

**IN THE MATTER OF**

**SHEO P. SHARMA, M.D.**

**Respondent**

**License Number: D22638**

**\* BEFORE THE**

**\* MARYLAND BOARD OF**

**\* PHYSICIANS**

**\* Case Number: 2007-0707**

\* \* \* \* \*

**CONSENT ORDER**

The Maryland Board of Physicians (the "Board") charged Sheo P. Sharma, M.D. (the "Respondent") (D.O.B. 40-21-45), License Number D22638, with violations under the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 14-101 *et seq.* (2000 & 2009 Repl. Vols.)

The pertinent provisions of the Act under H.O. § 14-404 provides the following:

(a) Subject to the hearing provisions of § 14-405 of this subtitle, the Board, on the affirmative vote of a majority of the quorum, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State.

On Wednesday November 2, 2011, a Case Resolution Conference was convened regarding this matter. Present at the Case Resolution Conference was Debra A. Smith, Administrative Prosecutor, and Jonathan A. Cusson, Esquire, Counsel for the Respondent. Based on negotiations which occurred as a result of this Case Resolution

Conference, the Respondent agreed to enter into this Consent Order, consisting of Procedural Background, Findings of Fact, Conclusions of Law, and Order.

## **FINDINGS OF FACT**

### **I. Background**

The Board bases its charges on the following facts that the Board has reason to believe are true:

1. At all times relevant to these charges, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was initially licensed to practice medicine in Maryland on August 15, 1978, and was issued License Number D22638.

2. The Respondent is board-certified in Obstetrics and Gynecology and maintains an office for the practice of medicine at the following location: 66 Painter's Mill Road, Suite 106, Owings Mills, Maryland 21075.

3. The Board initiated an investigation of the Respondent in 2007 after reviewing a newspaper article, which reported that the Respondent performed a surgery in 2001, to remove a fibroid tumor<sup>1</sup> and left a laparotomy pad in a patient's abdomen.

4. The Board requested an incident review, and the peer reviewers determined that the Respondent failed to meet the standard of care for the delivery of quality medical and surgical care in the case reviewed.

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<sup>1</sup> A Fibroid tumor or myoma is a noncancerous tumor that develops in the uterus.

## II. Patient Specific Allegations

### Patient A

5. On or about December 15, 2000, the Respondent saw a thirty three year old female patient, hereinafter Patient A, for an office visit as a follow-up to an emergency room visit for complaints of lower abdominal pain. A sonogram<sup>2</sup> at the time of the emergency room visit revealed that Patient A had multiple uterine fibroids, the largest of which measured 4.6 x 4.7 x4.2 centimeter (cm) and was hypoechoic<sup>3</sup> suggesting cystic degeneration.<sup>4</sup>

6. Patient A was admitted to Facility A, on or about January 18, 2001, and the Respondent performed a myomectomy<sup>5</sup> on Patient A, for persistent pelvic pain and a degenerated myoma.<sup>6</sup> The procedure was initially planned as a laparoscopic myomectomy,<sup>7</sup> but was converted to an open procedure intra-operatively after it was determined that the base of the myoma was too broad and degenerated for a laparoscopic procedure. After the procedure the operating room staff reported that the sponge count was correct and all of the instruments were recovered. The patient was discharged three days after the surgery.

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<sup>2</sup> A Sonogram (ultrasound) is a procedure that uses high frequency sound waves and their echoes to visualize body structures and/or organs to diagnose certain medical conditions.

<sup>3</sup>A Hypoechoic mass is a lump which appears relatively darker on an ultrasound scan, because it reflects fewer ultrasound waves. This finding does not always indicate the presence of disease, but may require follow-up diagnostic testing to determine if disease is present.

<sup>4</sup> Cystic degeneration refers to a fibroid that is dying because of a lack of blood supply. This condition may cause pelvic pain and discomfort.

<sup>5</sup> A myomectomy is a surgical procedure to remove a fibroid tumor.

<sup>6</sup> Myoma is a noncancerous fibroid tumor.

<sup>7</sup> A Laparoscopic myomectomy is a surgical procedure to remove fibroid tumors, where a tumor is removed through a very small incision in the uterus using a device called a laproscope.

7. On or about January 22, 2001, the Respondent saw the patient in an office visit for complaints of abdominal pain, nausea and vomiting. The Respondent sent Patient A to the emergency room for an evaluation.

8. The emergency room evaluation noted that Patient A complained of abdominal pain, cramping, nausea and vomiting. Patient A reported that she was taking Motrin for pain because narcotics made her nauseous. She reported several episodes of vomiting over the prior 24 hours, but noted flatus and bowel movements. She was afebrile<sup>8</sup> with a normal white blood cell count, and a low-abnormal hematocrit.<sup>9</sup> Electrolytes were normal, except for chloride,<sup>10</sup> which was slightly low. Her abdominal exam was soft and tender. Patient A was treated with hydration, an antiemetic<sup>11</sup> and prescribed Demerol<sup>12</sup> and Toradol.<sup>13</sup> The hospital did not order or perform any imaging studies.

9. Patient A returned to the Respondent for a post-operative visit, and it was noted that her examination was normal and that she was feeling much better. Patient A was seen for a routine examination on or about May 31, 2001. According to the treatment notes Patient A's uterine examination indicated that her uterus was enlarged

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<sup>8</sup> Afebrile means without fever.

<sup>9</sup> Hematocrit measures the percentage of red blood cells in the blood. An abnormal (high or low hematocrit), may indicate the presence of disease.

<sup>10</sup> A chloride test measures the level of chloride in blood or urine. A lower than normal chloride test is referred to as hypochloremia, and may be caused by loss of fluids, from vomiting, diarrhea or sweating.

<sup>11</sup> An antiemetic is a drug used to treat nausea and vomiting.

<sup>12</sup> Demerol is in a class of medications known as narcotic analgesics, and it is used to treat moderate to severe pain. It works by changing the way the body senses pain

<sup>13</sup> Toradol is a nonsteroidal anti-inflammatory pain reliever used for the short term relief of moderately severe pain.

10-12 weeks gestational size<sup>14</sup> with myomas. She had a pap examination and was treated for bacterial vaginosis.<sup>15</sup>

10. Patient A saw the Respondent for a routine annual examination on or about August 15, 2002. The Respondent's treatment notes indicate that the abdominal examination was soft and non-tender. The pelvic examination noted that the uterus was 14-16 weeks gestational size. Patient A was treated for bacterial vaginosis and the Respondent recommended an ultrasound. Patient A did not return for follow-up care after this visit.

11. Patient A switched her care to another physician, and received care from that physician for several years. On or about February 6, 2007, Patient A was admitted to Facility B for a hysterectomy for persistent menorrhagia<sup>16</sup> and an enlarged fibroid uterus. The intra-operative findings revealed intestinal adhesions. Patient A had a total abdominal hysterectomy,<sup>17</sup> left alpingo-oophorectomy,<sup>18</sup> extensive lysis of adhesions,<sup>19</sup> partial omentectomy,<sup>20</sup> and partial small bowel resection and reanastomosis<sup>21</sup> for suspected Meckel's diverticulum.<sup>22</sup> Patient A's surgery also included the removal of a

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<sup>14</sup> Gestational size refers to the enlargement of the uterus caused by a fibroid tumor. A 10-12 week gestational size, means the tumor has caused the uterus to expand to the size of a 10-12 week pregnancy.

<sup>15</sup> Bacterial vaginosis is a common vaginal infection caused by an overgrowth of normal bacteria in the vagina.

<sup>16</sup> Menorrhagia is an abnormally heavy and prolonged menstrual period.

<sup>17</sup> Abdominal hysterectomy is the removal of the uterus through an incision in the abdomen.

<sup>18</sup> A left alpingo-oophorectomy is the removal of the left ovary and fallopian tube.

<sup>19</sup> Lysis of adhesions (scar tissue) is the process of cutting scar tissue that has developed in the body.

<sup>20</sup> A partial omentectomy is a procedure in which part of the abdominal lining is removed.

<sup>21</sup> A partial small bowel resection is the surgical removal of one or more segments of the small intestine to treat an intestinal blockage or other intestinal conditions, and reanastomosis is reconnecting the intestine after removal of a segment.

<sup>22</sup> Meckel's diverticulum is a congenital condition, where tissue left over from the structures in an unborn baby's digestive tract forms in a pouch on the lower part of the intestine. This condition can cause bowel obstruction and require surgery to remove the pouch from the intestine.

laparotomy pad from the previous surgical procedure performed by the Respondent in January 2001.

12. Both peer reviewers agreed that the Respondent failed to meet the appropriate standard for quality medical and surgical care, while providing care for Patient A.

13. The Respondent improperly left unintended foreign materials in the patient's body cavity after the surgical procedure was completed.

14. The Respondent's actions as set forth above in part or in whole constitute violation of H.O. § 14-404 (a) (22).

### **CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's actions as set forth above with respect to the medical care provided to Patients A, constitutes a violation of H.O. § 14-404 (a) (22).

### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 30<sup>th</sup> day of April, 2012, by a majority of the quorum of the Board considering this case hereby:

**ORDERED** that the Respondent is Reprimanded; and it is further ordered

**ORDERED** that the Respondent is placed on probation until the following terms and conditions are fully and satisfactorily complied with:

1. The Respondent shall enroll in and complete an IRP Board-approved course in surgical safety procedures. This course will not count towards CME licensure requirements.

**AND BE IT FURTHER ORDERED**, that the Respondent shall be responsible for all costs associated with compliance with this Consent Order; and be it further

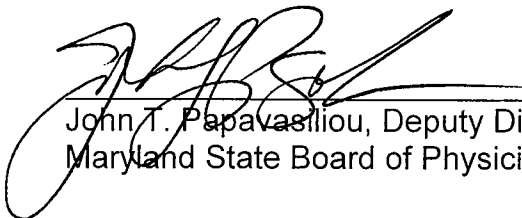
**ORDERED** that any violation of the terms/and or conditions of the Consent Order shall be deemed a violation of this Consent Order; and be it further

**ORDERED** that if the Respondent violates any of the terms and conditions of probation or this Consent Order, the Board, in its discretion, after notice and an opportunity for an evidentiary hearing before an Administrative Law Judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, or an opportunity for a show cause hearing before the Board, may impose any other disciplinary sanction which the Board may have imposed in this case under §§ 14-404(a) and 14-405.1 of the Medical Practice Act, including a reprimand, probation, suspension, revocation and/or a monetary fine, said violation being proven by a preponderance of the evidence; and be it further

**ORDERED** that the Respondent shall comply with the Maryland Medical Practice Act and all laws, statutes and regulations pertaining to the practice of medicine; and be it further

**ORDERED** that this Consent Order is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.* (2009 Repl. Vol. & 2011 Supp.)

4/30/2012  
Date

  
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John T. Papavasiliou, Deputy Director  
Maryland State Board of Physicians

## CONSENT

I, Sheo P. Sharma, M.D., License No. D22638, by affixing my signature hereto, acknowledge that:

1. I have consulted with counsel, Jonathan A. Cusson, Esquire, and I have knowingly and voluntarily elected to enter into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Health Occ. Code Ann. § 14-405 (2009 Repl. Vol. & 2011 Supp.) and Md. State Gov't Code Ann §§ 10-201 *et seq.* (2009 Repl. Vol. & 2011 Supp.).
3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I am waiving those procedural and substantive protections.
4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order or any adverse ruling of the Board that might have followed any such hearing.



5. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I may be subject to disciplinary actions, which may include revocation of my license to practice medicine.
6. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

4.2.12  
Date

04.04.12  
Date

*Sheo P. Sharma, M.D.*  
Sheo P. Sharma, M.D.  
Respondent

*Jonathan A. Cusson*  
Jonathan A. Cusson, Esquire  
Counsel for Respondent

**NOTARY**

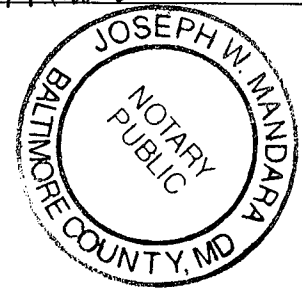
STATE OF Maryland

COUNTY OF Baltimore

I HEREBY CERTIFY that on this 2 day of April, 2012, before me, a Notary Public of the State and County aforesaid, personally appeared Sheo P. Sharma, M.D., License Number D22638, and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

*Joseph W. Mandara*  
Notary Public



My Commission expires: 4/12/16