

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2011-19257**

**CELINA POY-WING, M.D.,**

**RESPONDENT.**

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through its undersigned counsel, files this Administrative Complaint before the Board of Medicine against Respondent, Celina Poy-Wing, M.D., and alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed physician within the state of Florida, having been issued license number ME 41607.

3. Respondent's address of record is 817 South University Drive, Suite 100A, Plantation, Florida 33324.

4. Respondent is not board certified in any specialty areas recognized by the Board of Medicine.

5. At all times material to this complaint, Respondent practiced at All Women's OB-GYN Group, P.A., (All Women's) located at 817 South University Drive, Suite 100A, Plantation, Florida 33324.

6. On or about November 9, 2011, Patient S.P. (S.P.), an eighteen (18) year old female, presented to All Women's for a termination of pregnancy.

7. On or about November 9, 2011, Respondent performed a sonogram of Patient S.P. at All Women's. Respondent determined that S.P. was approximately twenty-three (23) weeks pregnant.

8. On or about November 9, 2011, Respondent prescribed S.P. ampicillin, an antibiotic, and inserted, into S.P.'s cervix, a Lamical osmotic dilator.

9. Lamical is the brand name of an osmotic dilator. Osmotic dilators are tents placed into a patient's cervical canal that slowly expand to dilate and soften the cervix.

10. On or about November 10, 2011, S.P. returned to All Women's and presented to Respondent for a termination of pregnancy procedure.

11. On or about November 10, 2011, Respondent performed a termination of pregnancy procedure on S.P.

12. During the termination procedure, Respondent did not remove all of the fetal tissue from S.P.'s uterus. Respondent noted that she was unable to remove all the fetal tissue.

13. On or about November 10, 2011, after performing the termination procedure, Respondent advised S.P. to return to All Women's the following day between 11:00 am and 2:00 pm.

14. On or about November 11, 2011, S.P. did not return to All Women's as advised.

15. On or about November 11, 2011, Respondent called Patient S.P. S.P. indicated to Respondent that she was experiencing cramps and bleeding. Respondent advised S.P. to return to All Women's immediately. S.P. was unable to return to All Women's at that time.

16. On or about November 14, 2011, S.P. called Respondent and again complained of cramps. Respondent advised Patient S.P. to return to All Women's for an evaluation immediately.

17. On or about November 14, 2011, Patient S.P. presented to All Women's for an evaluation.

18. On or about November 14, 2011, Respondent performed a sonogram and physical examination on S.P. Respondent indicated that the sonogram revealed that no products of conception were retained and that bowel gas was present. Respondent concluded that S.P.'s cervix was partially open, her abdomen was slightly distended, the pregnancy tissue had passed, and the abortion was complete.

19. On or about November 14, 2011, Respondent advised S.P. to take half a bottle of magnesium citrate to help her have a bowel movement.

20. On or about November 15, 2011, Patient S.P. called Respondent and complained of vomiting, light bleeding, and loose bowel movements. Later the same day, S.P.'s mother called Respondent and informed her that S.P. was experiencing cramps and abdominal distension. Respondent advised S.P.'s mother to take S.P. to the emergency department.

21. On or about November 16, 2011, Memorial Hospital West (Memorial) located in Pembroke Pines, Florida, admitted Patient S.P.

22. On or about November 16, 2011, a computed tomography scan (CT scan) performed at Memorial revealed S.P. had a perforated uterus and a density in the shape of extremity bone in S.P.'s abdomen.

23. On or about November 17, 2011, Dr. R.N., a general surgeon at Memorial, performed an exploratory laparotomy on S.P.

24. A laparotomy is a surgical incision into the abdominal wall, done to examine the abdominal organs and to investigate the cause of an abdominal disorder.

25. The laparotomy performed by Dr. R.N. on or about November 17, 2011, revealed foul-smelling fluid in the peritoneum and several interloop abscesses with necrotic tissue in the abdominal cavity.

26. The peritoneal cavity is the interior of the peritoneum, which is the membrane that lines the walls of the abdominal cavity and folds inward to cover the intestines.

27. Following the conclusion of the laparotomy performed by Dr. R.N., Dr. E.R., an obstetrician-gynecologist, examined Patient S.P.'s abdomen and uterus. Dr. E.R. found extensive exudative and inflammatory process (oozing and inflamed tissue) in S.P.'s entire upper, mid, and lower abdomen and pelvis.

28. Dr. E.R. found that Patient S.P.'s uterus was ruptured anteriorly from just above the cervix to just below the fundus, and that S.P.'s tubes and ovaries had extensive inflammation.

29. In addition, Dr. E.R. observed the fetal torso in the right anterior cul-de-sac (a fold of the peritoneum between the rectum and the uterus), the fetal skull in the right pericolic gutter (near the colon), and smaller fetal parts embedded in the anterior fascia (connective tissue) in the anterior abdominal wall.

30. Dr. E.R. removed the fetal tissue from S.P. and determined S.P.'s uterus was mostly viable and decided to conserve it.

31. Laboratory testing of the fetal tissue removed from S.P., by Dr. E.R., on or about November 17, 2011, identified the following fetal parts: a distorted head; a mutilated torso with an attached, partial, and unidentifiable limb; a portion of vertebrae; and a portion of an eyeball.

32. Post-operatively, Patient S.P. was admitted to the intensive care unit at Memorial.

33. While in the intensive care unit at Memorial, S.P. was treated for severe sepsis, postoperative respiratory failure, hypovolemia (low circulating blood volume), acute post hemorrhagic anemia, and electrolyte disorder.

34. From on or about November 16, 2011, to her discharge on or about December 5, 2011, Patient S.P. was hospitalized at Memorial.

35. The prevailing standard of care required Respondent to provide S.P. with appropriate follow-up care after performance of the termination of pregnancy procedure. The prevailing standard of care required Respondent to perform a thorough sonogram, a thorough physical examination, and additional imaging or testing. The prevailing standard of care required Respondent to account for all of the fetal parts in light of the incomplete termination procedure performed on or about November 10, 2011. The prevailing standard of care also required Respondent to determine whether S.P.'s uterus was perforated in light of the incomplete abortion and S.P.'s complaints of cramping and bleeding.

36. On or about November 14, 2011, Respondent failed to perform a thorough sonogram of S.P.

37. On or about November 14, 2011, Respondent failed to perform any additional imaging or testing on S.P.

38. On or about November 14, 2011, Respondent failed to perform a thorough physical examination of S.P.

39. On or about November 14, 2011, Respondent failed to determine whether S.P.'s uterus was perforated.

40. On or about November 14, 2011, Respondent failed to account for all of the fetal parts after Respondent indicated that the sonogram revealed no fetal parts were retained in S.P.'s uterus.

41. Section 458.331(1)(t), Florida Statutes (2011), subjects a doctor to discipline for committing medical malpractice as defined in Section 456.50. Section 456.50, Florida Statutes (2011), defines medical malpractice as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure.

42. Level of care, skill, and treatment recognized in general law related to health care licensure means the standard of care specified in Section 766.102. Section 766.102(1), Florida Statutes (2011), defines the standard of care to mean "[t]he prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers."



43. Respondent failed to meet the prevailing standard of care in regard to the treatment of Patient S.P. in one or more of the following ways:

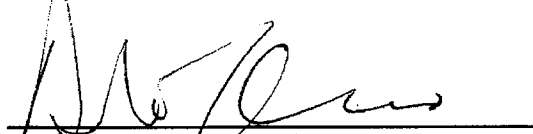
- a. By failing to perform a thorough sonogram on or about November 14, 2011;
- b. By failing to perform a thorough physical examination on or about November 14, 2011;
- c. By failing to perform additional imaging or tests other than a sonogram of S.P.'s uterus on or about November 14, 2011;
- d. By failing to determine, on or about November 14, 2011, whether S.P.'s uterus was perforated; and
- e. By failing to account for the missing fetal parts after Respondent indicated that the sonogram performed on or about November 14, 2011, revealed that no fetal parts were retained in S.P.'s uterus.

44. Based on the foregoing, Respondent has violated Section 458.331(1)(t), Florida Statutes (2011), by committing medical malpractice.

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 22nd day of March, 2013

John H. Armstrong, MD, FACS, FCCP  
State Surgeon General & Secretary  
of Health, State of Florida

  
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DEPUTY CLERK  
CLERK Angel Sanders  
DATE MAR 25 2013

ACO

PCP: 3/22/13

PCP Members: Dr. J Rosenberg, Ms. Goersch

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.**