

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

Board of Registration in Medicine

Adjudicatory Case No. 2024-007

)
In the Matter of)

)
KATHERINE MATTA, 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 violations for which a licensee may be sanctioned by the Board. The Board therefore alleges that Katherine Matta, 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. 21-019.

Biographical Information

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).

Factual Allegations

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) 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, 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.

Legal Basis for Proposed Relief

A. Pursuant to 243 C.M.R. 1.03(5)(a)3, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician engaged in conduct which places into question the physician'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 243 CMR 1.03(5)(a)17, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has committed malpractice within the meaning of M.G.L. c. 112, § 61.

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,

A handwritten signature in black ink, appearing to read 'Booker T. Bush', written over a horizontal line.

Booker T. Bush, M.D.
Board Chair

Date: February 8, 2024