of his peers at the Surgicenter. Each of the patients experienced a complication which included a rupture or tear in the capsular bag.

3. The capsular bag or capsule is where the cataract lens resides and is the preferred location for the implanted replacement lens. If the capsule is ruptured the replacement implanted lens may be placed elsewhere rather than inside the capsule.

4. For the reasons outlined below, the Respondent's cataract surgery and documentation of his cataract surgery complications for three of the patients, Patients A, B, and C, fell below the standard of care.

#### Patient A

5. On May 12, 2014, the Respondent performed cataract surgery on Patient A's left eye, during which there was a complication.

6. Patient A's lens capsule ruptured, causing the lens to fall into the vitreous.

7. The Respondent's documentation of the procedure states that the capsule rupture occurred because Patient A was talking during the procedure, however, talking during the procedure should not have been enough to cause a capsule rupture.

8. The Respondent provided further explanation, stating that the lens capsule was ruptured by the phaco tip during hydrodissection of the lens. However, since hydrodissection and phacoemulsification do not occur in the same step of the procedure, this description of the complication is incongruous.

9. The Respondent's documentation of the mechanism of the capsule rupture is unclear.

10. The Respondent placed the replacement lens into the ciliary sulcus and referred Patient A to a retinal specialist for a vitrectomy with removal of the cataractous lens fragments.

11. The Respondent's documentation of the complication involving Patient A's left eye was below the standard of care.

#### Patient B

12. The Respondent performed cataract surgery on Patient B's right and left eyes and had a complication with each eye.

13. On August 1, 2013, the Respondent performed cataract surgery on Patient B's right eye. The Respondent's printed note states that there was no complication with this surgery.

14. However, handwritten notes for the right eye surgery state that the lens haptics were placed in the sulcus although there had been no vitreous prolapse. This would only occur if there was a tear in the posterior capsule. The Respondent did not document such a tear in the record.

15. On August 26, 2013, the Respondent performed cataract surgery on Patient B's left eye and experienced a tear in the posterior capsule, resulting in the cataractous lens being lost in the vitreous cavity. The Respondent had to abort the procedure and refer Patient B to a retinal specialist, who performed a lensectomy and vitrectomy two days later.

16. The Respondent's description of how to avoid such tears in the future was to perform a hydrodissection with at least two syringes of balanced salt solution. However, such an approach may actually cause a rupture to the capsule.

17. The Respondent's failure to document the complication of a tear in the posterior capsule of Patient B's right eye is below the standard of care.

#### Patient C

18. The Respondent performed cataract surgery on Patient C's left and right eyes and had a complication with the right eye.

19. On April 7, 2014, the Respondent performed cataract surgery on Patient C's left eye with no apparent complication.

20. On May 12, 2014, the Respondent performed cataract surgery on Patient C's right eye and experienced a complication, though his operative notes indicate no complication.

21. The Respondent's operative notes for the May 12, 2014 procedure state that the Respondent placed the implanted lens into the capsular bag, but this is contradicted by notes from a subsequent surgery by retinal specialists.

22. On May 21, 2014, two retinal specialists performed a vitrectomy and lensectomy on Patient C's right eye. The operative report for the May 21, 2014 surgery state that the lens implant had been placed in the ciliary sulcus, not in the capsular bag.

23. The Respondent's failure to document the May 12, 2014 complication (which was corrected on May 21, 2014) *i.e.*, that the implanted lens was placed in the sulcus and not in the capsular bag and that Patient C required subsequent cataract lens fragment removal, was below the standard of care.

24. The Respondent failed to document two of five complications in seven cataract surgeries, which may be an indication that his complication rate is under-reported.

#### Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (c) and 243 CMR 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that he engaged in conduct that places into question the Respondent's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions.

B. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has violated of a rule or regulation of the Board. Specifically: 243 CMR 2.07(13)(a), which requires a physician to maintain a medical record for each patient, which is adequate to enable the licensee or any other health care provider to provide proper diagnosis and treatment.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore, it is hereby **ORDERED** that the Respondent show cause why the Board should not discipline the Respondent for the conduct described herein.

By the Board of Registration in Medicine,

*Candace Lapidus Sloane, MD*

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Candace Lapidus Sloane, M.D.  
Board Chair

Date: February 7, 2019