COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. Board of Registration in Medicine

Adjudicatory Case No. 2024-042

In the Matter of

ROBYN A. SACHS, 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 Robyn A. Sachs, 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. 19-534.

Biographical Information

1. The Respondent is Board-certified in general surgery. She graduated from the Saba School of Medicine (Dutch Caribbean Island of Saba), in 1997. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 225815 since 2005. She is currently affiliated with Beth Israel Lahey Health Specialty Care Breast Health Center in Plymouth, Massachusetts, where she specializes in breast surgery.

Factual Allegations

2. On G.L. c. 4, § 7(26)(c) 2012, Patient A presented to the Emergency Department at G.L. c. 4, G.L. G.L. c. 4, § 7, was diagnosed with G.L. c. 4, § 7(26)(c), and was sent home.

3. Patient A returned to the Emergency Department at G.L. c. 4, § 7(26)(c) on G.L. c. 4, § 7(26)(c) 2012, complaining of increased G.L. c. 4, § 7(26)(c) pain associated with G.L. c. 4, § 7(26)(c).

4. The Respondent saw Patient A at G.L. c. 4, § 7(26)(c) and admitted her for surgery.

5. At G.L. c. 4, § 7(26)(c)., Patient A was taken to the operating room where a G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) y was performed by the Respondent.

6. The operation started at G.L. c. 4, § 7(26)(c) as a conventional G.L. c. 4, § 7(26)(c) procedure.

7. The Operative Note states that there G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) 4, § 7(26)(c), G.L. c. 4, § 7(26)(c)

The G.L. c. 4, § 7(26)(c) was then identified and G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c).

9. The Operative Note states that G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c).

10. Hook cautery was used to try to separate the G.L. c. 4, § 7(26)(c).

11. There was some G.L. c. 4, § 7(26)(c), and it was difficult to keep the G.L. c. 4, § 7(26)(c) so the Respondent decided to convert to an open procedure.

12. An open conversion was performed G.L. c. 4, § 7(26)(c) into the procedure at G.L. c. 4, § 7(26)(c)

13. Once the Respondent opened, she had a very difficult visualization, so she called one of her partners, who was in the hospital at that time.

14. During the G.L. c. 4, § 7(26)(c), the Respondent and her partner G.L. c. 4, § 7(26)(c) the G.L. c. 4, § 7(26)(c) and saw there was a G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c). Further G.L. c. 4, § 7(26)(c) seemed to reveal G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26

15. Because of this, a more senior partner was called in, who arrived at G.L. c. 4, § 7(26)(c) which was just over 2 ½ hours from the start of the case.

16. They did a G.L. c. 4, § 7(26)(c), looking proximally and distally at the G.L. c. 4, § 7(26)(c), which revealed that the G.L. c. 4, § 7(26)(c) had been transected about one centimeter below the separation between the G.L. c. 4, § 7(26)(c).

17. Because of this complication, it was decided to call a tertiary medical center and they spoke with a consultant who agreed to accept the patient.

18. Patient A was prepared for transport to the tertiary medical center, including placement of sutures at the G.L. c. 4, § 7(26)(c) and tagging a G.L. c. 4, § 7(26)(c) which was believed to be the G.L. c. 4, § 7(26)(c) using one stitch.

19. The patient was then closed, extubated, and brought to the recovery room.

20. The operation ended at G.L. c. 4, § 7(26)(c) for a total duration of just under 4 hours.

21. In her Operative Note, the Respondent stated that G.L. c. 4, § 7(26)(c)

22. Patient A was emergently transferred to the tertiary medical center for surgical repair.

23. A G.L. c. 4, § 7(26)(c) at the tertiary medical center revealed a G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c).

24. Patient A was taken to the operating room where an G.L. c. 4, § 7(26)(c), G.L. c. 4, § 7(26)(c) were performed.

25. The surgeon at the tertiary medical center found that the G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) had been cut, as was the G.L. c. 4, § 7(26)(c).

26. The surgeon also noted that the sutures placed by the Respondent were not on the structures that the Respondent thought they were.

27. The Respondent failed to conform to good medical practice in that she:

a. failed to obtain a critical view of safety during the procedure to correctly identify the G.L. c. 4, § 7(26)(c) prior to dividing any structures;

b. failed to consider earlier G.L. c. 4, § 7(26)(c) to better visualize critical structures;

c. failed to consider earlier summonsing for senior assistance;

d. failed to consider earlier conversion to an open procedure;

e. failed to consider earlier procedure termination;

f. misidentified critical structures;

g. mistakenly cut the G.L. c. 4, § 7(26)(c);

h. mistakenly cut the G.L. c. 4, § 7(26)(c);

i. mistakenly cut or otherwise injured the G.L. c. 4, § 7(26)(c).

28. As a result of the Respondent's failure to conform to good medical practice, Patient A was injured.

29. In 2013, Patient A filed a medical malpractice suit against the Respondent alleging negligent treatment and substandard care in her performance of the surgery on G.L. c. 4, § 7(26)(c) 2012.

30. On October 15, 2019, following a five-day trial, the jury entered a verdict in favor of Patient A and against the Respondent and awarded damages in the amount of $1,250,000.

31. The Respondent did not appeal or otherwise challenge the verdict and judgment entered on October 24, 2019.

32. The Respondent committed malpractice as defined by M.G.L. c. 112, § 61.

33. There was a doctor-patient relationship between the Respondent and Patient A.

34. The Respondent failed to conform to good medical practice in her care of Patient A.

35. The Respondent's malpractice caused injury to Patient A.

36. The Respondent had limited experience in performing G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) prior to Patient A's surgery on G.L. c. 4, § 7(26)(c) 2012.

37. The Respondent had five years of general surgery residency training from 1998 to 2004 and a one-year fellowship in breast surgery from 2004 to 2005.

38. From 2005 to 2010, the Respondent's practice focused on breast surgery.

39. The Respondent first obtained privileges to perform G.L. c. 4, § 7(26)(c) G.L. c. 4, § 7(26)(c) in 2010, approximately two years before Patient A's procedure.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (c) and 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 who committed malpractice as defined by M.G.L. c. 112, § 61. Malpractice has three elements: 1) a doctor-patient relationship; 2) failure to conform to good medical practice; and 3) injury that was caused by the defendant physician. *See In the Matter of Nelson Aweh, M.D.*, Board of Registration in Medicine, Adjudicatory Case 2019-040 (RM-19-0353) (Final Decision and

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: August 15, 2024