

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Adjudicatory Case No. 2024-011

In the Matter of

YOUNG HO OH, 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 YOUNG HO OH, 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. 19-309.

Biographical Information

1. The Respondent graduated from New York University School of Medicine in 1995. He is certified by the American Board of Medical Specialties in Orthopedic Surgery and Orthopedic Sports Medicine. He has been licensed to practice medicine in Massachusetts under certificate number 205013 since February 2001. He is also licensed to practice medicine in California and New York. He has privileges at Harrington Memorial Hospital.

Factual Allegations

2. Patient A was an G.L. c. 4, § 7(26)(c) woman, active and living independently, when she went to the Respondent on G.L. c. 4, § 7(26)(c) 2013 for treatment G.L. c. 4, § 7(26)(c) pain.

3. On ^{G.L. c. 4, § 7(26)(c)} 2014, the Respondent performed a ^{G.L. c. 4, § 7(26)(c)} on Patient A at ^{G.L. c. 4, § 7(26)(c)} Hospital ^{G.L. c. 4, § 7(26)(c)}

4. During the procedure, the Respondent noted bleeding from Patient A's ^{G.L. c. 4, § 7(26)(c)} ^{G.L. c. 4, § 7(26)(c)}.

5. Patient A lost 1000 cc of blood during the surgery, for which she received transfusions of two units of blood during the procedure.

6. At the conclusion of the procedure, the Respondent noted there was no significant bleeding and “the field appeared sufficiently dry.” Patient A was transferred to the PACU at 7:57 p.m.

7. The PACU nurse assessed Patient A's right foot for pulses, finding them, and as a result of the finding, the Respondent did not perform his own vascular examination of Patient A while she was in the PACU.

8. Post-operative progress notes state Patient A experienced groin swelling and an increased output from the surgical drain.

9. Post-operatively, Patient A continued to experience bleeding.

10. Patient A was transferred to the ICU for closer observation.

11. Patient A received additional units of blood after her surgery.

12. At about 12:25 a.m. on April 9, 2014, the ICU nurse reported to the Respondent Patient A's right foot was pale and cold and did not have pulses. No imaging was ordered.

13. At 2:01 a.m. April 9, 2014, the Respondent noted that Patient A had no pulses in her right foot, no capillary refill, and no motor function. The Respondent called a vascular surgeon on call at UMass Medical Center (UMass) who recommended continued resuscitation

and close observation. At that time, the Respondent ordered a PVR (Pulse Volume Recording) test, but no imaging.

14. According to ICU notes, Patient A continued to experience lack of sensation, pulses, or capillary refill in her right leg, consistent with nerve injury.

15. The Respondent ordered a CT scan for Patient A, the results of which were available at 10:28 a.m. on April 9, 2014, stating there was evidence of a significant hematoma in Patient A's right hip and thigh.

16. The Respondent did not order a CT angiogram, as that test was not available at HMH.

17. The Respondent's final progress note at 5:46 p.m. on April 9, 2014, states "PT LOOKS GREAT," despite signs that the blood flow to Patient A right leg was significantly impaired.

18. The Respondent further noted Patient A was going to be transferred to a tertiary care center for vascular evaluation, but stated "STILL LESS THAN 24 HRS SINCE SURGERY – THEREFORE I FEEL HAS A GOOD PROGNOSIS RE: RLE PERFUSION."

19. At about 6:40 p.m. on April 9, 2014, Patient A was transferred to UMass's Vascular Surgery service.

20. By 9:48 p.m. on April 9, 2014, the UMass Vascular Surgery service had obtained a STAT CT-angiogram, which showed a complete blockage of the femoral artery and lack of blood flow in the leg consistent with clotting in the vessels. The vascular service noted Patient A's right leg had a lack of pulses, her foot was cool, pale, and severely mottled and Patient A had lack of sensation below her right knee.

21. At the time of the vascular surgeon's assessment, he deemed a portion of the limb was not salvageable due to lack of blood flow.

22. On April 11, 2014, the UMass Vascular Surgery service operated on Patient A, removing the blood clots from her femoral artery, repairing the artery, and performing an above the knee amputation of her right leg.

23. The Respondent's treatment of Patient A was negligent in the following respects:

- a. He failed to recognize the lack of blood flow to Patient A's right leg in a timely manner;
- b. He failed to recognize Patient A's bleeding during surgery, higher than normal blood loss, and difficulty obtaining hemostasis (stopping the loss of blood), were suggestive of vascular injury to her right leg;
- c. He failed to personally perform a vascular or neurological examination of Patient A while she was in the recovery room.

24. The Respondent's treatment of Patient A resulted in Patient A requiring an above the knee amputation.

Legal Basis for Proposed Relief

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,



Booker T. Bush, M.D.
Board Chair

Date: February 29, 2024