

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2014-032

In the Matter of)
)
)

KONSTANTINO AVRADOPOULOS, M.D.)
_____)

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Konstantino Avradopoulos, 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. 11-396.

Findings of Fact

1. The Respondent was born on November 9, 1963. He graduated from the Northeastern Ohio Universities College of Medicine in May 1988. He is certified by the American Board of Surgery. He has been licensed to practice medicine in Massachusetts under certificate number 204941 since March 2000. He has privileges at St. Vincent Hospital and Harrington Memorial Hospital.

2. Between August 2007 and October 2011, Respondent performed approximately 2300 surgical procedures at St. Vincent's Hospital. Respondent has never been

disciplined by St. Vincent's or any other hospital. The Respondent was disciplined by his employer following his treatment of Patient A.

Patient A

3. On October 16, 2011, Patient A, a 50 year-old female, presented to St. Vincent Hospital's Emergency Department (ED) with worsening buttock pain and spontaneous purulent discharge from the right buttock area. She described her pain as 10 out of 10 with a heart rate of 110. Upon physical examination her right buttock was purple in color with foul-smelling discharge from the abscess and crepitus around the wound.

4. At the time of Patient A's admission, the Respondent was the on-call surgeon, for the third consecutive day.

5. The ED staff diagnosed Patient A with a necrotizing soft tissue infection.

6. The Respondent was contacted by the surgical resident regarding Patient A and her diagnosis at approximately 11:45 p.m. on October 16, 2011.

7. The Respondent did not come in to the hospital to perform emergent surgery.

8. The Respondent instructed the surgical resident to admit Patient A to the ICU and to initiate antibiotics and I.V. fluids, and to schedule Patient A for surgery on October 17, 2011 at 6 a.m.

9. ED staff transferred Patient A to another hospital after being informed that Respondent had scheduled surgery for the morning.

Patient B

10. Patient B was a 70-year-old man with a history of benign prostatic hypertrophy and urinary tract infections who sought care from the Respondent in May of 2009 for a right recurrent inguinal hernia repair.

11. On May 4, 2009, the Respondent performed an operation to repair Patient B's recurrent right inguinal hernia.

12. On May 16, 2009, the Respondent examined Patient B, who was suffering from urine retention and an apparent right inguinal hernia.

13. On June 3, 2009, the Respondent performed a laparoscopy to repair Patient B's recurrent right inguinal hernia.

Patient C

14. On September 6, 2007, Patient C, a 33-year-old female who was 32 weeks pregnant, was seen at the obstetrical outpatient station at St. Vincent Hospital with a complaint of a swollen right leg and pain that involved the back of the right knee, her lower back and her lower abdomen.

15. At 1 a.m. on September 7, 2007, Patient C was transferred to the ED.

16. At approximately 2:40 a.m. blood tests were taken, showing a bandemia, Patient C's laboratory results were suspicious for infection.

17. Between 2:40 a.m. and 4:15 p.m. on September 7, 2007, Patient C was seen by 2 OB physicians and a nurse midwife.

18. At approximately 4:15 p.m. on September 7, 2007, the nurse midwife requested a surgical consultation on Patient C.

19. Patient C was seen by the surgical P.A. who then consulted with Respondent, because the on-call surgeon was in the O.R.

20. As a result of that consultation, the Respondent was aware of Patient C's complaint and the results of her laboratory work.

21. The Respondent did not examine Patient C.

22. At approximately 6 p.m. on September 7, 2007, Respondent discussed the case with the attending OB physician who informed Respondent that Patient B wanted to go home because of the impending Sabbath but agreed to return if her condition worsened.

23. Patient C was discharged from St. Vincent Hospital, by the OB physician with Respondent's knowledge.

24. Two days later, Patient C returned to St. Vincent Hospital's ED and was transferred to another hospital where she was diagnosed with a necrotizing soft tissue infection.

Patient D

25. On August 28, 2009, Patient D, a 48-year-old woman, was diagnosed as having a 5x3 cm cystic mass in the anterior mediastinum below the thyroid gland.

26. A thoracic Surgeon at St. Vincent's Hospital performed a resection of the anterior mediastinum mass.

27. On September 15, 2009, a post-surgical pathologic examination of Patient D's mediastinal lymph node was positive for metastatic papillary thyroid cancer.

28. On October 28, 2009, the Respondent performed only a partial thyroidectomy on Patient D, after encountering scar tissue on the right side.

29. The standard of care generally dictates that a total thyroidectomy be performed in such circumstances.

Patient E

30. On January 30, 2010, Patient E, a 38-year-old woman who was 29 weeks pregnant with her third child, and a history of multiple sclerosis presented to the ED at St.

Vincent Hospital with right side abdominal pain for 48 hours with nausea, vomiting, and fever.

31. On January 30, 2010, an MRI was performed. The MRI report stated a tubular structure was seen from the cecal pole with susceptibility artifact from the contained air, likely representing the appendix. Also visualized was a small amount of fluid in the pelvis. The conclusion by the radiologist from the MRI was that there was no evidence of acute appendicitis.

32. On January 30, 2010, the ED requested a consult from the surgery department's on-call physician, the Respondent; per the surgery department's standard procedure, Patient E was seen by a surgical physician assistant.

33. On February 2, 2010, at approximately 11:30 a.m., the Respondent was consulted and examined Patient E.

34. Patient E complained of escalating right lower quadrant pain and her physical exam was notable for fever of 101.7 degrees, with localized rebound tenderness.

35. On February 2, 2010, at approximately 3:55 p.m., an MRI was repeated that showed increasing fluid in the pelvis and the appendix was not visualized.

36. On February 3, 2010, the Respondent performed an exploratory laparoscopy on Patient E which included an appendectomy and irrigation of purulent fluid from the abdominal cavity.

37. The post-surgical pathology reports determined that the appendix was not the source of infection.

Patient F

38. In February 2009, Patient F, a 60-year-old female, sought out care from the Respondent for squamous cell carcinoma of the esophagus.

39. Before being diagnosed with cancer of the esophagus, Patient F had a one-year weight loss of 30 pounds, which brought her down to 96 pounds at 5 feet 8 inches, one month prior to surgery.

40. On May 20, 2009, the Respondent and a thoracic surgeon performed a three hole esophagectomy on Patient F. Immediately following the surgery the patient was admitted to the ICU.

41. On the fourth post-operative day, Patient F began to develop increased respiratory failure, which required ventilator support.

42. Also by the fourth post-operative day the patient developed severe thrombocytopenia and developed internal bleeding.

43. On post-operative day five, Patient F's hematocrit began to drop requiring two units of packed red blood cells.

44. By post-operative day nine, bright red blood was reported draining from Patient F's Jackson-Pratt drain in her neck as well her nasogastric tube which was placed at the time of the May 20, 2009 operation. Respondent recommended conservative management with platelet and blood transfusions.

45. On post-operative days 10 and 11, the Respondent was not working. Patient F was in the Intensive Care Unit and, per the surgery department's protocol, Patient F was signed out to the covering attending surgeon for the weekend.

46. By post-operative day 11, Patient F had required multiple additional units of packed red blood cells with documented ongoing hypotensive episodes.

47. On post-operative day 12, the Respondent resumed his role as the attending surgeon.

48. On post-operative day 12, the patient hemorrhaged, suffered cardiac arrest and died.

49. The Respondent did not meet the standard of care in his treatment of Patients A, B, C, D, E and F.

Cooperation with Board

50. Respondent cooperated with the Board's investigation including: entering into a Voluntary Agreement not to Practice (on January 9, 2013) pending the Board's review of these cases; voluntarily undergoing a comprehensive, two-phase evaluation at the University of San Diego Physician Assessment and Clinical Evaluation Program ("PACE") in February and June, 2013; and by successfully adopting the recommendations made by PACE.

Conclusion of Law

A. The Respondent has violated G.L. c. 112, § 5, ninth par. (c) and 243 CMR 1.03(5)(a)3 by engaging 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. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Board of Registration in Medicine*, 378 Mass. 519 (1979); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708 (1982).

Sanction and Order

The Respondent's license is hereby indefinitely suspended. The suspension may be immediately stayed upon the Respondent's entry into a five-year Probation Agreement. The terms of said Probation Agreement shall include, but not be limited to: (1) annual assessments for fitness to practice medicine by (a) a Board-approved sleep disorder specialist; (b) a Board-approved cognitive therapist; and (c) a Board-approved psychiatrist, the results of all said fitness to practice assessments shall be filed annually with the Board; (2) the Respondent must comply with any recommendations made as a part of any of these assessments and any other recommendations of his healthcare providers, including but not limited to cognitive home exercises; and (3) worksite monitoring by a Board-approved monitor, that includes a practice plan that is consistent with the recommendations made by PACE. Said Board-approved monitor must file quarterly reports with the Board.

Execution of this Consent Order

The Respondent shall provide a complete copy of this Consent Order and Probation Agreement 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 s/he 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 for the duration of this suspension. 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.

Konstantino A. Avradopoulos M.D.
Konstantino Avradopoulos
Licensee

5/13/2014
Date

Paul Cirel
Paul Cirel
Attorney for the Licensee

5/13/2014
Date

James Paikos
James Paikos
Complaint Counsel

5/21/2014
Date

So ORDERED by the Board of Registration in Medicine this 6th day of August, 2014.

Kathleen Sullivan Meyer
Kathleen Sullivan Meyer, Esq.
Vice Chair