Massachusetts General Hospital
Office of Patient Advocacy

Dear Office of Patient Advocacy:

I am writing to express concern about my recent experience having lumps removed from my right upper leg, which led to an infected hematoma. This was a frightening and stressful experience for me and my family. I needed a long home-stay (over six weeks) to recover, which affected work and family life. In addition, I incurred over $4,000 in unreimbursed medical and other expenses as result of this incident.

I was referred to Roy Phitayakorn, M.D., an MGH general surgeon, after a physiatrist advised that I have a mass in my leg biopsied. When I called Dr. Phitayakorn's office in mid-September 2014 to schedule the procedure, I was told he could not perform the biopsy until some time in December, but that a "senior resident" could do it in his presence on Monday, September 29. I had been advised to have the lump biopsied in case it was cancerous, so I did not want to delay the procedure until December. I was repeatedly assured when I made the appointment that Dr. Phitayakorn would be in the room to supervise the resident during the procedure.

On the day of the procedure, I was met by who I have learned had only recently completed her second year as a resident. Dr. performed an ultrasound evaluation, after which she said it appeared there were two lumps in my leg that she believed to be benign lipomas. She offered me the option of removing the lumps entirely (not a biopsy) or doing nothing. She said it would take about 25 minutes to remove the lumps. I asked about possible complications, and Dr. advised me there was a very small chance of infection. Because I had been advised by other doctors to have the mass biopsied, and Dr. could not offer a definitive diagnosis without removing it (and did not offer the option of a biopsy), I chose to have the lumps removed. Dr. told me that Dr. Phitayakorn would be there during the procedure.

The procedure took nearly an hour and a half. Dr. found one larger lump and many small lumps. She said the lumps were deeper and distributed over a larger area than she expected, attached to muscle fascia, and fibrous, all of which made them more difficult to remove. Dr. peformed the procedure alone in an exam room. Dr. Phitayakorn never showed up.

There was at least one instance when Dr. [illegible], lacked supplies she needed and had to go looking for them. She searched through cabinets with her surgical gloves on, did not change them when she returned to the operation, and continued to stick her finger in the open wound multiple times wearing those same gloves, moving her finger around to feel for additional lumps. Dr. [illegible] ultimiately removed approximately a dozen lumps through an incision she had cut in order to remove what she thought were two benign lipomas.

The following day (Tuesday, September 30), the wound began to become extremely swollen and painful. I called Dr. Phitayakorn that night and texted him pictures of the wound, which by then had swollen to about the length and width, and about three quarters the depth, of a brick. Dr. Phitayakorn told me it was too soon for the wound to have become infected, but advised me to come see him the next morning if I saw no improvement.

I saw Dr. Phitayakorn at 9:00 a.m. the following morning (Wednesday, October 1), after a very difficult night. The swelling had increased and there was redness around the incision. Dr. Phitayakorn said swelling was to be expected, as the void left by removal of the masses would fill with fluid, but that he still thought infection was unlikely. Dr. Phitayakorn prescribed bactrim pills "as a precaution." I filled the prescription at the pharmacy on the first floor of the Wang building right after seeing him. I took the first dose around 10:30 a.m.

I arrived home late that night, around 10:00 p.m. By then, there was even more swelling around the wound, and most of my upper leg was red and hot. I immediately went to the ER at Norwood Hospital.

I was admitted and placed on broad-spectrum IV antibiotics. The next morning (Thursday, October 2), I was seen by a surgeon, Dr. Hinnebusch, and an infectious disease specialist, Dr. Ginsberg. They informed me that I had an abscess and cellulitis encompassing a large area around it (my entire right upper leg), and that I would need a second, emergency surgery to drain the infected material from the abscess. I tried to contact Dr. Phitayakorn early that morning, and he later had one of his colleagues, Dr. Patel, communicate with me. I expressed a preference (as did Dr. Patel) for being transferred to MGH for the second procedure, but I was informed late that morning that MGH did not have a bed for me. Dr. Hinnebusch drained the abscess early Thursday afternoon and found an infected hematoma, which pathology later showed to be caused by a (non-MR) staff infection.

When I spoke to Dr. Phitayakorn on October 2, I mentioned that I had cellulitis over five years ago, after I scratched an arm. Dr. Phitayakorn implied that I was responsible for the infection following removal of the lumps, because I did not tell anyone this, despite the fact that no one ever asked me about prior infections at any time before the

lumpectomy. Dr. Phitayakorn said I must be a permanent staff carrier, and that he would have prescribed antibiotics before the biopsy procedure had he known this. In that moment, I did not have the presence of mind to tell Dr. Phitayakorn that I have had three minor surgeries (two ganglion cyst removals and one benign lipoma removal) without antibiotics since I had cellulitis on my arm, all without infection.

Dr. Ginsberg, the infectious disease doctor at Norwood Hospital, told me after we spoke that staff comes and goes on most of us, with it being present on one-third to two-thirds of the patient population at a given time. Dr. Hinnebusch, the surgeon who drained the infected hematoma, told me that, in his opinion, Dr. incision was too small for the amount and type of material she discovered, which made the procedure harder and made it take much longer than she anticipated. She chose not to make the incision larger, which undoubtedly increased the risk of infection by extending the length of the procedure, even setting aside the fact that she did not maintain a sterile zone in and around the wound during the procedure.

My wife (who was present for most of the procedure at MGH) and I could see that Dr. was struggling during the procedure. She found something more and something different than she expected, and this, plus the small size of the incision she made, no doubt is among the reasons why the procedure took her three times longer than she expected and was much more difficult for her. The fact that pathology showed the masses to be nodular fat necrosis, not benign lipomas, provides additional confirmation of this (and, I note, I was not told before the procedure that there was any possibility the lumps could be something other than benign lipomas or some form of cancer).

I have two principal complaints about the situation:

First and foremost, I am upset that Dr. Phitayakorn was not present at any point during the procedure, as I was told multiple times that he would be. I was assured at the time I made the appointment that he would be there, and Dr. also told me he would show up. All of the doctors I have seen since then, and some doctor friends (including the former dean of another elite medical school), have been shocked that Dr. Phitayakorn was not present for the procedure. I trust he had a good reason for not being there, such as dealing with a more urgent case. Nonetheless, I should have been informed on the day of the procedure that Dr. Phitayakorn would not be able to attend, so that I could have come back at a time when he could be present to supervise.

I now know that Dr consulted with Dr. Phitayakorn after her ultrasound examination and that she later showed Dr. Phitayakorn the material she removed, but this is different than being present for the procedure, and I did not learn any of this until several days after the initial procedure. Dr. discovered early in the procedure that there were more lumps than she expected, and that they were more difficult to remove than she expected. If Dr. Phitayakorn had been present, he could have

instructed Dr. [redacted] to enlarge the incision or take other action to decrease the length of time she was moving in and out of an open wound, and he could have insisted that she change her gloves after touching non-sterile surfaces. He also simply could have finished the procedure after she encountered difficulty.

Secondly, I am upset that the abscess that had developed on my leg was not treated with more urgency when I saw Dr. Phitayakorn on October 1st, before it became a serious emergency just half a day later. At the time, we knew two people who died from this condition (and I have since learned that the wife of a business colleague died of the same cause). Needless to say, this was a serious and urgent matter, but Dr. Phitayakorn did not respond to it that way.

It was good of Dr. Phitayakorn to reverse the charges for the initial procedure, though this primarily benefited my insurance carrier, not me. I have paid several hundred dollars of non-reimbursable medical expenses related to my emergency care at Norwood Hospital. I also had to cancel a board meeting of a non-profit organization for which I serve as board chair. I lost deposits on my own travel expenses and repaid the organization for several thousand dollars of expenses it could not recover. All tolled, this incident cost me about $4,200 in hard, out-of-pocket expenses.

I believe this incident should be investigated, in hope that it will become a useful learning moment for Dr. Phitayakorn and Dr. [redacted]. In my opinion, Dr. Phitayakorn should not have permitted Dr. [redacted] to perform the procedure without being present himself, and she should not have opted to proceed unless and until Dr. Phitayakorn was present. I have been a patient of Harvard teaching hospitals for nearly 20 years. Many residents have been involved in my care during this time, but I do not recall a single instance when one was allowed to treat me without the attending doctor being present to supervise and being actively involved in my care.

I do not intend to lodge a formal complaint or take any other action in response to what happened. I would, of course, appreciate reimbursement of my expenses resulting from this incident, and I think that would be entirely appropriate under the circumstances.

Sincerely,

[redacted]
MGH Blue Card [redacted]