



Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3086
Fax: (617) 451-9588

An Agency within the Office of Consumer Affairs and Business Regulation

PETER N. MADRAS, M.D.
CHAIR

RAFIK ATTIA, M.D.

MARY ANNA SULLIVAN, M.D.

MARTIN CRANE, M. D.

DOROTHY KEVILLE, M.Ed

ROSCOE TRIMMIE, Esq.

REGIS DE SILVA, M.D.

JANE SWIFT
GOVERNOR

NANCY ACHIN SULLIVAN
EXECUTIVE DIRECTOR

May 22, 2002

Yvonne Gomcz-Carrion, M.D.

REDACTED COPY

Re: Complainant:
Docket No.: 01-507

Dear Dr. Gomez-Carrion:

The Complaint Committee of the Board of Registration in Medicine met today and discussed the above-referenced complaint.

The Committee also determined that no further action was warranted and the complaint was closed. If you have any questions, please call Janet Ritsko of the Clinical Care Unit at 617-727-3086, ext. 380.

Very truly yours,

Peter Madras, M.D.
Member, Complaint Committee





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Re: Yvonne Gomez-Carrion, M.D.
Docket No.: 01-507


Dear

The Complaint Committee of the Board of Registration in Medicine met on May 22, 2002 and carefully considered the information you furnished regarding your complaint. Your complaint, the physician's response, and the medical records were thoroughly reviewed.

The Committee has decided to close this docketed complaint. Additionally, the Committee wants you to know that these documents have been placed in Dr. Gomez-Carrion's permanent record.

The Committee members appreciate your efforts in bringing this matter to their attention. If you have any questions please feel free to contact me at (617) 727-1788 Ext. 368.

Very truly yours,


Luz A. Carrion
Paralegal, Clinical Care Unit

Enclosure



03/04/08 88

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EXECUTIVE DIRECTOR

October 10, 2001

Yvonne Gomez-Carrion, M.D.

Re:

Docket Number: 01-507

Dear Dr. Gomez-Carrion:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. The Board is obligated by law to investigate matters related to the proper practice of medicine. In compliance with this mandate, the Board's Complaint Committee has directed the staff of the Board to gather information on all such complaints.

Please provide both a written response to the issues raised in the enclosed material and a copy of the patient's medical records. Your response may be as brief or as lengthy as you choose. Under the law, the person filing the enclosed complaint may have access to your response.

Your response should be sent to the Consumer Protection Coordinator, at the address above, within 30 days of your receipt of this letter. After your response is received, the case may be assigned to an investigator employed by the Board, who may contact you if further information is needed. You will, in any event, be informed in writing as to the disposition of this complaint. Thank you for your attention to this matter.

Very truly yours,

Kathleen M. Shea
Consumer Protection Manager





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ROSCOE TRIMMIER, Esq.

REGIS DE SILVA, M.D.

03/04/08 SS

01

October 10, 2001

Re: Yvonne Gomez-Carrion, M.D.
Docket Number: 01-507

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to the Consumer Protection Department at the address above.

Very truly yours,

Kathleen M. Shea
Consumer Protection Manager



December 19, 2001

Kathleen M. Shea
Consumer Protection Manager
Board of Registration in Medicine
10 West Street
Boston, MA 02111

**Re: Yvonne Gomez-Carrion, M.D.
Docket No: 01-507**

Dear Ms. Shea:

This is in response to the Complaint that was filed by

I was ; obstetrician/gynecologist for the pregnancy in question.

first visit with me for this pregnancy was , 2001. At that time, she was nine weeks pregnant. My examination revealed that she had a small polyp on her cervix and no bleeding. was slightly anemic with a hematocrit of 35.7.

My second visit with was on , 2001. She was approximately twelve weeks gestation. It was during this visit that I discussed with the option of amniocentesis. wished to have an amniocentesis and I discussed with her the possible risks of rupture of membranes, infection, and loss of fetus.

On , 2001, I performed an ultrasound and amniocentesis on . The amniocentesis was uneventful. The ultrasound indicated a gestational age of 16.3 weeks and the amniocentesis results were normal.

On , 2001, called my office to report a light pink vaginal discharge with mild cramping. We made arrangements for her to be examined on , 2001 in my office. complained of nausea. cervix appeared to be an appropriate length, there was no cervical dilation and no fluid leakage. She had a pink to dark brown discharge with no chills or fever. Her white blood cell count was normal. Clue cells were present. I prescribed Flagyl for a probable bacterial vaginosis based on clinical findings. Flagyl is an appropriate drug for a pregnant woman with bacterial vaginosis.

Kathleen M. Shea
Consumer Protection Manager
Board of Registration in Medicine
December 19, 2001

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On [redacted], 2001, I called [redacted] to report that her amniocentesis was within normal limits. [redacted] reported that she was feeling better and she no longer had vaginal discharge or cramping.

On [redacted], 2001, [redacted] called to report that although she was feeling better with no cramping, she was still spotting with pink and red discharge. We arranged to examine her that day.

My [redacted], 2001 examination revealed some pink to light red discharge. [redacted] cervix was long, closed, but friable. The small polyp noted on [redacted] initial visit of [redacted], 2001 remained present, however now with a small area of bleeding. This is not uncommon for a cervical polyp. I cauterized it with silver nitrate. After the cauterization, homeostasis was excellent. The spotting was reduced. [redacted] had no fever or chills. I performed a wet prep and there was no infection present. Her bacterial vaginosis appeared to be resolved. We arranged for her to be seen on [redacted], 2001.

On [redacted], 2001, during a routine fetal survey, a vaginal ultrasound was performed and revealed a shortened cervix, measured at approximately 1.8 centimeters.

I spoke with both [redacted] and her husband about my concerns with her shortened cervix and showed them pictures from the *William's* textbook regarding cervical shortening. I explained to them that fetal loss was a risk from cervical shortening and the options for treating this was complete bed rest except for going to the bathroom or the placement of a cervical cerclage. I discussed with [redacted] and her husband the risks and benefits of a cervical cerclage including the possible rupture of membranes, uterine cramping, and loss of fetus. The risks of cerclage placement far outweighed the risks from the procedure. The vaginal ultrasound of [redacted], 2001, had demonstrated that [redacted] cervix was insufficient indicating a high likelihood of a miscarriage, if left untreated. [redacted] signed a consent form, acknowledging this discussion.

Allowing the patient time to consider her management options did not change the risk of infection from the cerclage. Prior to [redacted], 2001, [redacted]'s cervix showed no evidence of dilatation and her bacterial vaginosis had resolved. I performed a wet prep to confirm that [redacted] no longer had clue cells present.

On [redacted], 2001, I placed a cervical cerclage at the Beth Israel Deaconess Medical Center. [redacted] history of bacterial vaginosis did place her at a higher risk for infection. However, I did check for an infection prior to the placement of the

Kathleen M. Shea
Consumer Protection Manager
Board of Registration in Medicine
December 19, 2001

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cerclage and none was present. My intraoperative exam revealed a 2.0 cm external cervix.

underwent a cervical cerclage without incident. Following this procedure, was monitored in the recovery room for approximately seven hours for cramping and/or fluid leakage. had stable vital signs and no fluid leakage. was discharged home with her husband with discharge instructions to call if she had bleeding, cramping, or other concerning symptoms. She was instructed to reduce her activity for twenty-four hours.

The placement of the cerclage is done as a same day surgery and does not require patients such as to stay in the hospital longer than that unless there are specific complications either intraoperatively or immediately postoperatively. The cerclage was placed in with no complication and she had no signs of complications during the initial seven hours following the surgery. Long term reduction of a woman's usual activities is not necessary after cerclage placement.

Following this type of procedure, it is expected that the patient will experience postoperative staining and/or cramping.

We have a telephone system in place at our office to handle telephone calls from patients. The secretaries are given a logarithm regarding a patient's symptoms and ask the patient if it is an emergency. When the secretaries receive a telephone call from a patient, they place the message on email. My Nurse Manager responds to the email and a copy of her response is placed in the patient's medical record.

It is my understanding that the spoke with my colleague, on 2001. Since answered the telephone directly, there is no message from a secretary. However, it is not unusual to have a discharge with light bleeding following cerclage placement. Based on! description of her symptoms, it was clinical judgment that no further assessment was necessary at this time. Instructions for concerns were again reviewed.

I was on vacation from .001 until . 2001. Based on our review of office telephone messages, a message was taken from . on 2001 at 11:23 a.m. indicated that it was not urgent but that she wanted reassurance. Therefore, the secretary did not page who was not in the office. accessed her emails from home and called later in the day. reported a watery discharge, a symptom that does need clinical evaluation after

Kathleen M. Shea
Consumer Protection Manager
Board of Registration in Medicine
December 19, 2001

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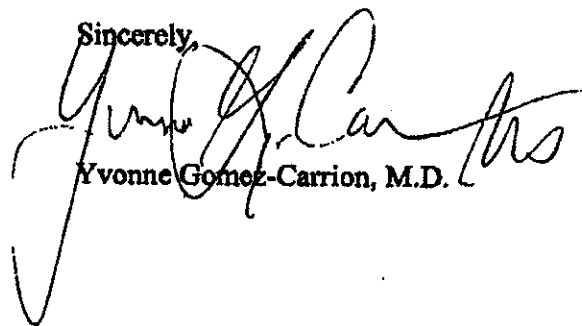
placement of a cerclage. [redacted] instructed [redacted] that she needed to be examined by a physician and instructed [redacted] to go to the hospital.

There is no recording of any telephone calls from the [redacted] on [redacted], and [redacted] does not believe that she spoke with them via telephone other than [redacted] y [redacted] 2001 when her assessment dictated that [redacted] needed to triage at the hospital.

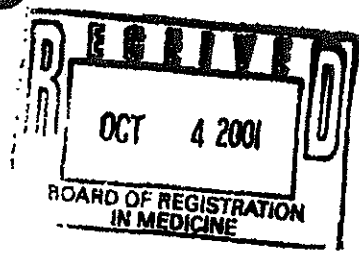
I called the [redacted] when I returned from vacation to express my condolences and made arrangement to examine [redacted] on [redacted], 2001. Her clinical exam and laboratory findings were within normal limits with the exception of a mild anemia. I never indicated to the [redacted] that [redacted] did not act appropriately when they called on [redacted] 2001. Rather, I assured them I would review the events of the telephone call which I did and found it to have been appropriately handled.

If you need further information, please do not hesitate to contact me.

Sincerely,



Yvonne Gomez-Carrion, M.D.



COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input checked="" type="checkbox"/> Ms.			
<input type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. _____, D.O. _____, Acupuncturist _____
 (For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 239 Causeway St., Boston, MA 02114.)
 This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.
Yvonne Gomez - Carrion

Address
2 Hanks Ave.

City State Zip Code
Boston MA 02130

Business Phone
(617) 524-9270

Name and Location of Health Care Facility (if known)
Beth Israel Health Care

Nature of Complaint

- | | |
|--|--|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input checked="" type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> OTHER _____ | |

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Pat. (Or Legal Representative) _____ Date: 10/1/01

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: _____
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

Yvonne Gomez-Carrion, Beth Israel Healthcare
2 Hanis Ave., Boston, MA 02130 (617) 524-9270

Beth Israel Hospital, 330 Brookline Ave., Boston, MA

If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No

How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other _____

Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No

Is the fee or copayment in dispute?
 Yes, No

Has the physician been contacted about this complaint?
 Yes, No

Dates of Treatment: April 11 - July 13, 2001.

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

See attached

Attach copies of related documents to this form.
The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature _____ Date: 10/1/01

Mall this form to:

Consumer Protection Coordinator
Board of Registration in Medicine
Ten West Street, Third Floor
Boston MA 02111

October 1, 2001

Consumer Protection Coordinator
Board of Registration of Medicine
Ten West St. Third Fl.
Boston, MA 02111

Re: Questions about the prenatal care received from Dr. Gomez-Carrion and Beth Israel Hospital

We believe that there were serious errors in how Dr. Gomez-Carrion and Beth Israel Hospital provided prenatal medical care to [redacted] and would like to bring them to your attention.

[redacted] began to see Dr. Gomez-Carrion for her prenatal care on [redacted] 2001 at the Beth Israel Health Center in Jamaica Plain. She delivered a premature stillborn infant on [redacted] 2001. She and her husband, [redacted], believe Dr. Gomez-Carrion provided substandard care by:

- 1) Inaccurately diagnosing and treating symptoms of bleeding and cramping when they first occurred during the 17th week of gestation. [redacted] was told she had vaginosis, and shortly thereafter, an incompetent cervix. Treatment included use of Flagyl and placement of a cerclage suture. The clinical evidence of vaginosis was not clear. The fact that bleeding was usually considered a contraindication for placing a cerclage was not acknowledged or discussed. Our understanding is that the placement of the cerclage in this situation significantly increased the likelihood that an infection was introduced that ultimately killed the baby.
- 2) Not testing for infections prior to a cerclage operation, in spite of the fact that such pre-operative tests are considered standard protocol by many obstetricians.
- 3) Not following up after the cerclage operation, despite five phone calls to Dr. Gomez-Carrion's office by [redacted] and [redacted] describing a change in vaginal discharge. On the last phone call, which took 7 hours to return, [redacted] was advised to go to Beth Israel Hospital. When she was admitted that night, there was virtually no amniotic fluid and an elevated white blood cell count. The attending doctor recommended terminating the pregnancy the next morning.
- 4) Not documenting patient phone calls. None of the above phone calls were recorded in [redacted] file. The medical records from the clinic were presented to [redacted] at Beth Israel Hospital on [redacted] /01 prior to delivery of the baby.

We believe Beth Israel Deaconess Medical Center (BIDMC) provided substandard care by:

- 1) Not providing appropriate administrative and clinical supervision of Dr. Gomez-Carrion or of their clinic in Jamaica Plain.
- 2) Not requiring tests for infection prior to a cerclage operation done at their hospital.
- 3) Not requiring a post-cerclage follow-up call from the staff of day surgery and an appointment with a doctor for an examination and ultrasound within a few days of the operation.
- 4) Not releasing the baby's body from the morgue until four days after the death.

We raised our concerns with both Dr. Gomez-Carrion and _____, the Director of OB/GYN at Beth Israel Deaconess Medical Center. Dr. Gomez-Carrion believed she provided adequate care. _____ acknowledged "miscommunication" between Dr. Gomez-Carrion and us. However, he said that neither she nor the hospital did anything wrong. However, after meeting with other doctors, and reading recent medical literature, we believe the care we received was substandard.

_____ indicated that he served on the Board of Medicine to review cases in obstetrics. Because he is also representing Beth Israel Hospital, we would ask that he not be involved in this case.

Our goal is to insure that learning occurs so that another tragedy such as the one that befell our son, _____, does not recur. To this end, we would like to know, in writing, what changes Dr. Gomez-Carrion and Beth Israel Medical Center will make to improve their prenatal care.

Thank you.