



LIVES TAKEN

The Atrocity In The Introduction And Training Of
Laparoscopic Cholecystectomy

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Dedication

This book is dedicated to the thousands of trusting, innocent lives wantonly taken and sacrificed to the introduction and training of laparoscopic cholecystectomy without their knowledge and a full informed consent—human sacrifices to greed and corruption.

God forgive the monsters capable of such acts:

Criminal, immoral, unethical acts--pre-meditated, coldly calculated, and icily inflicted, without a shred of conscience or feeling for the human beings they did it to.

Life is cheap as long as it belongs to someone else.

Foreword

We would all hope that in the aftermath of the medical atrocities, and medical crimes-against-humanity, committed during passed wartimes (and in such inhumane and prolonged experiments such as the well-known Tuskegee Syphilis Study) that the medical profession would have come away with a better understanding of the boundaries of their rights and responsibilities.

Sadly, the only thing they have learned is how to hide their crimes better.

There are medical atrocities going on right here, right now, right underneath everyone's noses. The perpetrators get away with it because these are high-tech crimes well out of the knowledge and experience of the common man. With the inventions of modern technology the perpetrators of these crimes now have better tools to hide their dirty-work than they had in the past.

Communication is easier and more accessible, more far-reaching. Computer-stored medical records are now the norm and any doctor anywhere can call up the records of any person with just a few keystrokes. Unity and collusion is made easier. Policing of the profession to conform to New Medicine's utilitarian ethic is easier.

And burying their casualties to escape accountability is easier.

The industry now chases after the almighty dollar. When it became cheaper to kill off its expensive-to-treat diseases, injuries, and mistakes all of us "club" outsiders are at risk.

What is the best way to hide something enormous? Take it apart and scatter the pieces around in plain sight.

That is what the medical syndicate decided to do when they colluded to commit an atrocity, a crime-against-humanity, a depraved-heart crime of the magnitude of a holocaust.

They know something about us and used it to its full capacity: they know we outsiders do not possess the experience, insider information, specific education, or anything else we would need to accurately process and evaluate the scattered pieces sprinkled about—and even less likely to be able to gather these scattered pieces and put them together well enough to identify the object that has been hidden.

They knew something else about us too: they knew that the ones targeted would be too sick to

seek these scattered pieces in the volume it would require to make sense of them as a whole, and would surely all be dead before we could figure out something was very, very wrong—and certainly not before we could identify exactly what that wrong is.

And they knew something even worse: if, by some miracle, we did manage to accomplish all of the above, in our debilitated and dying condition, there would be no clean place to take a complaint or receive relief or rescue: we would be met with a wall of insider corruption and collusion so thick no outsider can break through it.

I had written in my previous work, “Taking Lives”, that it is hard to know how to end such a work because there seems to be always “one more thing” to add. Just one more thing, then another thing...then something else.

Conversely, I am having a difficult time starting this one because the subject has a long and complicated history and much supporting documentation for each claim. One thing builds on another thing and everything that comes before it. But I am going to try to lay this atrocity out in its best sequence, will do the best I can to keep it moving forward—and include the best supporting documentation in my possession.

This is an atrocity of holocaust proportions and it deserves the very best of my ability, it is a story that screams to be heard and understood. It is also a story nobody else is going to tell for fear of retaliation by those who profited from it and have tried to keep a tight lid on it.

The format I have selected is one I believe I can work within best: I am going to take each statement laid out in the pages titled “Unwritten History” and fill it out with citations to support the claims. In short, I am going to use the medical syndicate’s OWN trade literature and media presentations to tell this particular story—after all, who can tell it better than the ones sitting in the driver’s seat of an atrocity of this magnitude?

Most of their victims are not alive anymore to tell their side of this horrifying story. I will be dead soon too.

In the citations provided, you will find a shocking lack of commentary on, interest in, or mention of, what their victims actually suffer and the losses they are forced to endure. Their victims are objectified and depersonalized to the point of near invisibility.

You will also find an enormous, and very telling, difference in the information doctors disclose and discuss amongst themselves in their own trade literature and the information, and the literature, they provided to their prospective patients.

And therein lies the problems...and the crimes.

Read the citations provided very carefully: the “devil” is very much evident in the detail.

And read the injury victim’s stories, hear their personal experiences—these victims tell a very different story from the one the medical syndicate and their cohorts manufactured and colluded to present to the public. The very clear “patterns” of criminal activity and standardized abuses inflicted emerges in these victim’s stories.

“When someone lies to you it is because they don’t respect you enough to tell the truth and they think you are too stupid to know the difference”

Author Unknown

Written History

In 1985 a surgeon in Germany, Erich Muhe, removed a gallbladder using a laparoscope. The first laparoscopic cholecystectomy in France was performed by Philippe Mouret in Lyon in 1987.

J. Barry McKernan and William B. Saye performed the first laparoscopic cholecystectomy (LC) in the United States on June 22, 1988 in Marietta, Georgia.

Laparoscopic cholecystectomy was developed and popularized in the United States by Dr. Eddie Joe Reddick in 1989.

During this evolving process which continues today the entire general surgical community had to be trained.

Early in the national experience with laparoscopic cholecystectomy it became apparent that some surgeons who were in the early phases of their training would misidentify the anatomy and inadvertently clip and divide the common bile duct thinking it to be the cystic duct. In many instances this would result in complete obstruction of the common bile duct which would require a second operation to correct. Often these injuries were not noted at the time of the initial procedure and therefore a delay in the diagnosis of the problem often resulted.

Other problems of much less consequence have also been identified to occur following laparoscopic cholecystectomy. This includes entering the gall bladder and spilling stones and bile into the peritoneal cavity, failure to diagnose stones in the common bile duct, cystic duct clips falling off leading to bile peritonitis, holes being poked in the cystic duct while doing x-rays of the biliary tree (cholangiography), holes poked into the intestine or mesentery by either the needle used to fill the peritoneum with CO₂ (Verness needle) or one of the trocars used to introduce the ports.

Citation:

MedQuest article 2010

Unwritten History

Surgeons have long considered gallbladder surgery to be a “bread-and-butter” operation”.

In the late 1980s it was threatened by two non-surgical procedures to treat gallstones: lithotripsy and ursodiol dissolution. People were choosing the non-surgical options. Surgeons were losing income.

The laparoscopic method offered surgeons a viable way to regain patient interest in surgery.

Laparoscopic equipment companies recognized an enormous financial opportunity and aggressively moved forward with it.

The laparoscopic method offered only a COSMETIC advantage in the smaller scars, not a safety advantage. The one-day hospital stay was attractive to the health insurance companies.

Doctors, and other parties, bought stock in the equipment manufacturing companies thus creating personal interest in getting this new procedure established.

A whole surgical community had to be trained at once; surgeons were clamoring for it so as not to be left behind their peers.

Insurers and government bodies criminally colluded to breach human-rights and the laws pertaining to informed consent to allow this new procedure to be trained and established in the volume it required.

Medical communities set up temporary training centers in non-university hospitals to accommodate the large, initial training swarm of surgeons.

This large initial training swarm required patients to train on in order for the surgeons to gain experience and get their credentialing.

There were not enough valid gallbladder disease cases to go around for all to train on.

So they MADE some:

Biologicals were released into the environment that had miserable stomach symptoms that could mimic/be passed off as a gallbladder

attack onto a trusting, ignorant public. It had to be an infectious organism that could easily spread and create suffering strong enough to force the afflicted to seek treatment through primary care physician's offices and hospital emergency departments but not strong enough to kill them. (genetically engineered helicobacter pylori?)

A targeted victim group was skimmed off for use in training: people disenfranchised in one way or another and toll economic damages too small to interest lawyers who accept medical malpractice cases based upon their formula for determining economic damages: the elderly retired, housewives, single over the age of 25 with no dependents, people on public assistance, prisoners, etc.

The medical syndicate sold the surgery to the public through media outlets.

Printed literature that extolled the virtues and minimized and/or omitted the risks, was given to prospective patients who had been referred to the surgery training centers--where surgery trainees and those doing the training were lined up and waiting to pounce.

Some printed literature promised a prompt, ethical response to injury. (with no intention whatsoever of actually keeping that promise: too expensive, too risky)

Printed literature lied about the actual injury and death rate, said it was 1-2% when it was actually 80+ percent.

(this is called “Fraud In The Inducement” when a person is deceptively lured into danger)

A referral fee of \$2,500. was awarded to any doctor who made a completed referral to the training center.

The usual referral fee for a completed referral to a teaching hospital’s student training program at that time was \$100.

The large referral fee ignited a “feeding frenzy” with the ER doctors and family practitioners. Reports of referrals to people who’d already had their gallbladders removed or were injured in a fall, etc. steadily surfaced.

Lives were bought and sold at a frantic rate. (this is “human trafficking”)

Lives were bought and sold with the full knowledge most of these people would be permanently injured or killed outright in the student training mills. (this is called “mass murder” and is a very sophisticated form of serial killing)

Lives were bought and sold with the full knowledge that no ethical/proper response would be offered if the injury manifested/collapsed after discharge from the hospital—as most did due to the one-day stay.

This evil, self-serving protocol also helped to conceal the true death and injury rate and manipulate the reported statistics ARTIFICIALLY low.

It helped hide the wanton slaughter of thousands of trusting people targeted for use-and-disposal to the training needs of surgeons and protected the financial rewards promised to surgeons, health insurers, and medical malpractice insurers—and the lawyers who would accept payola not to accept every valid injury case created.

Lives were bought and sold with the full knowledge most, if not all, of those targeted for use in training did not need this surgery and were deliberately infected instead. (depraved heart crime)

There was a sudden, enormous, increase in the number of cholecystectomies performed with the introduction of the laparoscopic method—well documented in state government accumulated DRG files and industry trade literature, etc.

The increase is falsely spun off to “backlog” and “patient demand” when it was actually “trainee demand”.

These increases were consistent at a specific percentage rate throughout the United States because each area was criminally granted permission to take, and use up, a set number of people to train on in order to get all the surgeons trained and the new procedure established—by whatever means necessary.

Protection to benefit the perpetrators, and subdue their victims, would be provided at all governmental, law, and law enforcement levels to help the perpetrators escape discovery, accountability, prosecution, criminal charges, and the natural consequences of committing an atrocity of this magnitude.

The increase in number of cholecystectomies brought increase in deaths and permanent and progressive injuries. The injury rate was

manipulated artificially low by actively responding to just one class of injury victim: the cases that collapse before discharge from the hospital and cannot be masqueraded to other causes.

The health insurance companies sold the public policies that offered “quality care”.

The health insurance companies sold policies that listed ONLY the already-trained, experienced, practicing physicians in their plan booklets with no mention of green trainee substitution in the operating room after the patient is anesthetized and cannot stop it.

(bait-and-switch, “Ghost Surgery”, battery)

Green trainees make their worst mistakes in the first 25-50 of each laparoscopic gallbladder procedure they perform.

The government pays teaching hospitals \$100,000.+ for each resident they train and have a contractual obligation to provide/procure “teaching material” for their students to practice on.

The health insurance companies wanted the cost-saving potential of

the new laparoscopic gallbladder surgery.

The health insurance companies often owned the teaching hospitals where the new surgery was being trained and the enormous number of deaths and injuries were being created. And concealed.

The teaching hospitals create and control the medical record.

The health insurers did not want the enormous cost of providing proper aftercare and necessary intervention to all the injury cases created by their green trainees. They only wanted the cost-saving potential of the new laparoscopic procedure.

Bile duct injury is one of the worst injuries that can happen in abdominal surgery and is virtually irreparable even in the best of hands.

There is a one-month window of opportunity for a proper-but-expensive biliary repair, best performed by a specialist, before permanent and progressive liver damage sets in. The health insurers did not want to absorb this cost because too many injuries were being created by surgery training.

The medical malpractice insurers did not want to pay claims for every valid injury case created by surgery training; there are too many of them.

Once permanent and progressive liver damage is allowed to set in the process cannot be reversed and leads inexorably to liver failure and death.

An infectious process sets in that damages kidneys, heart, lungs, spleen, even brain—continually seeded all over the body from the damaged liver by way of the blood stream. The infectious process ignites an inflammatory process that goes on to cause further, all-over, damage.

New Medicine chants: “it is okay to sacrifice a few to benefit many.”

Thousands of deaths and tens of thousands of injuries were created in this initial training frenzy.

If the health insurers responded ethically to each case created they'd all bankrupt quickly.

If the malpractice insurers responded ethically to each injury or death claim they'd all bankrupt quicker.

The true death and injury rate was manipulated artificially low to foster and keep public confidence in the illusion of safety being spun to deceive them so the student training mills could continue, unabated, to lure in enough unwitting people to train on so surgeons could get their credentialing in it.

To their mutual benefit, the vested entities colluded/conspired to present a unified front and would control presentation and care offerings this way:

Only the cases that collapsed before discharge from the hospital would actually receive that ethical, prompt response promised to all in the printed pre-op propaganda—only because these cannot be concealed or masqueraded to another cause. These would be the only cases counted.

The rest would get a sociopathically inhumane “cover-up-and-dispose-of” program that would make war crimes look like a tea party.

Most of those injured and suffering after laparoscopic gallbladder

surgery awoke from anesthesia and surgery to find a suspicious “extra cut” of about 2 inches in the center of their chests right below the breastbone and were given a false explanation for its existence.

The surgeons-in-training were also being taught a new, experimental, laparoscopic biliary repair at the same time as the laparoscopic cholecystectomy: the only way to get this opportunity is to deliberately sever a bile duct—then repair it with the experimental repair. The experimental repair would be sneaked it in through that tell-tale “extra cut”. Those targeted would be lied to, discharged, and sent home to whatever fate came crashing down—deliberately untreated.

Those injured would be methodically funneled to specific specialist referrals in the local community and to specific laboratories: those who can be trusted best to stick to the “cover-up-and-dispose-of” protocols.

The surgeons, teaching hospitals, and malpractice insurance companies were very concerned about the potential tsunami of injuries that would be caused in the initial training period and were frightened by the potential number of winnable medical malpractice

cases created by botched laparoscopic cholecystectomy, knew they could not take the enormous financial hit.

Lawyers would be paid NOT to accept these particular cases. There are rules they must follow in order to collect their payola.

The natural features of injury at gallbladder surgery, particularly bile duct injury, would be exploited: nothing shows on the surface where others can see it until the disease is well advanced. Nobody else can “see” pain, systemic infection, damage to other major organ systems and such as is common with this progressive injury(s).

Steadily increasing symptoms would be routinely ignored, dismissed, lied about, no matter what manifests.

Death comes remote from the event that actually caused it so that it can then be made to appear a separate entity.

Bile duct injury is one of the biggest “dirty secrets” of modern medicine: it is 100% doctor-caused unless a person was shot or stabbed in just the right places.

“All you are ever going to get from me, or any other doctor in this town, is: symptomatic relief only/no active intervention—until you get well on your own, or die—and you will get that only if you shut up, stop fighting us, and accept a benign diagnosis that the treatment matches.” (this is what a doctor yelled at me when I went to him seeking help for my increasing symptoms of injury)

The doctors would not offer any active intervention to our increasing symptoms but only a useless symptomatic relief.

A false diagnosis of “mental disturbance” would be made instead of providing proper (read: “expensive”) medical intervention and referral is routinely given to selected psychiatrists and psychologists.

The persistent patients would be routinely prescribed “psych drugs” to calm them into acceptance of their increasing symptoms, deliberately left untreated, and the myriad abuses heaped upon them designed to discredit them to others.

No proper, expensive, corrective surgery by a specialist, early, when it would do the most good, would be offered—ever. To do so would require exposing the detail of criminal and medical malpractice

events. (“destroyed opportunity”)

To discourage injury victims from seeking care for their increasing symptoms the medical syndicate has demonstrated a standardized pattern of vicious verbal abuse, false accusations, and psychological battery at every encounter to make seeking intervention so unpleasant those injured gain an aversion to it and learn to avoid it. This is applied early and heavily to make the most lasting impact.

“Now Medicine” chants: “you can’t break what is already broken” and “eat what you kill”.

Injured, we become extremely valuable commodities to the medical syndicate as “teaching material” to be exploited and used up in further student surgery training, drug and device testing—which we are expected to pay for.

If we do not accept the “offers” made to us we are coerced into compliance by removing pain control and made to “earn” it back with blind obedience and compliance.

We are funneled to “special” doctors in the community who can be trusted best to keep to the “use-up-then-dispose-of” program. These “special” doctors have unique personality traits that bypass

conscience and allow them to freely indulge their baser inclinations of bullying, threatening, coercion, psychological battery, verbal abuse, and so on.

“If you fight them they will kill you.”

A correct diagnosis(s) is withheld.

The standard of care is criminally reversed.

Proper aftercare is withheld. We spiral downward, deliberately untreated.

X-ray tampering is utilized to hide injury.

Lab reports are routinely falsified.

Wrong drugs are prescribed to make us worse, faster. (combining NSAIDS & H2-Blockers, erythromycin and Seldane, etc.)

Invasive testing is improperly performed to accelerate our injury and its consequences. (ERCP during active cholangitis without IV antibiotic protection, etc.)

Assets are pirated/plundered and precious time is wantonly wasted by running their injury victims through a never-ending battery of expensive, painful, dangerous, unnecessary testing done solely to

stonewall and deceive. If we don't pay the enormous medical debt run up on us liens are clapped on our homes, retirement funds, and such.

Aggressive collection agencies are set upon us; our credit is ruined.

If we speak out against what is done to us we are punished.

If we persist after being ordered to stop talking about it we are sent to prison on trumped-up charges (drug charges usually), confined to a mental institution for an attitude adjustment, or the psychological abuses are so heavily applied that few can withstand it and fall into helpless/hopeless despair, depression, or commit suicide.

Why all this, even long after the regular Statute Of Limitations and Statute Of Repose has expired? Why continue?

“THERE IS AN ONGOING TREATMENT DOCTRINE WHICH DICTATES THAT IN MEDICAL MALPRACTICE THE STATUTE OF LIMITATIONS WOULD NOT BEGIN RUNNING OR WOULD BE TOLLED UNTIL THE CONTINUOUS TREATMENT FOR THE CONDITION CONCLUDES.”

If no treatment for the true condition is ever initiated or recorded then it can never become continuous or conclude. This is what is driving these standardized abuses. Get it?

Plus, murder has no Statute Of Limitations, never runs out.

This dangerous training NEVER ends.

Consequences To Victims

Their victims have a compromised ability to work and earn a living.

When people cannot work they consequently cannot build Social Security credits in order to later qualify for receiving benefits.

Without a correct diagnosis on paper victims cannot collect on their purchased disability insurance policies or access the Social Security disability benefits they are entitled to.

Without a correct diagnosis victims cannot adequately/accurately determine which drugs and treatments are harmful to their particular situation and avoid them.

Permanent damage to marriage, children, family, and other relationships inevitably occur.

Victims become a burden to others: financially, socially, and physically.

Victims cannot perform usual chores and have to hire help or ask others to take over.

Victims suffer significant psychological damage from the constant invalidation of the steadily increasing symptoms of their iatrogenic injury(s) and the inability to access relief.

Victims suffer devastating financial losses from the routine runaround and gaming inflicted by the medical syndicate in the attempt to stonewall them past the point of no return.

L.C. injury victims are immediately blocked/closed out from accessing medical care: doctors automatically reject accepting them as patients, say they “do not want to get involved”.

If this surgery is the cure-all it is touted to be WHY, then, are so many people sick and dying afterward? Why an elaborate cover-up and unified attempt to silence their victims if none is necessary?

To commit a crime of this magnitude, the perpetrators and their cohorts must devalue their targets, and invalidate their increasing symptoms, by whatever means necessary by activating deadly depersonalization skills they’ve been programmed with.

One lawyer snapped at me: “If you people were stupid enough to fall for this con then you all deserved everything you got as a consequence!”

Victims are NEVER responsible for the criminal actions of their perpetrators, however “stupid” they are—especially when vital information is deliberately manipulated, withheld and/or concealed to elicit trust.

“Blame The Victim” and “Victim Shaming” are two defenses the medical syndicate uses to try to batter us into silence and despair—and to divert responsibility from where it truly belongs.

CITATIONS:

Surgical Innovations, October 22, 2008

“An Unsung Hero Of The Laparoscopic Revolution: Eddie Joe Reddick, M.D.”

By: Leon Morgenstern

QUOTES:

“Surgical instrument companies, hearing of these exploits, were quick to sense the possibilities and promise of a new generation of instruments for the radically new procedure.”

“Surgical instrument companies, *their eye on corporate fortunes to be made*, rushed to support research and educational ventures, to enhance their instrument inventory and *intensify their marketing activities.*”

“As the promise and success of the new procedure grew in the Unites States, *the demand for training in the radically new technique grew exponentially.*”

“As the demand for training outgrew the capacity, Reddick and Saye built the Advanced Laparoscopic Training Center in Nashville to accommodate the increased demand. For several years it was the premier training center worldwide, introducing thousands of surgeons to minimally invasive surgery. The meteoric rise of the new operative technique in the United States far surpassed its usage in Europe, where it originated.”

“As a result of the multifaceted appeal of the novel approach to surgeons, medical industry, and patients alike, *the number of cholecystectomies in the United States doubled, tripled, and quadrupled in short order.*”

“...in less than a decade laparoscopic cholecystectomy became the standard of care rather than *a renegade experiment*, so suspiciously regarded at its inception.”

“Strangely silent in all these early proceedings were voices from the Grove Of Academe. University departments watched warily from the sidelines as reports of the new procedure, *principally in the news media*, grew in volume.”

“He joined forces with Dr. Saye in 1990 to open The Advanced Laparoscopic Training Center in Marietta, Georgia.”

PrimeTime Live (transcript)

Airdate: 12-16-1993

“Too Good To Be True?”

QUOTE:

“But tonight ABCs Dr. Timothy Johnson is going to tell you something you probably haven’t heard about this technique that hasn’t made the headlines—until now.”

“But ***there is a darker side to this revolution:*** surgeons who were inadequately trained, instrument companies who hyped it to the public, and an estimated ***hundreds who died and thousands who were injured*** by complications that many believe might have been avoided.”

“The way it was presented was that this was a surgery that offered few complications”

“Suddenly surgeons were scrambling to learn this new technique.”

“I didn’t know how people were going to screw this up until some people screwed it up”

“But many *patients never heard about the potential problems*. They only hear about the benefits.”

“...how little they say the hospital told them about the risks.”

“They didn’t talk about any complications for this surgery.”

“...this brochure, which was offered by the hospital’s public relations department. It says nothing about complications.”

“It’s an illusion created by the company. It is a public demand that has been artificially created. It is a scheme to use the mass media. It is, in fact, advertising.”

“...that she had injured my bile duct and that she did not know anyone who could correct it.”

“The problem is that if a hospital doesn’t exert control, there is virtually no other controls over the introduction of new surgery in this country. The FDA does not regulate surgery and we could find just one state that even kept track of complications from this new operation. That leaves very little protection for the patient.”

“And the *patients get perhaps one side of the story.*”

“What I want people to hear is the story of how ***economic pressures, I think, mainly, contaminated a process, a decision-making process, and because of that safety was compromised.***”

“US Surgical decided to use doctor and hospitals to sell its operation to the media.”

“Now you can benefit from this public relations effort in your own territory.”

Unknown Source, Unknown Author Rec'd March 1998

“Unfortunately, however, there were virtually no surgeons who possessed the requisite knowledge and skill to perform laparoscopic surgery safely without extensive training in the new procedure. There were many who started performing surgery without acquiring adequate training and skills. *The result was that there was an explosion of injuries to patients' biliary systems as well as other parts of their bodies, and many patients were turned into biliary cripples requiring multiple operations and procedures in an effort to effect a repair—a result which was a medical disaster for the patient, who then became another victim of medical negligence. After the initial flood of injuries, the injury rate from laparoscopic cholecystectomy appeared to decrease as more surgeons gained adequate training and experience.* Unfortunately and for reasons unknown, the rate of injury appears to be increasing again”.

Readers Digest, November 1992, Page 19

By: Malcolm Ritter AP

“But the operation has brought a higher risk of injury to the tube-like bile duct that extends from the liver to the small intestine. The duct may be nicked or even severed by a surgeon who mistakes it for the nearby cystic duct, which is supposed to be cut during the surgery.”

“Since many of the injuries occur during a surgeon's first few cases, patients can minimize their risk by choosing a physician well-versed in the procedure.”

The American Journal Of Surgery Vol. 162, December 1991, Page 579

“Results Of Laparoscopic Cholecystectomy In A University Hospital”

By: Greg R. Goodman MD

Discussion, By: David V. Feliciano

QUOTE:

“Also, the incidence of injuries to the common bile duct was 1% in your review, and this is

similar to that in other recently published series. It should be noted, however, that this incidence is 5 to 10 times greater than that experienced using open procedures.”

Archives Of Surgery Vol. 127, August 1992, Page 921

“Laparoscopic Cholecystectomy. The New ‘Gold Standard’?”

By: Nathaniel J. Sopor MD, Paul T. Stockmann MD, Deanna L. Dunnegan RN, Stanley W.

Ashley MD

QUOTES:

“Laparoscopic cholecystectomy has rapidly been adopted by surgeons, but concerns remain about its safety...”

“Rumor has it that many common bile duct injuries occurring as a result of laparoscopic cholecystectomy *have not been described in the literature*. Indeed, in the last year, surgeons at our institution have been asked to manage more than 15 injuries to the common bile duct resulting from laparoscopic cholecystectomy.”

The American Journal Of Surgery, Vol. 161, March 1991, Page 399

“Training, Credentialing, And Granting Of Clinical Privileges For Laparoscopic General Surgery”

By: Thomas L. Dent

QUOTE:

“Rumors of a steep learning curve, common bile duct injuries, massive hemorrhage, and even deaths following laparoscopic surgery are rife.”

RN Magazine, January 1993, Page 31

“Laparoscopic Cholecystectomy: It’s Popular But Is It Safe?”

By: Robin Spangler Ondrusek, RN

QUOTE:

“You don’t want to be a doctor’s first laparoscopic cholecystectomy patient”. So said John Gollan MD, director of gastroenterology at Brigham And Women’s Hospital in Boston and an

associate professor at Harvard Medical School, at a National Institute Of Health conference held in September to assess the procedure's safety.”

“Although reporting bias and latent complications make comparisons difficult, ‘available evidence’ shows an increase in bile duct injuries associated with the new procedure. Some panelists estimate a fivefold jump, from about one in 1,000 to one in 200. Shortly before the NIH conference, the New York State Health Department released similar findings.”

“The vast majority of complications occur during a surgeons first 12 to 15 attempts at a new procedure, a department spokesman asserts.”

JAMA, Vol. 269, No. 8, February 24, 1993, Page 1021

NIH Consensus Conference

“Gallstones And Laparoscopic Cholecystectomy”

QUOTE:

“There are substantial limitations in quality and the quantity of the data available:

* Well-controlled studies are unavailable, and there is little prospect that such studies will be done.

* ***Bias toward the reporting of more favorable results is well recognized.*** While this is relevant to each of the treatment modalities, ***there is a strong probability that it is greater for laparoscopic cholecystectomy, associated with extraordinary competitive pressure*** in a rapidly evolving field that includes the most common operation performed by the general surgeon. This is suggested by the fact that many major medical centers that are reporting relatively low rates of bile duct injury from laparoscopic cholecystectomy are simultaneously seeing an increased number of patients referred from outside hospitals for the treatment of such injuries. Thus, ***the reported data most likely underestimate the complication rates for laparoscopic cholecystectomy*** more than for open cholecystectomy.

Conclusions:

*Most patients with gallstones remain asymptomatic.

Therefore, with few exceptions, *patients with asymptomatic gallstones should not be treated.*

* Because gallstones are so prevalent, they are often present incidentally in patients with other

diseases. *Patients with gallstones and atypical pain or dyspepsia need further investigation to determine the cause of their symptoms.*”

The American Journal Of Surgery, Vol. 161, March 1991, Page 365

“A Practical Approach To Laparoscopic Cholecystectomy”

By: C. Randle Voyles MD FACS, Anthony B. Petro MD FACS, Albert L. Meena MD FACS, Alexander J. Haick MD FACS, Michale Koury MD

QUOTE:

“Despite a relative absence of clinical trials, laparoscopic cholecystectomy has rapidly become available in the United States and in Europe. Although the concept of laparoscopic cholecystectomy seems sound and the potential cost-savings are apparent, concerns for patient safety and unnecessary costs in the rapidly developing area have been raised. Technological advances, *combined with strong commercial interests*, may have led to the availability of equipment and devices before scientific scrutiny.”

The American Journal of Surgery, Vol. 165, April 1993, Page 533

“Complications After Laparoscopic Cholecystectomy”

By: Harvey R. Bernard MD and Thomas W. Hartman, BA

QUOTE:

“The frequency of cholecystectomy has increased sharply, by 21%, since the advent of laparoscopic cholecystectomy. *The serious injury rate may be approximately 15 times that observed after an open cholecystectomy.*”

“The New York State department Of Health was alerted to possible problems posed by the large-scale introduction of the laparoscopic methodology to general surgery as a treatment for diseases of the gallbladder by Dr. Hiram Polk, Jr., the editor of The American Journal Of Surgery, in May 1990. *There were several factor that indicated a danger. These included: (1) the attractiveness of the method to patients who were informed by the news media of the considerable benefits of minimally invasive surgery without any indication of the possible complications; (2) the*

attractiveness of the method to surgeons who saw a 'bread-and-butter operation threatened by nonsurgical treatment; (3) the strong influence of instrument manufacturers for whom rapid dissemination of the technology was just good business; and(4) the absence of the safeguards inherent in traditional surgical education in the numerous abbreviated training courses by which practitioners were introduced to laparoscopic methods.

“Laparoscopic GI Surgery Evaluated In Maryland” February 9, 1994

QUOTE:

“A Johns Hopkins study has found that after the introduction of a new surgical technique, more Marylanders elected to undergo surgery to relieve gallbladder pain. *Surgery rates increased by 28 percent overall says the study, and the use of the new, less invasive, laparoscopic procedure skyrocketed, especially among those in health maintenance organizations (HMOs).*”

“The study is the first in Maryland to analyze the pattern of a procedure called laparoscopic cholecystectomy, or ‘lap chole’. According to the researchers, the procedure met unprecedented acceptance shortly after its introduction in 1989, without having undergone the scrutiny of a prospective randomized clinical trial. “As a result, there were many concerns about safety, who got the procedure and when” says Claudia Steiner, MD, M.P.H., lead author of the study, which appears in the February 10 issue of The New England Journal Of Medicine.”

“Lap chole cases continued to climb through 1991, but by 1992, reached a plateau in Maryland a finding never identified before.

The Columbus Dispatch June 5, 1995, Health column, New York Times News Service

“Gallbladder Surgery Easier--And Too Common?”

By: Jane E. Brody

QUOTE:

“In the five years since the technique was introduced, it has prompted a sharp rise in the number of gallbladders removed, in some cases from patients who have no symptoms.”

“Some experts now wonder whether the glamour of the high-tech procedure and the promise of a rapid postoperative recovery are resulting in a lot of needless surgery. Patients, though, forget

that every operation has risks, and that the expected benefits from the surgery should justify taking those risks. Such justification may be lacking in most patients with gallstones that cause few or no symptoms. As health care budgets shrink, it is likely that stricter criteria will be established for a cholecystectomy.

The New York Times newspaper

December 14, 1993

“Standard Training In Laparoscopy Found Inadequate”

By Lawrence K. Altman

QUOTES:

“The complication rate appears to be greatest during the first 15 to 20 procedures a surgeon performs, Dr. See said in an interview.”

“Last year, after learning that surgeons who had rushed to learn laparoscopic techniques without adequate training had ***botched many procedures***, the New York State health department issued guidelines specifying that ***surgeons must perform at least 15 laparoscopies under supervision before a hospital may issue credentials permitting them to perform the operations independently.***”

Archives Of Surgery, Vol. 127, September 1992

“Management Of Bile Duct Strictures, An Evolving Strategy”

By: J. Michael Millis MD, Ronald K. Tompkins MD, Michael J. Zinner MD, William P.

Longmire Jr. MD, Joel J. Roslyn MD

QUOTES:

“Approximately one-fourth of all injuries resulting in bile duct stricture were noted at the time of operation. ***It is interesting to note that more than 40% of patients in both groups presented more than 30 days after the initial injury, and 15 patients presented more than 5 years after the initial injury.***”

“We prefer to reconstruct the biliary tract with a Roux-en-y biliary enteric bypass, either a choledochojejunostomy or hepaticojejunostomy, depending on the level of the stricture. ***This***

procedure avoids a large amount of reflux of enteric contents into the biliary system.”

“The treatment of patients with bile duct injuries and strictures remains a challenge for even the most experienced biliary tract surgeons.”

Archives Of Surgery, Vol. 127, May 1992, Page 596

“Laparoscopic Bile Duct Injuries–Risk Factors, Recognition And Repair”

By: Ricardo L. Rossi MD, William J. Schirmer MD, John W. Braasch MD, Laura B. Sanders MD, Lawrence Munson MD

QUOTES:

“Given the extensive nature of these injuries and the frequent need for intrahepatic anastomosis and early stenosis of repairs by referring physicians, we recommend reconstruction to be undertaken by an experienced hepatobiliary surgeon.”

“Most injuries in our series were not detected during the initial procedure. Interestingly, only one of the patients underwent cholangiography, and the result was misinterpreted as normal.”

“Appreciable long-term morbidity can be expected in this group. These difficulties emphasize the need for the first repair to be performed early and correctly by a well-trained and experienced hepatobiliary surgeon.”

“The purported advantages of laparoscopic cholecystectomy, which includes less pain, smaller scars, more rapid return to work, and more satisfied patients, are rapidly erased by a single injury to the bile duct.”

DISCUSSION (Page 601)

By: Roger Jenkins MD

“Concern about the infectious complications of unrecognized injuries is warranted, as at least 50% of our patients sustained major septic episodes before surgery.”

Kenneth Kern MD

“...a very difficult problem that is going to be accompanied by a firestorm of litigation for a short while or perhaps even longer than that.”

“The legal community is well aware of these injuries.”

“They were very expensive, over \$500,000, to settle.”

Jack Pickleman MD

“If a ductal injury is noted at the time of operation primary repair should be attempted. If, however, the injury becomes manifest postoperatively, these patients should be referred to centers whose surgeons have expertise in dealing with these potentially devastating injuries, a sentiment strongly supported by the authors’ experience.”

“Bile Duct Injuries And Laparoscopic Cholecystectomy”

By: Herbert Rubin, MD

QUOTES:

“The consensus of opinion seems to be that what does constitute negligence in this clinical setting is the management of these complications once they have been recognized. If they are recognized at the time of the initial surgery and depending on the nature of the injury it may be appropriate for the initial operating surgeon to repair it then and there. Otherwise, transfer of the patient (following an initial period of stabilization) to a referral center that has experience with repair of these ductal injuries is frequently necessary and indeed is within the best interest of the patient.”

“In my opinion, what does constitute medical negligence in many of these cases is the inappropriate treatment of these injuries once they are recognized.”

Annals Of Internal Medicine Vol. 120 N0. 5 Page 433

“Questions Patients Should Ask About Laparoscopic Cholecystectomy”

By: Raphael P. Nenner MD, Pascal James Imperato MD, Island Peer Review Organization
Lake Success, New York

QUOTE:

“As New York State’s Medicare peer review organization and Medicaid utilization review agent, we have studied complications from laparoscopic cholecystectomy. Of the observed complications in this study, 8.8% were surgical, reflecting skills, judgement, and technique defects on the part of operating surgeons.

In a hospital based study, hospitals confirmed complications in 11.9% of 2940 Medicare and

9.7% Medicaid patients during 1991. ***These rates are much higher than those reported in several published retrospective and prospective studies.*** Ransohoff and Gracie appropriately advise caution in interpreting published series, given the small number of open cholecystectomies.

We believe that several of the low mortality and low complication studies reflect the results obtained by well-trained, and experienced laparoscopists who carefully chose the patients. Those excellent outcomes do not provide a good estimate of morbidity and mortality when this new technology was widely adopted in an environment lacking uniform requirements for rigorous training and experience.”

Jama Vol. 271, No. 11, March 16, 1994, Page 824

By: By: Raphael P. Nenner MD, Pascal James Imperato MD, Island Peer Review Organization
Lake Success, New York

QUOTE:

“However, these excellent results with laparoscopic cholecystectomy must be viewed with caution because they reflect outcomes of experienced and skilled laparoscopists. In a retrospective study of 1520 Medicare patients who underwent laparoscopic cholecystectomy between January 1, 1990 and June 30, 1991, we found complications in 15.8%. Of these 8.8% were surgical in character, reflecting deficits in surgical skills, judgement, and techniques”

“As shown by our studies, a very different picture about complications emerged once surgeons began climbing the learning curve.”

Page 825

By: Martin J. Hatlie, JD American Medical Association, Chicago Illinois

QUOTE:

“The letters from Drs. Matz and Sibert underscore the importance of reevaluating both credentialing procedures and the certification of postgraduate training programs ***to ensure that financial incentives to advance implementation of new technologies do not override the more fundamental concern for patient safety.*** These are not simple tasks, and to the extent they challenge medical staffs or professional organizations to approach their professional oversight

responsibilities more stringently or in a faster time frame, they will undoubtedly cause anxiety. But the failure to establish patient safety as the litmus test—even when patient themselves are demanding the latest unproven treatment options—has a huge downside risk. ***In addition to increased exposure to a malpractice claim, patients become less trusting of the profession over the long run, and payers find more justification to encroach—whenever it is in their self-interest—on the physicians unique role in determining what constitutes appropriate care.***

The American Journal Of Surgery Vol. 162, July 1991, Page 71

“Avoidance Of Bile Duct Injury During Laparoscopic Cholecystectomy”

By: John G. Hunter

QUOTE:

“Common bile duct (CBD) injury during laparoscopic cholecystectomy appears to have a higher incidence than during open cholecystectomy. This may be a function of inadequate instruction, inadequate caution, or inexperience, or may represent an inherent flaw in laparoscopic exposure.”
“Although there have been words of caution and a plea that initial studies be completed before wide-scale, uncontrolled proliferation of this procedure occurs, such advice appears to have fallen on deaf ears. Early in the laparoscopic cholecystectomy experience of many skilled surgeons, bile duct injuries occurred. Despite the expertise that has been gained in performing this procedure, bile duct injuries continue to occur as more surgeons begin to perform this procedure.”

The American Journal Of Surgery, Vol. 165, April 1993, Page 527

“Complications Of laparoscopic Cholecystectomy”

By; Vivian S. Lee MD, Ravi S. .MD, Giovanni Cucchiario MD, Willian C. Meyers MD

QUOTES:

“The most significant common complication is injury to the common bile duct.”

“Roux-en-Y hepaticojejunostomies, often multiple, are usually necessary for repair.”

“If injuries occur, they should ne recognized early, and patients should be referred to centers experienced in their treatment.”

In all published accounts of laparoscopic cholecystectomy, death appears to be an extremely unlikely complication.”

“Unpublished anecdotes of deaths are more common and inexperience with the technique seems to be the common denominator in most of these deaths.”

“The primary criticism of the favorable rate noted in the Southern Surgeons Club is that the overall experience represents the work of a highly trained group of surgeons and may not reflect an accurate cross-section of surgeons. These data, however, continue to be reproduced in subsequent series.”

“...patient with biliary strictures may present much later, even months after the initial surgery.”

“Centers that have accumulated experience in the repair of these biliary injuries report consistent success, ***although not without expense to the patients.***”

“Moossa, et al suggested, on the basis of anecdotal experience, that the incidence of bile duct injury is as high as 7% when inexperienced surgeons only perform the occasional procedure.”

“This number was over twice the number of injuries managed during a similar time period 5 years earlier.”

“...classic injuries also frequently involve burns that may be difficult to appreciate.”

“Consideration of the added morbidity of unsuccessful repair and re-operation further emphasizes the importance of referral to experienced hepatobiliary center.”

CONCLUSION:

“Recognition of a major injury should lead to referral of the patient to a center with considerable experience in treating such problems.”

Annals Of Surgery, Vol. 217, No. 5, May 1993

“Management Of Major Biliary Complications After Laparoscopic Cholecystectomy”

By:G. Branum MD, C. Schmidt MD, J. Baillie Md, P. Suhocki MD, M. Baker MD, A. Davidoff MD, S. Branch MD, R. Chari MD, G. Cucchiaro MD, E. Murray RN, T. Pappas MD, P. Cotton MD , W.C. Meyers MD.

CONCLUSIONS:

“Successful management of bile duct injury after laparoscopic cholecystectomy requires careful understanding of the mechanisms, considerable preoperative assessment by experts, and a multidisciplinary approach.”

DISCUSSION:

Dr. E. Armistead Talman:

“It is not enough for SAGES to state, and I quote, “New laparoscopic procedures require informed consent, the exercise of sound surgical judgement and documentation of results in an environment designed to meaningfully evaluate safety and efficacy.” ***This just does not address the assault that marketing and competitive pressures have unleashed. In many cases this means someone picks up the pieces after the fact as Dr. Meyers has so vividly demonstrated today.***”

Dr. David Adams:

“...this has led us to believe that bile duct injuries after laparoscopic cholecystectomy are more common than previously recognized, a point, I think, that has been underscored by Dr. Meyers report today.”

Surgical Clinic Of North America, 1985, Vol. 65, Page 273

“Reconstruction Of The Biliary Tract”

By: J.W. Braasch, R.L. Rossi

“Endoscopic Gruntzig Balloon Dilatation Of Benign Strictures In The Biliary System”

Isr. Journal Of Medical Science

1985, Vol. 21, Page 889

Biliary Stricture

“Benign biliary strictures are the result of surgical trauma in about 95% of cases. The remainder are caused by blunt external injury to the abdomen, pancreatitis, or erosion of the duct by a gallstone.”

“Biliary stricture is not a benign condition, since significant hepatocellular disease will inevitable occur if it is allowed to continue uncorrected. The death rate for untreated stricture ranges from 10% to 13%.

FORUM, Vol. 18, No. 4, Fall 1997

“Bile Duct Injuries During Laparoscopic Cholecystectomy”

By: Brendan J. Carroll MD, Matthias Birth MD, Edward H. Phillips MD

QUOTES:

“However, selection bias, under-reporting, and lack of long-term follow-up under-estimate the incidence of injuries.”

“To date, litigation has been resolved in 30 of the 46 cases studies. 21 were settled with payments ranging from \$30,000 - \$1,300,000 (average \$221,000). Five plaintiffs prevailed at trial with an average award of \$214,000 (range \$125,000-\$240,000)”

“The high rate of biliary injury associated with laparoscopic cholecystectomy has been attributed to the “learning curve”. *Other reports have noted an ongoing problem well past the learning period.* Of the injuries in the studied cases, nine occurred after the surgeon’s 50th case and five after the 100th case (including ductal transections and excisions). Clearly, no surgeon is immune from the risk of bile duct injury and no case is “routine”.”

“Surgeons performing laparoscopic cholecystectomies may encounter problems while attempting to repair bile duct injuries because of inexperience with the repair procedure.

Primary surgeons tried to avoid major duct reconstruction in the hope that repair over a T-tube would suffice *and would be easier to explain* than hepatico-jejunostomies. These patients with a failed initial attempt at end-to-end repair underwent an average of two subsequent percutaneous balloon dilations and two re-operations prior to successful recovery. ***Several patients had injuries worsened by inappropriate attempts at primary repair.***

Forum November 1993

“Training For New Technology”

By: David W. Rattner MD

QUOTE:

“Since laparoscopic cholecystectomy has become a common procedure, ***general surgical residents in the Harvard-affiliated institutions now receive on-the-job training*** for that just as they would for any other surgical procedure. This approach, close supervision by an attending

surgeon, is similar to traditional methods of resident training. Developing adequate technical competence during the five year residency program has not been a problem.”

“Laparoscopic techniques are now being used to perform a variety of abdominal operations such as bowel resections and anti-reflux procedures. ***Since these operations are not as common as cholecystectomy, the pool of experience for training is limited. It may be difficult to provide on-the-job training during residency and fellowship training.*** Additional courses are likely to be necessary to achieve competence. *Furthermore, the maintenance of skills, equipment, and ancillary staff necessary to perform these procedures requires a certain minimum volume.*”

Examining Your Doctor (book) Pages 206, 207

By: Timothy B. McCall

QUOTE:

“A doctor needs to perform a procedure a minimum number of times to gain competence. He or she must continue to perform the procedure with some regularity to continue to do it well.”

“When the new technique was introduced, many surgeons worried that if they didn’t learn it, they’d lose business. Normally surgeons learn how to perform operations during residency, a several-year apprenticeship they complete after medical school. If a new technique comes along after they’ve completed their training, surgeons need to learn it on their own.

Laparoscopic gallbladder surgery is very different from what most surgeons have been doing for their entire careers. Rather than cutting the patient open and locating the gallbladder and the various blood vessel by looking at them the surgeon watches a mirror image of the proceedings on a TV monitor. Depth perception may be difficult. Until you get used to it, navigating with the remote control instruments may be awkward. There is a definite learning curve to master performing the operation, and especially early on, many doctor performing it weren’t that proficient.

To learn the technique, most doctor take intensive one-or-two-day courses usually given in hotels. They hear lectures, watch demonstrations, practice on models, and finally try out the technique on dogs or pigs. Approximately ten thousand surgeons have taken these courses since the late eighties. ***According to the New York Times, some doctors did their first cases on a***

human a few days after practicing on a pig. It's perhaps not surprising then that early on there were reports about high rates of complications."

"These doctors had a 22 percent rate of complications."

The Columbus Dispatch

September 12, 1994

By: Dennis Fiely

QUOTE: Enthusiasm for the new procedure has sparked an increase of up to 30 percent in the number of gallbladder operations, according to studies in two states and one nationwide health-maintenance organization. ***Some physicians may be needlessly removing stones that cause little or no pain; some are performing laparoscopic gallbladder operations without proper training."***

"...poses a greater risk to abdominal organs and calls for a new, experimental, method to close the rupture."

Patient Care Magazine, May 30, 1996

"Laparoscopy's Changing State Of The Art"

By: Daniel J. Deziel MD, Lee Swanstrom MD, Richard Tureck MD

QUOTE:

"Why More Gallbladder Surgery? Since the introduction of laparoscopic cholecystectomy as an alternative to the open operation, the number of procedures performed has jumped 22% according to a recent study. This may be explained in part by the widespread acceptance of laparoscopic cholecystectomy. ***Physicians are willing to refer their patients at a lower symptom threshold and patients are more willing to undergo the surgery..."***

"Many experts believe the numbers are now leveling off."

Vermont Program For Quality In Health Care (clinical study group report) 1993

QUOTE:

"The 16 % increase in numbers of procedures performed between 1988 and 1992 is in excess

of any increase that could be explained by an increase in the Vermont population.”

“The increase in volume of cholecystectomies since the advent of the new procedure has been greater in other states, though the number of procedures has increased in Vermont, the population based rate does not appear to be excessive when compared to the experience in Maryland: The overall rate of cholecystectomy in 1992 was 2 per 1000 Vermont residents compared to 2:17 in Maryland after adjustment for aged.”

“An increase in complications did not occur in Vermont as a consequence of the introduction of laparoscopic techniques as was seen in other states.”

“The average charge for a laparoscopic procedure in the state in 1992 was \$6,715. Compared to the \$12,674 average charge for an open procedure.

The American Journal Of Surgery Vol. 161 March 1991

“Cholecystectomy”

By: Alfred Cuschieri MD, Francois Dubois MD, Jean Mouiel MD, Phillippe Mouret MD, Hans Becker MD, Gerhardt Buess MD, Michael Trede MD, Hans Troidl MD

QUOTE:

“The cost implications to insurers (irrespective of its nature) and to the earning capacity of the individual patient are obvious.”

Surgical Clinics Of North America Vol. 70, No. 6, December 1990

“Laparoscopic Cholecystectomy”

By: Thomas R. Gadacz MD, Mark A. Talamini MD, Keith D. Lillemoe MD, Charles J. Yeo MD

QUOTE:

“The volume of and enthusiasm for the procedure are escalating, and adequate training is necessary for its appropriate and safe application.”

“Duct injury is very serious.”

“Because the procedure is performed by observing the structures on a video monitor, it is important that hand-eye coordination with the instruments be developed.”

“Laparoscopic Injuries To The Bile Duct-A Cause For Concern”

By: A.R. Moossa MD, David W. Easter MD, Eric Van Sonnenberg MD, Giovanna Casola MD, Horacio D’Agostino MD

QUOTES:

“We have previously suggested that coupling laser techniques with laparoscopic surgery for the beginner in both fields may be particularly dangerous.”

“In more than 100 years of experience with open cholecystectomy, the medical community has witnessed the evolution of acceptable morbidity and mortality rate with this procedure. A new standard may be set, however, as the tidal wave of enthusiasm and early experience with laparoscopic cholecystectomy methods develops. Public demand, coupled with wide acceptance of the laparoscopic technique, may well be available only through the use of historical controls.”

“To these four scenarios, we should now add a fifth possibility, namely, injury to ductal structures during inappropriate application and control of an energy source.”

“When laser mishaps occur, tissue damage is probably is mediated by injury to the recipient structures.”

“It is not surprising, therefore, that a misdirected laser beam can produce substantial and complex destructive injuries to ductal structures.”

“The late Rodney Maingot, when talking about the operation of cholecystectomy, was both accurate and prophetic with the following two statements:

- 1) all complications are made in the operating room; and
- 2) the surgeon must operate by sight, not by faith.

“It is interesting that, contrary to our customary patterns of referral, three of our six patients were referred for reconstruction by the primary surgeons. The other three were referred first to interventional radiologists, and later offered surgical repair. It may be that either surgeons are beginning to accept that benign strictures of the biliary ducts are best handled surgically *or that they prefer, with respect to their early experiences with laparoscopic cholecystectomy, to keep their “dirty laundry” within the surgical community.*”

“Our choice of surgical repair, a single-layer interrupted mucosa-to-mucosa anastomosis between bowel and bile duct, has in our hands and others given superior results to all other techniques,

including Rodney Smith's mucosal graft procedure.”

“We caution those who use laser methods of dissection during laparoscopic cholecystectomy to be particularly mindful of the “backstop effect” of laser energy, as well as the variations of ductal anatomy that can make for hazardous dissection. We believe that routine operative cholangiogram remains a major safeguard. It may be appropriate to learn laser and laparoscopic methods separately, only later to combine them if desirable, or alternately, to await objective evaluation of the purported benefits of laser dissection techniques before subjecting patients to potential risks.”

Archives Of Surgery, Vol. 125, August 1990

“Iatrogenic Injury To The Bile Duct—Who, How, Where?”

By: A.R. Moossa MD FRCS, A. David Mayer MS FRCS, Bruce Stabile MD

QUOTES:

“Iatrogenic injury during cholecystectomy is the most common cause of benign stricture of the extrahepatic bile duct.”

“In a recent editorial, Johnson emphasized that the following three factors contribute to bile duct injuries: dangerous disease, dangerous anatomy, and dangerous surgery.”

“However, most iatrogenic injuries result from dangerous surgery.”

“Four of the patients who developed liver failure following unsuccessful operations on type 3 and 4 strictures were referred for liver replacement. However, all had advanced cirrhosis, severe portal hypertension, formidable upper abdominal adhesions and intractable cholangitis, and none survived the transplant operation.”

“However, inadvertent injury to the bile duct during the procedure may have disastrous consequences.”

“Even in the presence of anomalous anatomy, bile duct injuries should not occur if the principles of safe cholecystectomy are adhered to.”

“Overconfidence in the operating surgeon was a particularly dangerous attribute.”

“As expected, the prognosis is much worse for high bile duct strictures, especially if a previous attempt at reconstruction had failed.”

“Mortality and long term morbidity were confined to those with high strictures, and our results were particularly bad.”

“Bile duct injuries that are recognized and repaired immediately have the best prognosis. However, surgeons omitted cholangiography in most of our patients, and thus compounded the injury by failing to recognize it. Injuries that are only identified postoperatively should be referred to a specialized center with major interest and experience in hepatobiliary surgery because *a failed attempt at repair may seriously compromise the outcome* of a high stricture.”

“Injuries to the main duct are nearly always the result of misadventure during operation and are therefore a serious reproach to the surgical profession. They cannot be regarded as just an ordinary risk...”

“ My observation is that the primary surgeon’s relationship with the patient and the relatives before and after the injury determines what happens more than anything else. If the relationship is good, there has not been a legal problem. *If the surgeon just abandons the patient and usually transfers the responsibility to a gastroenterologist and/or radiologist, a series of further disasters and legal complications often ensues.*”

DISCUSSION:

George E. Block MD:

“Finally, in our litigious society patients who suffer an iatrogenic injury to the biliary system are ready-made clients for the personal injury attorneys. I fear Dr. Moossa’s article may become “must reading” for the plaintiff’s bar. I hasten to diffuse this *time bomb*.

G. Rainey Williams MD:

“This interesting study deals with an important surgical problem that continues to occur with disappointing frequency.”

“The high morbidity and mortality with more proximal ductal injuries is again documented, as are the poor results following the “mucosal patch” technique of biliary reconstruction.”

What’s New In General Surgery” July 18, 1990, Page 3

“Safety And Efficacy Of Laparoscopic Cholecystectomy—A prospective Analysis Of 100 Initial Patients:

By: Jeffrey H. Peters MD, E. Christopher Ellison MD, Jeffrey T. Innes MD, Jonathan L. Liss BA, Keith E. Nichols MD, Jack M. Lomano MD, Sheri R. Roby PA, Mary E. Front RN, Larry C. Carey MD

QUOTES:

“However, its safety, efficacy, and morbidity have yet to be fully evaluated.”

“ In addition analysis of the hospital costs of these 100 cases demonstrates a modest cost advantage over standard open cholecystectomy.”

“...there is a significant learning curve...”

“Laparoscopic cholecystectomy should be performed by surgeons who are trained in biliary surgery and knowledgeable in biliary anatomy, and as with all operations, it should be performed with meticulous attention to technique.”

“As our experience grew, *the senior resident acted as the operating surgeon*, and a scrub nurse as the camera operator.”

“***...the fall and winter of 1989 to 1990 brought an explosion of this technique.*** Reports of its safety, efficacy, complication rate, learning curve, and applicability to the spectrum of biliary tract disease are only now beginning to emerge. ***Anecdotal reports abound but little published information exists.***”

ACKNOWLEDGMENT:

“The authors thank the U.S. Surgical Corporation for their generous contribution that helped to defray the cost of the color illustrations.”

Surgery, March 7-9 1991

“Complications Of Laparoscopic Cholecystectomy”

By: Jeffrey H. Peters MD, Gregory D. Gibbins MD, Jeffrey T. Innes MD, Keith E. Nichols MD, Mary E. Front RN, Sheri R. Roby PA, E. Christopher Ellison MD

QUOTES:

“ Shortly thereafter, Reddick and Olsen in this country began to advocate the utility of laparoscopic removal of the gallbladder. Despite the fact that the first laparoscopic cholecystectomy was performed a little more than 3 years ago, in many cities of the United States

it has already replaced traditional cholecystectomy as the standard for cholelithiasis, *particularly in the elective setting*. Results and complications are only now beginning to be appreciated.

“Laparoscopic cholecystectomy clearly has been associated with life-threatening complications. Anecdotal evidence suggested the early experience of laparoscopic cholecystectomy included an incidence of complications, including major bile duct injury, as high as three to five times that of open cholecystectomy is normal, ***although data is lacking***. Some have attributed this to the learning curve of the new technique. It is possible, however, that this technique actually represents an inherently more difficult, and thus more dangerous, way of removing the gallbladder.”

“On the other hand, those patients with injuries referred to us, as well as our observations, serve to illustrate that laparoscopic cholecystectomy is unfamiliar and difficult to do in many circumstances, making it a potentially dangerous operation. Indeed, laparoscopic cholecystectomy may be an inherently more dangerous procedure than open cholecystectomy, regardless of the experience of the operating surgeon. *Definitive answers await the passage of time and the collection of data on large numbers of patients.*”

“At the present time, however, bile duct injuries are occurring at a rate of several times that of standard cholecystectomy, suggesting the need for reemphasis of operative technique to avoid injuries to the common duct. Operative laparoscopy is a new technique for most surgeons, requiring a renewed mindset to the ease in which these complications may occur.”

“In addition to avoiding complications, prompt recognition of complications is necessary.”

“A high index of suspicion, given any deviation from the usually benign course after laparoscopic cholecystectomy, is warranted. Those bile duct injuries and bile leaks we have seen have been similar, often heralded by persistent shoulder pain, ileus, and bloating, with abdominal pain and fever.”

“The possibility remains that this “advance” may represent a situation whereby we have traded a shorter period of disability and decreased incidence of minor complications (such as atelectasis or wound infection) for an increased incidence of major complications (bile duct injury and leakage), which are quite rare with open cholecystectomy. Clearly, this is not an advance.”

DISCUSSION:

Dr. Robert E. Condon

QUOTES:

“Because all general surgeons are going to need to become expert in doing laparoscopic work, a problem exists. The need to retrain essentially the entire practicing general surgery community, that need far and away exceeds the capacity of training institutions to accomplish training in an orderly and appropriate fashion. So we have seen the growth of a number of short courses in various institutions, generally at what I consider to be very excessive prices, resulting in a certificate attesting that the individual attended and perhaps may have done part of a laparoscopic cholecystectomy on a single animal. That is not an adequate experience to certify clinical privileges in laparoscopy.”

“Training and credentialing is the major problem.”

“It is going to take more time than we have got, in view of economic pressures and other pressures, to accomplish appropriate training for the entire general surgical community.”

“My second observation has to do with the use of lasers for dissection. My experience is that the laser causes a flare on the TV and makes it impossible to see just at the critical moment when you really need to see so that you do not injure something to the side or in depth beyond where the laser is focused. I have returned to using the electrocautery, as have many of my colleagues.”

Dr. Henry Buchwold:

“This procedure was driven by entrepreneurial interests at its origin. It is now patient driven; it is survival-driven by the surgeons in the field; and it is driven by the review committees and insurance companies concerned with health care cost.. Despite, or because of, the somewhat hysterical atmosphere in this field, I would hate to see that such a very valuable procedure might never be tested adequately for immediate and long-lasting effectiveness and safety by a randomized controlled clinical trial.”

Dr. Kenneth J. Printen:

“We have an opportunity for turning loose anybody with a certificate and a laparoscope to perform a lot of mischief inside the abdomen.”

Dr. John Ricotta:

“We have been able to set up training programs in at least two hospitals at no cost for the

surgeons in our region. We provide the opportunity to assist on four to six operations on patients. So, this can be done. It is a bit of an inconvenience, but we need to do it, and it can be done.”

Dr. Peters:

“It becomes a situation not whether one can do the procedure, because given the appropriate time and patients, most of these gallbladders can be removed, but whether one should do it given a very dangerous situation.”

“Dr. Condon brought up the point, as did Dr. Lanzafame, of the utility of lasers. I have not used a laser to do this procedure. We used it on our first 30 or 40 patients relatively selectively and do not use it at all any more. ***Our feeling is that the introduction of an already unfamiliar instrument, such as the laser, into a procedure that most people are learning anyway just complicates the matter and may add to the possibility of complications.***”

“We do use a single dose of antibiotics before operation. We do not know whether this is necessary.”

“We are now doing the procedure with the residents as the operating surgeons and an attending surgeon on the right-hand side of the table as the retracting surgeon. We have been doing that for about the last 250 patients.”

The American Journal Of Surgery Vol. 165 June 1993, Page 665

“Spectrum And Management Of Major Complications Of Laparoscopic Cholecystectomy”

By: Andrew M. Ress MD, Michael Sarr MD, David M. Nagorney MD, Michael B. Farnell MD, John H. Donohue MD, Donald C. Melirath MD

QUOTES:

“Laparoscopic cholecystectomy has become the most prevalent method of treating uncomplicated, symptomatic cholelithiasis in the United States and elsewhere. ***As experience with this procedure grows, certain pitfalls are becoming apparent.***”

“Laparoscopic injuries during cholecystectomy can lead to serious morbidity and mortality, thus emphasizing the need for adequate training and credentialing for surgeons and for a heightened clinical awareness of the potential complications, their long-term sequella, and how to avoid

them.”

“The fact that thousands of surgeons have taken 1-or 2- day instructional courses, purchased equipment, and engaged in laparoscopic cholecystectomy with minimal experience and guidance may increase the risk of laparoscopic injuries. Bile duct injury reflects the surgeon’s inexperience, technical difficulties, aberrant biliary anatomy, or poor judgement during the application this new technique to the broad spectrum of pathology associated with biliary calculous disease. Complications may not always imply inadequate technical skills but rather the inherent limitations of video-visualization (two-dimensional viewing).”

“Despite the reported numbers, the true incidence remains unknown and is likely greater.

Surgeons with lesser experience are more likely to cause injuries. Surgeons who have just completed a laparoscopic training course and are accumulating their initial clinical experience with laparoscopic cholecystectomy are on the steep portion of the ‘learning curve’ for this technique. These surgeons must be cognizant of the potential problems during their learning phase and should have a low threshold for converting to an open cholecystectomy.”

“Another mechanism of injury occurs with use of electrocautery dissection. Electric current arcing within the peritoneal cavity, conduction of electrocautery current through tissue adhesions, , and unintentional contact with the adherent duodenum, jejunum, or colon during dissection can lead to transmural thermal injury. Focal thermal injury in an especially dangerous complication because it may go unrecognized during the operation unless there is free intra-abdominal spillage of the enteric content.”

The American Journal Of Surgery Vol. 163, June 1992, Page 551

“Risk Management Goals Involving Injury To The Common Bile Duct During Laparoscopic Cholecystectomy”

By; Kenneth A. Kern MD, FACS

QUOTES:

“The vulnerability of CBD injuries to civil litigation is well understood by plaintiff attorneys. Indeed, a recent yearbook devoted to medical malpractice litigation lists biliary fistula resulting from routine gallbladder surgery as first on the list of common meritorious cases for negligence

actions. *This interest will certainly continue and may well intensify, as we enter the era of laparoscopic surgery.*”

Third, ***compensation awards are likely to be high*** (range in these cases: \$125,000 to \$800,000), since ***CBD injuries subject the patient to serious, prolonged, and permanent harm.*** Lastly, assistant surgeons are also at risk for professional negligence when the CBD is injured.”

USA Today Newspaper, October 19, 1998

“Tracking Near-Misses In Medicine”

By: Robert Davis

QUOTES:

After pioneering surgeons discovered they could remove a gallbladder without slicing open the abdomen, the laparoscopic technique swept the nation and became the standard. ***With the innovation, however, came mistakes. Thousands of times, surgeons accidentally damaged the common bile duct, which carries bile from the liver to the intestine, causing serious injury as they tried to master the new surgical technique. The learning curve was slow, with surgeons individually making their own mistakes—a process that some believe is just one price of medical advancement. But when safety experts saw the same simple mistake being repeated over and over again, they viewed it as a symptom of a sick system.***”

“If the surgeon was unsure about the anatomy and became concerned that the common bile duct might be damaged, the doctor could always cut the abdomen open and revert to the standard procedure to get a closer look. The report notes that nobody would cut the common bile duct on purpose. The common bile duct carries bile from the liver to the intestine, where it begins to digest fat from food. ***Damage to the duct sometimes requires a liver transplant to keep the patient alive. But while the consequences of a mistake can be severe, the pressures on the surgeon making the decision can be great. The large incision is more invasive, making recovery more difficult and longer. And the decision would most likely be reviewed by administrators who watch over costs, bringing added scrutiny to the doctor.***”

American Family Physician, Vol. 3, No. 4, Page 1416

By J.A. Shea, et al Annals Of Surgery

“Mortality And Complications Associated With Laparoscopic Cholecystectomy. A Meta-Analysis”

QUOTE:

By Richard Sadovsky, MD

“The authors conclude that laparoscopic cholecystectomy is a reasonably safe procedure.

However, uncertainties may still remain because of publication bias and under-reporting of complications related to early discharge of patients undergoing laparoscopic cholecystectomy. With early discharge, the operative surgeon might not have been aware of later complications, such as wound infection or late biliary strictures.”

The American Journal Of Surgery Vol. 165 April 1993

“The Laparoscopic Buck Stops Here!”

By: C. Randle Voyles MD, MS

QUOTES:

“The overall morbidity of the laparoscopic approach seems to be reduced, although *the incidence of major ductal injury may be increased* according to reports around the country. Unfortunately, the anticipated cost savings of less invasive surgery have been elusive because the expense of instruments may exceed the savings in hospital days.”

“During our initial group experience with 1,900 cholecystectomies, we aggressively pursued steps to reduce costs.”

“The evolution of laparoscopy continues at a rampant pace. Surgeons in in America have followed the European lead in recognizing electrosurgery as the preferred energy source for for laparoscopy. However, a majority of American surgeons maintain a preference for disposable instruments; this practice is not duplicated in Europe.”

“In addition to costs, many disposable instruments are poorly designed with regard to electrosurgical safety. ***Specific complications, unique to laparoscopy, can occur because of “stray current” out of view of the surgeon. Unfortunately, surgeons and many engineers do not understand the underlying biophysics associated with electrosurgery at laparoscopy. The***

mechanisms of stray current with insulation failure, capacitive coupling, and direct coupling have not been presented at introductory laparoscopy courses. Some instruments are dangerous because of their design (The suction-irrigation electrode and hybrid cannulas) and extremely thin insulation. Other instruments pose a higher risk when passed through a plastic cannula rather than a metal cannula at the abdominal wall. Recognizing variables in the quality of insulation include thickness, dielectric (a quality of insulating effectiveness), porosity (“wettability”), and hardness. The induced current of capacitive coupling can melt the insulation of some instruments because of the same biophysics that lead to melting of the surgeons glove while “buzzing” a hemostat in open surgery; both stray currents cause burns—the former to the patient, the latter to the surgeon. As fiscally responsive surgeons, we have a moral imperative to eliminate unnecessary costs and continually raise the standard of surgery. However, conflicts within our health care system limit implementation regarding cost savings.

(1) Hospitals and insurers may actually profit from charges associated with disposable instruments; their profit from disposables may fund the purchase of more appropriate instruments or indigent care.

(2) Medical manufacturers tend to have more profitability with disposables rather than reusable instruments; their profitability in one instrument may fund the research and development of a more appropriate instrument.

(3) Corporate support of surgical education is desirable but may come at an increase in the total cost of patient care. The surgeons and some manufacturer’s goals may be diametrically opposed when cost is considered.

(4) Cost-containment is a laudable goal of every surgeon, but the primary “dividend” for cost-responsible care relates to a sense of personal responsibility. Patients do not “price shop” and are not able to equate quality and cost. “Market share” is not increased by showing a high quality and low price product. Meanwhile, major insurers seek “preferred providers” through negotiated fee schedules that may have no relationship to quality.”

“The laparoscopic buck, most appropriately, should rest with the individual cost-responsible surgeon; however, our current system has design errors that complicate rather than clarify our fiscal responsibility to our patients.”

Archives Of Surgery Vol. 30, October 1995

“Bile Duct Injury During Laparoscopic Cholecystectomy”

By Lygia Stewart MD and Lawrence W. Way MD

QUOTES:

“Four factors dominated the success or failure of treatment: the performance of preoperative cholangiography, the choice of surgical repair, the details of operative technique, and the experience of the surgeon performing the repair.”

“The incidence of major complications associated with repair by the primary surgeon was 38% and the mortality rate was 1.6%. When the initial repair was unsuccessful, primary surgeons continued to treat the patient for an average of 236 days before arranging referral to a more experienced specialist.”

“...patients had balloon dilatation and stenting of biliary strictures, which was unsuccessful in all...”

“During treatment the patients were ill and most were unable to work their usual jobs. Seventy percent required multiple hospitalizations for cholangitis, stent placement and manipulation, fatigue, reflux, pruritus, and depression. The overall morbidity rate was 72%”

“A few comments are fitting in regard to the use of stents at the time of surgery to support a fresh anastomosis. Experts differ about the value of stents. Having observed ***the inevitable inflammatory reaction that stents evoke, however, we and other biliary surgeons have stopped using them because of suspicions that they probably do more harm than good,*** especially in patients with small, thin-walled ducts. After two decades, our results continue to support this opinion. Our concern really is not to debate the the merits of stents, but to stress that they cannot offset the effects of a poorly devised or conducted operation.”

INVITED COMMENTARY By: William C. Meyers MD

“As many as seven small ducts must be sewn into a Roux-en-Y limb. We still routinely place a coronary O-ring on the limb and attach it to the abdominal wall in case there are questions about the anastomoses in the future.”

“Should the surgeon attempt repair? Again, this depends on the experience of the surgeon. An experienced liver transplant surgeon who has repaired numerous ducts in the past might go

*ahead, but **most practicing surgeons should not.*** The easiest and probably best thing to do is to create no more harm, place the appropriate drains or catheters, and transfer the patient after a period of stability.”

*“The main point of this commentary is that **surgeons should face up to the complication of bile duct injury during laparoscopic cholecystectomy. A relatively short duration of illness and good results can be expected if the patient is referred promptly to a surgeon who is experienced in the appropriate techniques. We must bite the bullet. We must face up to this complication. This is not an intentional injury so we should quit intentionally treating it wrong.**”*

Archives Of Surgery Vol. 36, No. 11, November 2001

“Common Bile Duct Injury During Laparoscopic Cholecystectomy And The Use Of Intraoperative Cholangiography: Adverse Outcome Or Preventable Error?”

By: David R. Flum MD, Thomas Koepsell MD, Patrick Heagerty PhD, Mika Sinarian Md, Patchen Dellinger, MD

QUOTE:

*“**Injury rates were about 80% higher during a surgeon’s first 20 procedures** and about 40% lower if cholangiography was performed at the time of LC.”*

Comment: **“Iatrogenic injury to the common bile duct is a devastating, costly, event.**

Surgeons should consider increased use of intraoperative cholangiography as a method to reduce bile duct injury, especially when they are becoming familiar with the procedure.”

JAMA, Vol. 273, No. 20, May 24, 1995

“Falling Cholecystectomy Thresholds Since The Introduction Of Laparoscopic Cholecystectomy”

By Jose J. Escarce MD, Wei Chen MS, Sanford Schwartz MD

QUOTES:

“Cholecystectomy rates increased 22% from 1989 to 1993. The proportions of cholecystectomy patients with uncomplicated gallstone disease and with elective admissions declined from 1986 to 1989 but then **increased rapidly after laparoscopic cholecystectomy was introduced.**”

“Several reports have documented a sharp increase in the frequency of cholecystectomy since the introduction of the laparoscopic procedure. An analysis of registry data from Connecticut found a 29% increase in cholecystectomy volume from 1989 to 1991; volume had been stable from 1986 to 1989. Similarly, a study of hospital discharges in Maryland reported a 28% increase in the cholecystectomy rate from 1989 to 1992. A study of patients in a health maintenance organization found a 57% increase in cholecystectomies from 1988 to 1992.

COMMENT: “We found that cholecystectomy rates among elderly Medicare beneficiaries in Pennsylvania were stable in the years immediately preceding the introduction of laparoscopic cholecystectomy in 1989 *but subsequently increased rapidly.* The 22% increase in the annual cholecystectomy rate is only slightly lower than that reported for younger populations. ***We also found evidence that increased surgery rates following the introduction of the laparoscopic procedure were accompanied by a lowering of clinical thresholds for performing cholecystectomy.***”

“...whether this demand was initiated by patients *or by physicians acting as patients’ agents.* Of course, misperceptions about serious complications of laparoscopic cholecystectomy and physician zeal; about a new technology—the so-called technological imperative—also may have played a role.”

“High numbers of elective cholecystectomies performed on patients with vague symptoms that are not due to gallstones, for instance, would raise concern that thresholds fell too much.”

“Furthermore, the value of the additional patient utility resulting from laparoscopic cholecystectomy may be substantial.”

“Complications After Laparoscopic Cholecystectomy”

By Harvey Bernard MD and Thomas W. Hartman BA

New York State Department Of Health

The American Journal Of Surgery, April 1993, Vol. 165, Page 533

QUOTE:

There were several factors that indicated a danger: These included: (1) the attractiveness of the method to patients who were informed by the news media of the considerable benefits of

minimally invasive surgery without any indication of the possible complications; (2) the attractiveness of the method to surgeons who saw a “bread and butter” operation threatened by non-surgical treatment; (3) the strong influence of equipment manufacturers for whom rapid dissemination of the technology was just good business, and; (4) the absence of the safeguards inherent in traditional surgical education in the numerous abbreviated training courses by which practitioners were introduced to laparoscopic methods.

“Training, Credentialing, And Granting Of Clinical Privileges For Laparoscopic General Surgery”

By Thomas L. Dent MD

The American Journal Of Surgery, March 1991, Vol. 161, Page 399

QUOTE:

“General surgeons, who just a few months ago were convinced biliary lithotripsy would render the surgical treatment of symptomatic cholelithiasis obsolete, have embraced laparoscopic cholecystectomy with considerable relief and enthusiasm.”

Medquest, Expert Articles, Laparoscopic Cholecystectomy

QUOTE:

“During the evolving process, which continues today the entire surgical community had to be trained.”

Archives Of Surgery Vol. 125, October 1990, Page 1245

“Laparoscopic Cholecystectomy, Threat or Opportunity?”

By: Ronald K. Tompkins MD

QUOTE:

“There is also concern about the extension of indications for the procedure to the large number of asymptomatic patients. In addition to these concerns related to patient safety many surgeons have fears of being “shut out”, ie, not able to be trained or being trained so late that their competitors have a superior edge.”

It has a steep learning curve and reports of major complications and even fatalities are filtering in. The entrepreneurial exploitation of the procedure in some areas has further complicated the objective analysis of the procedure.'

The American Journal Of Surgery Vol. 161, March 1991. Page 408

“Laparoscopic Cholecystectomy: Gateway To The Future”

By Professor Jacques Perissat, Bordeaux France and Gary C. Vitale MD, Louisville Kentucky

QUOTE:

“Laparoscopic cholecystectomy had a *semiclandestine debut in nonacademic settings* with the initial reviews being highly critical, incredulous, and strongly sarcastic. The revolutionary air generated by this new procedure and the speed of its adoption by rank-and-file general surgeons have left many conservative surgeons uneasy and apprehensive. *Although one hears tales of complications and woe*, the truth is that the technique had gained wide acceptance largely because of the high quality of results obtained in the initial series.

The wave of enthusiasm unleashed by these pioneers had actually turned into *a tidal wave* complete with destructive as well as constructive potential. It is truly imperative now that we channel this energy into careful scientific evaluation of these new techniques and the preparation of rational guidelines for instruction and credentialing. A “see-one, do-one, teach-one” mentality will simply not do in our present society. ***Although insurers and government bodies have demonstrated a generous wait-and-see attitude toward us as we embark, they will be just as quick to close the door and turn off the tap if complications and rising cost become associated with the new laparoscopic approaches to disease.***”

“Although just compensation is necessary for experts to give of their time to train others in courses and animal laboratories, we should deplore price gouging or the collection of excessive fees in the process of education or sharing information.”

Medquest, Expert Articles, Laparoscopic Cholecystectomy

QUOTE:

“Early in the national experience with laparoscopic cholecystectomy it became apparent some

surgeons in the early phases of their training would misidentify the anatomy and would clip and divide the common bile duct thinking it to be the cystic duct. In many instances this would result in the complete obstruction of the common bile duct which would require a second operation to correct. *Often these injuries were not noted at the time of the initial procedure and therefore a delay in the diagnosis of the problem often resulted.*”

“A.) That a learning curve existed and that once a particular surgeon performed 25-50 laparoscopic cholecystectomies the incidence of common bile duct injuries greatly decreased.

“Laparoscopic Cholecystectomy”

Brief Review (Compiled August 1995) The Institute For Minimally Invasive Surgery

QUOTE:

“Many reports have appeared in the literature in the last two years indicating that cholecystectomy performed minimally invasively is cost effective both directly and indirectly. Operating room costs are equal for minimally invasive verses open procedures. Nursing costs are lower, hospital stays are shorter and return to work times are substantially shorter by a month or more with the endoscopic approach. These factors combine to result in overall savings of about \$2,200, to \$2,500. Per procedure. Given that about 500,000 to 600,000 cholecystectomies are performed annually, the total savings, nationwide, amounts to over one billion dollars.”

The American Journal Of Surgery, Vol. 162, December 1991, Page 576

“Results Of Laparoscopic Cholecystectomy In A University Hospital”

By: Greg R. Goodman MD, John G. Hunter MD

QUOTE:

Page 578: “Average charges for laparoscopic cholecystectomy were \$828. Less than that of conventional open cholecystectomy in our series. (others show savings from \$600 to \$1,200 for laparoscopic cholecystectomy primarily related to a reduction in hospitalization)

The American Journal Of Surgery, Vol. 165, April 1993, Page 466

“Cost-Effectiveness of Laparoscopic Cholecystectomy Verses Open Cholecystectomy”

By: Eric B. Bass MD, MPH, Henry A Pitt MD, Keith D. Lillemoe MD

QUOTE:

“We concluded that laparoscopic cholecystectomy is likely to be less costly and more effective than open cholecystectomy for most patients *as long as it does not require routine preoperative cholangiography and is not associated with increased professional fees or increased risk of retained stones or bile duct injury.*

Page 470

“Efforts aimed at minimizing any potential increased risk of bile duct injury will also be important *because of the extremely high costs associated with the consequences of clinically significant bile duct injuries.*”

Archives Of Surgery, Vol. 127, November 1992, Page 1269

“Laparoscopic Surgery, A Difference”

By: Nicola Basso MD Rome Italy, Tzu-Ming Chang MD Taipei Taiwan, Thomas L. Howard MD, Edward Passaro Jr., MD Los Angeles California

QUOTES:

“The demand has been for reduced hospitalization and reduced medical requirements.”

“The potential is staggering. If an open cholecystectomy required \$100. of suture material and a ‘lap chole’ none, the potential savings in the United States are 50 million for that item alone.”

“...since death is directly related to delays in diagnosis and treatment.”

The Columbus Dispatch September 12, 1994

“New Medical Procedures Possibly Not All They’re Thought To Be”

By Dennis Fiely

QUOTE:

“Unlike traditional procedures, the newsletter noted, laparoscopy usually requires general anesthesia. Sometimes necessitates an overnight stay in the hospital, poses a greater risk to abdominal organs *and calls for a new experimental method to close the ruptures.*”

The American Journal Of Surgery Vol. 161, March 1991

“Laparoscopic Cholecystectomy: Gateway To The Future”

By: Professor Jacque Perissat and Gary C. Vitale MD

QUOTE:

“From what we have seen at the recent congress in San Francisco, vagotomy, gastroesophageal antireflux procedures, hernia repairs, and a variety of other techniques, ***including enteric anastomosis***, may not be far behind.”

<https://www.youtube.com/watch?v=H4rZPNOxvrc>

Published on Jan 30, 2013

“Lap Chole Gallbladder Cases: The Science Of The Plaintiff’s Case”

By: Miller & Zois medical mistake attorney Rodney Gaston discusses malpractice claims involving lap chole gallbladder injury claims when the doctor cuts or injures the patient's common bile duct.

At 2:54 to 3:53 listen VERY carefully.

<https://www.youtube.com/watch?v=wDXATkOt0yk>

Consumer Reports On Health

“Do You Really Need Gallbladder Surgery?”

October 2007

QUOTE:

“When minimally invasive gallbladder surgery was introduced nearly two decades ago, it prompted some doctors to hustle patients off to the operating room even if they had only mild or vague symptoms. And now more doctors are operating on people who don’t even have gallstones—the classic reason for removing the gallbladder.”

“ other experts argue that the test is unreliable and leads to ineffective and inappropriate surgery in people whose pain may actually stem from irritable bowel syndrome, certain medications such as omeprazole or other causes.”

Book

QUOTE:

"Bile duct injury to a major bile duct during cholecystectomy is one of the most serious and difficult problems in abdominal surgery. Unless successful reconstruction is achieved progressive liver damage and fibrosis will occur and lead inexorably to liver failure and death."

"Common duct obstruction lasting longer than 30 days results in severe liver damage. Hepatic failure with portal hypertension occurs in untreated cases."

"Benign biliary stricture is the result of surgical trauma in about 95% of cases."

"Biliary stricture is not a benign condition, since significant hepatocellular disease will inevitably occur if allowed to continue uncorrected."

PERSONAL HEALTH

"Some Second Thoughts On Gallbladder Surgery"

Newsday; Long Island, N.Y.; Oct 9, 1993; Page 26

By Ridgely Ochs. STAFF WRITER

QUOTES:

"And there is at least some indication that more surgeries are being performed simply because the technology is there. Legorreta's study in the Journal of the American Medical Association found that within US Healthcare gallbladder surgery had risen more than 60 percent from 1988 to 1992. By 1992 New York State Health Department statistics show a similar increase: the number of gallbladder removals was up 25 percent from 1990 to 1992; over the previous decade the number had risen less than 10 percent, said Thomas Hartman, head of health-care standards and surveillance for the department. It raises a question about whether decisions are being made to remove gallbladders that may not be necessary,"

"The general public has to be educated to protect themselves," he said.

Because of reports of complications, the state issued guidelines on laparoscopic surgery last year to surgeons. ***They should assist on five to 10 laparoscopic operations and act as principal surgeon under an experienced chief surgeon on at least another 10-15 operations before***

becoming chief surgeon in a laparoscopic procedure, Hartman said.”

The American Surgeon; Atlanta; July 1998; Volume: 64, Issue 7, Page: 643

“The Changing Face Of Cholecystectomy”

By: Jason M Johanning; James C Gruenberg; August R Roty Jr; Mark Nolan Hill; Lawrence N Diebel;

QUOTE:

“Previous reports in selected patient populations have noted an increase in the number of cholecystectomies since the introduction of laparoscopic cholecystectomy. To assess the impact of laparoscopic cholecystectomy in a more general population, 6473 consecutive cholecystectomies from 7/1/86 to 6/30/95 were reviewed to assess changes in rate of cholecystectomy, *diagnosis leading to cholecystectomy*, and general patient demographics. During the 9-year period, the number of cholecystectomies increased from 618 to 800 per year (29%; $P < 0.002$).

Even more striking was the redistribution of cholecystectomies performed for acalculous disease ($P < 0.0001$), with the rate of increase more than doubling for each individual diagnosis (biliary dyskinesia, 348%; acute acalculous cholecystitis, 139%; chronic acalculous cholecystitis, 138%). When comparing patient characteristics, there was a significant increase in the number of cholecystectomies performed on females when compared with males. When compared with other races, whites underwent cholecystectomy for chronic acalculous cholecystitis at a higher rate (120%; $P < 0.0003$). The introduction of laparoscopic cholecystectomy was followed by a dramatic increase in cholecystectomies performed for acalculous disease and less so for cholelithiasis. Accompanying the increase were significant alterations in patient demographics. *The study provides indirect evidence for lowering thresholds and changing indications with reasons for the increases yet to be determined.”*

“Charts lacked proper documentation. Doctor of former Baldwinsville resident found negligent too late for victim”

October 07, 2005

By James T. Mulder Staff writer

QUOTE:

“In his suit, Leyda said he complained to Dr. Praveen Mehta, his former physician at the Chestnut Ridge Health Center in Radisson, ***of pain in his back, groin, hips and legs. Mehta recommended gallbladder surgery and referred him to a surgeon. The surgeon gave Leyda a digital rectal exam which showed the problem might be prostate cancer.*** Subsequent tests in March 2002 confirmed Leyda had an advanced case of prostate cancer that had spread to his bones. Leyda charged in his suit Mehta never offered to perform a digital rectal exam or a prostate specific antigen exam, known as a PSA exam, to screen for signs of prostate cancer during seven evaluations by the doctor between Aug. 17, 2000 and Nov. 29, 2001.”

THE AMERICAN SURGEON

August 1993

DISCUSSION, Vol. 59, Page 540

QUOTE:

Dr. Stellato: ***The incidence of bile duct injuries is ten times what we would expect with open surgery.***

The injuries seem to be more devastating.

I think that further operations, possible liver transplantation, and even liver failure and death still may be in store for some of these patients.

Medical Tribune

May 7, 1992

New York

“Keyhole Surgery Questioned. Laparoscopic cholecystectomy linked to deaths and injuries”

QUOTE:

"An injury to the common bile duct is difficult to repair, and is one likely to be followed by bad results even in the best of hands."

PRARIELAW Subject: Re: Doctoring Of Medical Records

Dear Dr. Kennedy,

With all due respect, I am sure that you believe your statements regarding records. But, in fact the experiences of medical professionals who are not physicians would prove you wrong. Most nurses are requested to change their documentation after "an untoward event" I have personal experience with just such an event with a highly reputable university medical center. The radiology dept. where I worked for several years indeed shredded films when "lawsuits" were pending. Please try to listen to what the facts are that are being presented on this forum. You need to have some perspective of what plaintiffs actually are up against as you face them from the witness box. The power of the hospital, insurer and you far exceeds their weapons in their search for justice.

XXX, R.N. LNCC

“Damaged Care” airdate: May 26, 2002 Showtime Premiere

Showtime and Paramount Pictures

Dr. Linda Peeno is played by Laura Dern

DR. GORDON (speaking to a group of residents during hospital rounds): “The patient came in yesterday complaining of abdominal pain. Who can tell me why we are going to be recommending a gallbladder operation?”

LINDA PEENO (to Doug Peeno): “She needs an operation? There aren’t specific symptoms!”

DOUG PEENO: “Why don’t you go ahead and say something? Go on, raise that hand right up there!”

FELLOW RESIDENT (to Dr. Gordon): “Dr. Gordon, apart from the abdominal pain, what are the indications for gallbladder?”

DR. GORDON: “She has no definitive symptoms but the patient is 3F---which makes her a prime candidate for the operation.”

DOUG PEENO: “3F, Dr. Gordon?”

Dr. Gordon: “Fat, female, and forty. Now, you all may think that’s flippant but there are several very good reasons to perform this operation. One, it is quite likely the patient will indeed benefit from it and at the very least it will do her no harm. Two, you’ll all have a chance to observe the operation and the more operations we do the better educated the next generation of surgeons. And three, it’s entirely paid for by her insurance. Any questions?”

DOUG PEENO (to Linda Peeno): “He just said that. Greed, boredom, and money

MSNBC

2-27-2011

“Ugly Past Of U.S. Human Experiments Uncovered”

QUOTE:

U.S. officials also acknowledged there had been dozens of similar experiments in the United States—studies that often involved making healthy people sick.” “At best, these were a search for lifesaving treatments; at worst, some amounted to curiosity-satisfying experiments that hurt people but provided no useful results.” “These studies were worse in at least one respect—they violated the concept of “first do no harm, a fundamental medical principle that stretches back centuries” “When you give somebody a disease—even by the standards of their time—you really cross the key ethical norm of the profession, said Arthur Caplan, director of the University Of Pennsylvania’s Center For Bioethics.”

Donahue (transcript # 4380 excerpt) airdate: November, 13, 1995

“Shortened Hospital Stays Are Dangerous To Newborns”

DR. KAREN BELL: I just wanted to say one thing. If we’re going to be cutting costs, it’s not going to be with mothers and babies. Eighty percent of the costs are taken up by a very small percent of the people in this country and they are at the end of their lives. We’re not going to save big dollars by anything we do---

PHIL DONAHUE: “Well---

DR. KAREN BELL: “---with mothers and babies. And I just want to make that very clear---”

PHIL DONAHUE: “Yeah, but if---”

DR. KAREN BELL: “---up front. That’s not what’s driving this whole particular---”

Donahue (transcript # 3888 excerpt) Airdate: December 23, 1993

“When Medical Procedures Go Wrong”

MR. BERN (attorney in New York State): “You are entitled to your records. But that---you may have had your first surgery, but the second comes when they look at the records. You only get a copy. Ask them to see the originals. Then you’ll know...”

DONAHUE: “Oh, you mean you think there’s some fooling around between the slip and the lip and the dip and the---

MR. BERN: “Well, there might have been in the past.”

DONAHUE: “Is that what you mean? In other words, get the originals because they could be altered in the copying?”

MR. BERN: “At the very least, take a look at the originals, if you can.”

DONAHUE: “Really?”

MR. BERN: “Because they’re going to---if you ask for the records, they’re going to send a copy and--

DONAHUE: “And it might be sanitized.”

MR. BERN: “And they---oh, MIGHT be sanitized?!”

DONAHUE: “Really?”

MR. (Ralph) NADER: You know, Phil, there are a lot of examples where doctors and hospital personnel have altered or even forged records---

DONAHUE: “Yeah.”

MR. NADER: “---medical records to escape accountability when something bad went wrong due to incompetence.”

Trauma and Recovery (book) by Judith Lewis Herman, M.D.

“In order to escape accountability for his crimes, the perpetrator does everything in his power to promote forgetting. Secrecy and silence are the perpetrator’s first line of defense. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tried to make sure no one listens. To this end, he marshals an impressive array of arguments, from the most blatant denial to the most sophisticated and elegant rationalization. After every atrocity one can expect to hear the same predictable apologies: it never happened; the victim brought it upon herself; and in any case it is time to forget the past and move on. The more powerful the perpetrator, the greater is his prerogative to name and define reality, and the more completely his arguments prevail.”

Dayton Daily News October 7, 1997 page 8-A

“Three malpractice settlements involving patients who died could wreck the career of a physician in private practice, setting off reviews by “peer committees”, and malpractice insurance underwriters and causing high premiums.

The Dallas Morning News May 16, 1999 page 9-A

“Patient Drug Trials Lucrative For Some Doctors, Paper says.” Incentives reportedly given to those who recruit subjects”

QUOTE:

“Drug companies and their contractors offer large payments to doctors, nurses, and other medical staff to encourage them to recruit patients quickly. And doctors do not even have to conduct trials to get paid: There are finder’s fees for those who refer their patients to other doctors conducting research.”

Columbus Dispatch June 30, 1993 page 4-B

“Coroner Charges He Was Pressured To Protect Doctors”

“A coroner was pressured by hospital colleagues to change autopsy procedures to protect physicians, his attorney said yesterday. If he hadn’t been coroner he wouldn’t have been subjected to pressure.”

Cox’s suit alleges that hospital staff members pressured him to avoid critical autopsies to “protect the physicians at Summa from public disclosure as having caused patient deaths”

“Cox was fired in retaliation for refusing to allow his employer to compromise his office as a public official”

Zanesville Times-Recorder April 29, 1994

“Former Nurse Sues Bethesda” by Peggy Matthews

“A former Bethesda Hospital nurse has sued the hospital alleging the hospital fired her when she refused to falsify medical records.”

The complaint states Doyle, who worked for Bethesda a little over a year, was required to report any incidents which might be considered important to “risk management.” Those are cases that might result in medical malpractice suits. Doyle said that twice she was asked to either alter reports already written or to include only certain information in the report. The intention was to minimize risk for malpractice actions, “not to accurately reflect the events which had transpired”, according to the complaint. The suit accuses Bethesda of violating Ohio’s Whistleblower statute and the state’s criminal laws against falsification of evidence that could be used in subsequent criminal or civil investigations. Falsification of reports with the intent to “prevent discovery of medical malpractice on the part of Bethesda Hospital is fraud”, the suit alleges. Doyle claims she was fired in October 1993 for her “hesitance to engage in such illegal behavior.”

“Medication Errors: Nobody’s Watching. Part Four.”

by Steven Twedt October 24-28 Pittsburgh Post-Gazette

“For example, Ennis said, they heard unconfirmed reports that doctors would “sit” on patients who developed blood clots shortly after surgery, rather than return them to surgery. The reason:

an immediate return to surgery would be a reportable incident under New York state law, something doctors want to avoid. Ennis said: "what we were hearing from all over the place is, 'you know, you guys are preventing people from getting appropriate care.' Believe it or not, the doctors were blaming it on us."

Forgive and Remember (book) by Charles L. Bosk page 68

"First, there is failure from disease. Sometimes the best efforts of surgeons cannot cure those in the more advanced stages of terminal illness. Operative complications always raise questions about the adequacy of surgery; but deaths, especially when separated from the operation by a respectable period of time, do not terribly threaten surgeons. These deaths indicate to surgeons what the limits of their skills are; and they are seen as inevitable. Much disease is irreversible. An interesting feature of the allocation of effort on a surgery ward is the division of patients into two classes: salvageable and nonsalvageable. Heroic care goes only to salvageable patients. The nonsalvageable do not receive emergency cardiac resuscitation or other aggressive, life-prolonging measures. This is not to say that the surgeons at Pacific practice euthanasia; rather they limit their heroism. Nonsalvageable patients are allowed to die from their diseases and not saved to suffer from them. These patients are still treated---they are not ignored---but the surgeon does not play all his cards. Salvageable patients are candidates for heroic measures. These two classifications of patients help determine the allocation of scarce healing resources."

Rationing Medicine (book) by Robert H. Blank Columbia University Press 1988

If you want to know what the medical syndicate is up to read this book. I haven't gone through the whole book yet but I can tell you I am heartsick at what I have read so far and also feel validated in my "controversial" position and statements these years passed. Pages 23, 24, and 25 are a real eye-opener. It is about something called "computer rationing" and makes clear what use computerized medical records in the central databases are really going to be used for. Here is an interesting statement from page 25 about COMRATS: "This system would have the benefit of

removing from the physicians or authorities the difficulty of personally making a decision not to treat. If such use of a computer were strongly supported by society, physicians would be able to point out to their patients their inability to counter or even appeal before a higher authority the official decision. The computer rationing system (COMRATS) would relieve the physician of making painful decisions and justifying them to patients for whom the verdict is "no treatment". "The computer capacity is already present, and the medical databanks necessary for such a system are well underway. All that is needed is the motivation to institute the process. A PERCEIVED uncontrollable crises in medicine, if sufficiently onerous and widespread, might be enough."

Page 81 states: "Meanwhile, the Office of Health Economics questions any use of the term "rationing" in the health care context and suggests that "triage" or "PRIORITY SELECTION" be substituted.

Dr. Mark Sircus

<http://drsircus.com/general/medical-sociopaths/>

2-11-2016

"Medical Sociopaths"

"Some might think it an exaggeration to put mainstream doctors in the same boat as extremely sick and dangerous people but modern medicine in the United States is putting people in their graves in large numbers but before it does, the system is beating them into bankruptcy. It matters little to them the hundreds of thousands of people each year who suffer and die at their hands. Most people do not recognize doctors as psychopaths or sociopaths until they are trapped, suffering or dying at the hands of one."

Newsweek

10-23-1995

“Beware Your HMO”

QUOTE:

“People think their worst nightmare is getting a terrible disease, but they are wrong. It’s getting a terrible disease and not being able to get treated for it.”

“...HMOs were saving money by rationing medical care to their members. Last month the New York Post ran a week’s worth of stories on ‘managed-care casualties’.

“HMO doctors often make more money by denying you care.”

“HMO doctors stand to lose their livelihood if they provide ‘too much care’.”

“Provide too much expensive care to your patients and you’ll be out of a job. The more patients a doctor has from a single HMO, the more powerful that message becomes.”

“Three groups of anesthesiologists recently sued Aetna because they say the company strong-armed them into joining its HMO. If they didn’t sign, they said Aetna told them it would refuse to do business with the doctor’s hospitals.”

<https://www.merriam-webster.com/dictionary/human%20trafficking>

“Definition Of Human Trafficking”:

Organized criminal activity in which human beings are treated as possessions to be controlled and exploited (as by being forced into prostitution or involuntary labor).

Dayton Daily News October 7, 1997 page 8-A

“Three malpractice settlements involving patients who died could wreck the career of a physician in private practice, setting off reviews by “peer committees”, and malpractice insurance underwriters and causing high premiums.”

CNN & Time

“The White Line” (transcript)

Aired April 30, 2000

QUOTES:

BERNARD SHAW, CO-HOST: Since the overwhelming number of medical mistakes first came to light a few months ago, the obvious concern has grown into a call for mandatory reporting of medical errors nationwide. But would that really change anything? A CNN & TIME investigation finds a code of silence in the medical industry, one that can shroud in secrecy even the worst mistakes. That story now from Kathy Slobogin.

KATHY SLOBOGIN: Do most patients today know when they've been injured through a medical error?

DR. DON BERWICK: No, most do not. We have research on that topic. We know that even when doctors are aware of errors causing injury, and usually they're not aware, only about one time in four, in some studies, are patients actually told that an injury has occurred, and I actually suspect the number is lower than that.

SLOBOGIN: But the American Medical Association is opposed to mandatory reporting.

DR. NANCY DICKEY, AMA: We'll not make progress as long as this is a blame game, as long as the goal is to figure out who screwed up and either fire them or reprimand them or report them someplace.

SLOBOGIN: Dr. Nancy Dickey (ph) of the AMA says most injuries are not caused by negligence, but by competent doctors working in complex, sometimes flawed systems. She does acknowledge that doctors are reluctant to confess to mistakes for fear of lawsuits.

DICKEY: I believe the education process tries hard to identify errors and use them as learning experiences. *Is there, on the other hand, an environment that oftentimes encourages silence? Unfortunately I think there is. I think there is the liability message that says don't tell anybody anything, lock the file down and pray that nobody sues you before the statute of limitations is over.*

SLOBOGIN : Doctors, patients and experts say, in fact, there's a code of silence in the medical profession, a code that will likely undermine any new reporting laws and thwart efforts to stem the epidemic of medical mistakes.

SLOBOGIN: What's happening here?

POLK: A lot of things. There are concerns about litigation, always concerns about litigation. *There is an ongoing taboo among medical professionals that you just don't tell on each other and that just doesn't happen.*

SLOBOGIN: Is there a code of silence in the medical profession?

POLK: *I think it's long established and most people who work in health care or all people who work in health care have acknowledged for a very long time that there is such a thing.*

UNIDENTIFIED DOCTOR: To put it bluntly, at some of these smaller institutions, *it's like the Mafia's running it.*

SLOBOGIN (voice-over): This doctor, from another part of Florida, is afraid of retaliation and insisted on anonymity. *He says other doctors could put him out of business by refusing to refer him patients.*

UNIDENTIFIED DOCTOR: *It's basically, you know, you scratch my back, I scratch your back. If you don't scratch my back or you step out of line, well, we will persecute you.*

SLOBOGIN (on camera): Why are you breaking that code of silence?

UNIDENTIFIED DOCTOR: Because I've just had it.

SLOBOGIN (voice-over): When CNN & TIME returns, *you'll hear how doctors enforce the code of silence* and how one hospital lost the fight to hold its doctors accountable.

SHAW: Doctors making serious mistakes and hiding them from their patients. It happens more often than you might think.

BRUCE ABERNATHY: I got to see a side of this industry that many people don't see and I don't like what I saw. I don't like it at all.

SHAW: *Medical mishaps, unnecessary surgery and nobody says a word.* What's going on?

SLOBOGIN: What happens if you bring these concerns to the hospital administration?

UNIDENTIFIED DOCTOR: I have.

SLOBOGIN: And what happened?

UNIDENTIFIED DOCTOR: Absolutely nothing.

GREENFIELD: Medical mistakes and the code of silence that covers them up. Kathy Slobogin continues our investigation now with a doctor who is breaking his silence for the very first time, *a doctor so fearful of retaliation that he insisted we mask his identity.*

UNIDENTIFIED DOCTOR: I have just had it with, you know, myself and my colleagues.

SLOBOGIN: This Florida doctor is speaking out about medical mistakes he says *are routinely covered up.* In just one hospital where he works, he says at least 25 patients were seriously injured in the last year alone.

UNIDENTIFIED DOCTOR: Patients that have bad outcomes, have to return to surgery within 30 days, abscesses, perforations, losing legs.

SLOBOGIN: Did they ever find out about it?

UNIDENTIFIED DOCTOR: A lot of times the patients don't know because it's all how you present a case. You present something to a family like well, that's one of the complications that can happen or that's an expected complication or grandma or grandpa was old and it's their time or whatever it is. You know, sometimes family don't know.

SLOBOGIN (voice-over): This doctor practices at two hospitals, one small, one large. He says many smaller *hospitals don't report medical mistakes that injure patients because it might cut into their profits.*

UNIDENTIFIED DOCTOR: They're a business and if they report some of these problems that can harm some of the physicians who do business there, then those physicians will take their patients elsewhere, therefore hurt them financially.

SLOBOGIN: What happens if you bring these concerns to the hospital administration?

UNIDENTIFIED DOCTOR: I have.

SLOBOGIN: And what happened?

UNIDENTIFIED DOCTOR: Absolutely nothing.

SLOBOGIN: This doctor says at his hospital *the peer review committees charged with monitoring problem doctors actually protect them. He says colleagues tell him the same problem exists at other hospitals.*

UNIDENTIFIED DOCTOR: And a lot of these small hospitals sometimes it's the same physician's friends are on the peer review or they themselves are on the peer review committee and a lot of times nothing is done.

SLOBOGIN: Do I understand you to be saying that sometimes the people doing the peer review are the same physicians whose work is being reviewed?

UNIDENTIFIED DOCTOR: They're on the committees or their friends are in that peer review committee.

SLOBOGIN: Is there a conflict of interest there?

UNIDENTIFIED DOCTOR: Oh, definitely. Definitely.

SLOBOGIN: This hospital had a state agency come in and issue an 83 page report saying there were all kinds of problems. The joint commission came in and downgraded the hospital. The College of American Pathology came in and decertified the lab. Aren't those indications of problems?

BEASLEY: These were primarily pretextual. *It was, frankly, a setup between the hospital and the regulatory agencies.*

SLOBOGIN: Why would a state agency be part of a setup?

BEASLEY: That's a really good question. I wish I knew the answer to that.

POLK: I think we have a great deal to do without working at creating bogus situations. I presume that it's a part of their defensive action to attempt to, you know, discredit the process in some way.

SPEECH GIVEN BY DOCTOR CLAIRE WOLFE, OF COLUMBUS OHIO, TO THE
COLUMBUS METROPOLITAN CLUB, JANUARY 29, 1997.

THE TOPIC OF DISCUSSION WAS:

"MANAGED CARE: WHO WINS? WHO LOSES?"

When I saw the title "Managed Care: Who Wins? Who loses?" my first response was: "who knows? who cares?"

Actually, a lot of people care...

I would say that physicians, most likely, would call the current restructuring of our healthcare delivery system the destruction, and not necessarily the reconstruction, of many of the things that have made our system the best, if not the most expensive, in the world. Uh, you heard Dr. Loeb (sp?) refer to some of them...

Research and experimentation are at risk.

The ability to spend time with patients in the office because the compensation allowed you the luxury to do so rather than to herd people through, uh, in order to have, uh, more income.

The ability to lure the best and brightest of our youth to the profession, not just for the money, the prestige, or even the ability to help people but for the autonomy, for the independence that the practice of medicine allowed physicians.

The new look to this system that we deal with today really says "no" to all of the above: physicians have lost a great deal of autonomy. They lost the ability to take time with patients. They've lost the ability to try anything new if it falls off of an analga-rhythem(sp?) or protocol.

There is concern about who will help pay for the training of the next generation of physicians as profits from many of these organizations go not to education but rather to investors.

And there is concern about who will be left to do the research when the academic monies dry up.

And these concerns don't even involve the ethical and moral challenges of the new system; managed care plans, in fact, involve an inherent conflict of interest both for the plan and for the physicians: on one hand a plan will pledge to take care of its enrollees and on the other hand their financial sustenance depends on doing as little as possible for the enrollees.

"For-profit" plans have the additional conflict that stems from their obligation to maximize returns to their investors.

Employers very much like the new system: it saves them money. And money, currently, is the bottom line.

And all of these systems, currently, put the physician directly in the middle between the plan and the patient's best interests.

The current emphasis in managed care, aside from the money, is on the health of an entire population of individuals rather than of the care of a sick individual.

There was a recent Pugh Commission report that stressed that by the end of this century the American healthcare system will be less focussed on treatment, more concerned with education, prevention, and care management, and more oriented toward improving the health of the entire population.

Now, I will tell you there is nothing wrong with good preventive care for the American public. And in fact there is a lot right. But right now the measuring devices for a plan's quality are in fact, well-care measures: the number of Pap Smears, the number of immunizations,uh, the absence of a high c-section rate, and there is precious little in the way of assessing the ability of a plan to take care of the truly ill.

And yet people still go to the doctor because they are ill, not because they are well.

And we have an American public that expects access to all the technology that they hear about every day on radio and TV.

Our population is aging, more people are living longer and therefore they're living longer with chronic disabilities: will we have sufficient numbers of physicians to care for this increasing number of elderly with complex medical problems?

Who'll determine the technologies that we may, or may not, use to enhance the quality of life for people as they grow older with disability?

And who will tell the public, clearly and overtly, what they may or may not have for their illnesses and disabilities as we seek to divert more funds to well-care and prevention for a smaller number of population?

The popular thinking is that we must decrease the size of our medical workforce even in the face of this aging population! We must decrease the number of our specialists in the face of rapidly advancing and changing technology and knowledge. And somehow when I hear this, these recommendations always sound very counter-intuitive to me.

Consider the physician's conundrum: if a physician does not follow the rule of the entity who now pays their bills or their salary its quite likely a physician can be excluded from a health-care plan. And if that plan is sufficiently large, or the community sufficiently small, you can have an unemployed physician.

If their income additionally is capitated, if their living depends on the money they save from services not given, how does a physician resolve their duty to themselves and to their families with the duty they have to their patients?

How do they resolve the payment of a debt from medical school that now averages a hundred thousand dollars?

One other point that I always like to bring up when I talk about managed care is how germane the Hippocratic Oath may be in today's world: you know the Hippocratic Oath has three main tenets that have served the medical profession very well for about 2,400 years. These three tenets are:

BENEFICENCE: do what is best for your patients.

NON-MALEFICENCE: do no harm to your patients. And number three:

CONFIDENTIALITY: Keep whatever you hear in utmost privacy.

I will tell you that there are many today who would argue that the current system in which we are working is a direct threat to the Hippocratic Oath, and to the physicians, and to the patients that have benefitted by it.

DO WHATEVER IS BEST FOR YOUR PATIENT is now: "do whatever is best for the population, for the health system, maybe even for the doctor."

DO NO HARM is now tempered by rules that regulate what the physician may, or may not, tell the patient about the plan, about a plan which may limit the availability of services to its customers.

And CONFIDENTIALITY is getting close to a joke because how can a patient trust a physician with their innermost secrets when not only the insurer but almost anybody else currently has access to the medical record?

The result of our new risk-based managed care paradigm--if I can use that disgusting word--has been, I believe, a loss of trust by patients in their physicians.

We see a distrust, and a cynicism, starting to permeate the medical system just as it has affected our trust in the legal and political systems. And it has always been trust which has formed the basis of sound medical care. Hippocrates 2,400 years ago said it: patients recover their health simply through their contentment with the goodness of their physicians.

And I don't see much contentment these days amongst consumers with their physicians.

We should all remember that we will all be patients some day. As we hopefully, hopefully, co-operate on health system redesign. We need to ask ourselves how we wish to be treated on that day.

There was a philosopher who once said there are TWO ETHICS in treatment: there is the MEDICAL ETHIC to care for a patient according to the patient's specific medical needs.

And there is the VETERINARY ETHIC, to care for a sick animal according to the requirements and dictates of its MASTER--the person who pays the bill.

Practicing physicians have not--I did not say that--let me finish up with three things that I always refer to as "the public's peccadilloes" which, I think, have a lot to do with what's going on:

The American public is very unique and it has a very unique pattern of self-referral to specialists; the American public considers specialty care optimal care.

I want to know who is going to conti--uh, convince them otherwise?

The American public is also unable to rank diagnoses and tests and for years the best physician has been the one who does the most tests "because that person really is looking for the answer."

Who is going to convince them that less can be best?

And thirdly, and not unimportantly, our society continues to be ambivalent on how many missed diagnoses it can and will tolerate: it is reluctant to explicitly acknowledge that it would forgo the discovery of even one case of cancer for economic reasons.

Let me finish, as I usually do, with a quotation that sums up somewhat what this new restructuring can do to physicians and their relationship with patients; Rousseau said this in the 18th Century: "It is difficult to think nobly when one only thinks to get a living".

Thank you.

(transcribed from video segment 2-20-97 verbatim)

Channel 6 News/6 On Your Side Trouble-Shooter

MALE REPORTER: I thought your records were protected by your doctor.

FEMALE REPORTER: Confidentiality...and you'd think that.

FEMALE REPORTER: Emergency room doctors in Dayton Ohio believe they have found a way to save lives. It's not a new drug or a new test. It's the Community Health Information Network, or C.H.I.N. All seven hospitals in Dayton now pull patient information here. A personal health file can be accessed on any computer in any hospital at any time. It is in situations like this in a hospital emergency room where time can save lives, that the network is of most benefit. In fact, doctors here tell us that the network helps them treat people who come here as strangers. Doctors at Miami Valley Hospital say they can learn in a second's notice. They can learn if an unconscious emergency room patient has a deadly allergy to certain medications or a recurring heart problem. At least one doctor believes this is the beginning of a nationwide network that will include information from each and every one of us.

DOCTOR NORM SCHNEIDERMAN (Miami Valley Hospital): Ultimately, when the person from Arizona stops in Dayton and, uh, has a heart attack, or collapses, we will, within moments, be able to access information about them.

FEMALE REPORTER: Emergency rooms aren't the only pulling medical information. 700 health and life insurance companies (across?) access this database. It's the Medical Information Bureau, or M.I.B. In its files are very specific bits of information that insurers use to underwrite life insurance policies.

DR. ROBERT DAVIES (Nationwide Insurance): If the applicant has high blood pressure, uh, we found out from his doctor that he has high blood pressure, or on our examination the applicant weighs 350 pounds and is 4'6" we report things like that.

FEMALE REPORTER: This is how you might make it into the M.I.B. If you apply for life insurance your agent will require you to sign a release form giving him or her access to your health records. You think the information will stay between you, your doctor, and your agent but that's not always the case. Remember that release form? It also gives the insurer permission to put your information into the M.I.B.. So what once was supposed to be confidential is now part of an ocean of information accessible to insurers from California to Maine. Insurers say they need this information to cut down on fraud.

DR. ROBERT DAVIES: I think they only use information like that as a signpost that the applicant forgot about something—or maybe the applicant's trying to put one over on us.

FEMALE REPORTER: To the casual observer, the C.H.I.N. and M.I.B. might seem very different animals. But what's in common is that medical information is being pulled and people everywhere are wondering how much anyone should know about their health. Life insurers, in particular, believe your business is their business.

DR. ROBERT DAVIES: They have trouble understanding how that person's assertion that it is none of my business could hold up. Because I sorta think it is: we're doing business, so I guess it is part of my business.

REPORTER: So there you have it. This is what you should know about your medical record

when you sign.

The Columbus Dispatch

March 22, 1996

You And The law

“Contingency Fee Contract Could Backfire On Client

QUOTE:

“Under a recent decision by an Ohio Court Of Appeals, though, contingency fee agreements now can be dangerous to your financial health. The decision involved a case in which a lawyer and his client agreed that the lawyer would receive 40% of any money or assets which are obtained. The lawyer then won a judgement for \$507,439. Unfortunately, they were not able to collect from the wrong-doer. But the lawyer demanded his client pay him 40% of the award, totaling \$233,321. The client refused, but the court sided with the lawyer.

“No other country in the developed world had “for profit” health insurance. And you know what, that is why they have lower healthcare costs than we do. Their people aren’t burdened with the cost of supporting billionaire health insurance executives and the millionaires who work for them.”

Dr. Thom Hartmann

Columbus Dispatch December 21, 1994

“Study: Illness can Bring Ruin: two years of care can swallow all of a family’s funds.”

Congressional Quarterly

QUOTES:

“Even for families with health insurance, a serious illness can bring financial disaster, according to a study published in today’s Journal of the American Medical Association. Sometimes children must delay college plans. In other cases, families are forced to seek less expensive housing. Some defer medical care for everyone but the patient. The article says nearly one-third of the families caring for seriously ill patients during a two-year period lost most or all of their life savings.”

“Right now it’s one of the uncounted costs of serious illness,” she said, “virtually no one is covered for this.”

GHOST SURGERY IS ILLEGAL

Ghost surgery is defined as: The practice of performing surgery on another physician's patient by arrangement with the physician but unknown to the patient. However, ghost surgery has been around for decades, but is something that is hard for a patient to prove.

<https://definitions.uslegal.com/g/ghost-surgery/>

http://articles.chicagotribune.com/2012-09-23/news/ct-met-surgeon-switch-20120923_1_medical-residents-surgeon-medical-emergency

<http://www.duhaime.org/LegalDictionary/G/GhostSurgery.aspx>

<http://biotech.law.lsu.edu/Books/lbb/x955.htm>

http://www.protectpatientsblog.com/2010/06/malpractice_suit_exposes_ghost.html

VICTIM'S STORIES

"Those who can make you believe absurdities can make you commit atrocities" Voltaire

"A castaway's worst mistake is to hope too much and do too little." from the book "THE LIFE OF PI" by Yann Martel.

This is what the rest of your life will look like if you are injured at gallbladder surgery. The doctors who were so eager to get you onto the operating table will turn on you like snakes after-the-fact and then you will find out how little feeling the profession really has for you when one of their "club members" cause patient injuries. The medical mafia "sees nothing" and because they "see nothing", well, there is no cause to DO anything FOR YOU. See nothing, do nothing. Nothing "seen" is nothing offered; nothing offered is nothing spent outside their realm--nothing spent ON YOU. Testing is NOT medical CARE; testing moves money around within their OWN ranks and perpetuates their cover-up: you get nothing. These extracts are from my files and interviews and are a very small sample of the whole; I have selected the extracts I thought to be most representative and informative. If you look around on the Internet, discussion boards, blogs, Facebook discussion and support groups, the number of people suffering after this surgery is staggering. Most have no idea what is really going so terribly, and painfully, wrong or why they can't find any doctor to treat them.

Laparoscopic Cholecystectomy Injury Cases/Victim Statements

“I am a general surgeon in private practice. The way L.C. was spread and taught was terrifying in retrospect. And I am not too sure the newer procedures, particularly Lap. Nissen for esophageal reflux, won't have similar learning curve problems. In any event, I have been on the receiving end of patients requiring reconstruction, and it is at times pitiful the lack of appropriate care and attention they have received.”

J.G., MD (Texas)

“You have probably heard this a thousand times, but I thought I was the only person to go through the digestive problems that I've had ever since my gallbladder surgery three years ago. It's interesting that my mother had conventional gallbladder surgery 5 years ago and has never had a problem. I've had every digestive test run on me. My internist has told me he thinks I have a build-up of table salt in my former gallbladder area and recommended a powder mixed in water. But I still have painful flare-ups.”

Carol (Ohio)

“My name is XXX and I had the laparoscopic gallbladder surgery three months ago. I have been in pain ever since. I have had several tests done to try to find the trouble but all my tests have come back negative. I had the colonoscope, ultrasound, other x-rays, and numerous trips to three different doctors, along with many different kinds of medicine, and still no one seems to know why I am in pain or what to do about it. I am a wreck, both physically and mentally.”

R.P. Ohio

“My brother is a hospital administrator at [hospital name] Hospital in [city name] Ohio. I don't live in Ohio myself though, I live in Nebraska with my family. He gave me your name, address, and phone number but when I tried to call you your number had been changed to an unlisted one, so I am writing you this letter with hopes you can help me. I had a laparoscopic gallbladder

operation in June of 1992 and I have not been well since. A woman I work with had the same operation about the same time I did and she has not been well since her operation either and is much sicker than I am; she now has a tube hanging out her right side with a bag on it to collect liver bile and can't eat normally anymore because she was given a stomach tube. I don't want that. There is something wrong with this operation that is making people very, very sick. I have read stories in the newspapers about it. My brother told me if he had known I was going to have this operation he would have advised me not to do it because it is very dangerous. After the operation when I started getting so sick and getting nothing but the runaround from my doctors here, I called him to ask where I could go for some real help thinking he'd know because he is a hospital administrator and he told me I'd have to leave this country if I wanted any help because the doctors in this country will not lift a finger to help me---not even one of them. He told me there was no doctor he could think of to send me to that he could trust to treat me right. It is some kind of secret rule they have with each other. He would not say anything else about the subject but just said he'd send me to the only person he could think of who would tell me the truth and would try to help me and that is how I was given your information by him. He called me back with it right away. I went to consult with a surgeon in [city name, Nebraska] who had operated on the woman I work with and who gave her that bile bag and stomach tube. The surgeon was sorry there was nothing she could do for me and was very nice, not like the doctors in my town who were so mean for no reason and who kept telling me I needed to see a psychiatrist. My pain is in my right side, not my head! This lady surgeon also said something to me I don't understand; when I had asked my brother about what she told me he said to ask you about it because he'd lose his job if he said something and the wrong people found out about it. So, what does this mean? She told me "all these people never needed their gallbladders taken out in the first place and everyone was really infected instead"

Peggy (Nebraska)

"My uncle was diagnosed with prostate cancer several years ago and was getting treatment for it. He reached a place where he was finally told he had about two months left to live. A doctor then

told him he needed to have his gallbladder removed, out of the blue, with no tests or anything. My uncle wasn't having any gallbladder symptoms. The family advised him not to go through with it because nobody with just two months left to live needs a gallbladder operation. We felt he did not need the additional pain of surgery and we also felt he did not need to be spending his last weeks alive in bed recovering from a pointless surgery that would not save his life or do him any good. In the end, he let the surgeon talk him into it. They just kept talking to him about it and talking to him about it and finally wore him down. I guess terminally ill people do not always think clearly and get the notion if they do whatever the doctors tell them to do it will somehow make a difference for them. Even things that make no sense. Like gallbladder surgery when a person is in the last stages of dying. I believe from the bottom of my heart the doctors took advantage of him and told him he needed to do it because they were training the procedure to medical students and thought his life was going to be over with soon anyhow so why not throw him to the students to practice on.

Then I had to have an emergency surgery for an abdominal vein tangle that was about to break open, something I was told I was born with but had caused no symptoms before. While they were in there they took my gallbladder out without discussing it with me first. If they had discussed it with me first I would have refused it after seeing what you have gone through all these years since yours was removed. Too risky. I sure don't want to go through what you have been put through. Awful! But they took it out. I asked them why they did it and the surgeon said: "we figured since we were already in there we may as well remove it, you don't really need it to live" I told him it would have been better to ask me first and given me the chance to say no. I asked if it looked diseased or something and he said no. I think they were training students over there again. I have a car parked in my driveway that I can live without too but if someone takes it without my permission it would be called grand theft."

Paul (Ohio)

"My uncle went into the hospital for gallbladder surgery. A doctor operated on him and cut into his bile duct causing problems afterwards for my uncle. He has been admitted several times since

this mess up by said doctor. Bile is floating around inside of him messing up his stomach and other internal organs. He is on medication because of this now. He has gone to a new doctor who has run tests and stated that he will now have to have either a kidney or liver transplant or both because of the mess up of the gallbladder surgery. My uncle has lost several pounds and is pale white and tired all the time. He has had a heart attack since this mess started and has a shunt now into his heart. The so called doctor who did the gallbladder surgery also is being sued by another patient's family that he did surgery on and she died. This doctor did not have a Kansas licence to practice even though he was licensed in another state. The hospital fired him after finding this out.”

Kate (Kansas)

“I had my gallbladder removed in 1993. I was fine for about five months then one day I was walking down the hall and was suddenly doubled over in agonizing pain on my right side under my ribs in the same area my gallbladder used to be. I was sent from doctor to doctor, all of whom did testing, but it all came back negative. To make a long story short, and tired of the doctors I was referred to telling me I was imagining things and them wasting money I couldn't afford to lose, I finally went out of my area and found out I had gotten a bile duct injury at the gallbladder surgery and it was repaired by a difficult surgery with a very large scar. I was better for a short time after the repair but soon the pain returned---worse. I had been single for several years and had found the man of my dreams and gotten married two years before my gallbladder surgery. At my age I did not expect to find love again. We were happily married and building a nice life together when I was injured. My husband wanted things to return to normal and wanted to have the wife back he had enjoyed before my injury but when he understood I was never going to be normal again he left me. Oh, he stuck around about two years waiting and hoping but once the truth hit he told me: “I want a whole marriage” and divorced me. I asked one of my doctors to write him a note saying I was not physically capable of all the activities we enjoyed before I was injured but it made no impression on him and he left me anyhow. Back when I was single I bought disability insurance and had kept the premiums up after I was married. I could not receive

benefits when I needed them, however, because the surgeon who did the repair on my bile duct refused to put a diagnosis down on paper (he told me before the repair surgery he would not do it, said he didn't want to get involved) that I could turn in and collect on my policy: the repair surgery itself was not proof enough for the insurance company; they insisted on the doctor's report. Unable to work, I lost my job and home and now live off Welfare---I have no choice. I am a registered nurse."

Judy (Ohio)

"I just finished reading your horror story. I have several questions. I had surgery in July of 1998 and never spent a night in the hospital. They sent me home without being fully awake. Two days after getting home I was in sooooo much pain I was walking around on our deck in the blackness of night trying not to wake everyone else trying to call someone because the pain was making me throw up. I never got an answer until the next day near noon. I HAVE BEEN COMPLAINING OF PAIN FOR OVER A YEAR AND I FEEL LIKE MY BODY IS BEING POISONED IN SOME WAY. Of course whenever I would mention this to my MD he would say I just hadn't healed yet. Or it was all in my mind. It has been soooo long now. I am starting to notice other signs of trouble, at least they may be potential trouble. Of course I always have to be "wonder woman" and believe me with five kids starting back in the 1960s I had to be. That's the main reason I have been trying to ignore pain and other difficulties. I am now 56 years old---I have never felt my age until starting a year ago. I now feel like that TV show "Just Shoot Me" because the quality of my life has just disappeared. (I am not exaggerating) This whole thing I am typing right now might be a dead end---BUT AS OF TODAY I AM FEELING QUITE DESPERATE. My MD today told me to go to a little po-dunk town next week and get a second opinion from another surgeon. I guess he had gotten tired of my complaining. I am scared because my DR said that this other surgeon might have to go back in and I am not too happy with that option. Are we gonna have to sell our house in order for me to maybe fly somewhere (who really knows) for an EXPERT?"

Pat

“Hello, I read your letter off the internet. It really hit hard because I know the pain and suffering you went thru. You are not alone. I had my gallbladder removed in 1998. I had a laparoscopic cholecystectomy done. He cut my bile duct in two. I have suffered a lot. I am still paying for that man’s mistake. I had three surgeries done in two and a half years. I have had a lot of tests and procedures. I have seen a lot of doctors. It’s getting old fast. It all started in 1998 when I had my gallbladder removed. I was not told of any risk involved. I thought everything would be fine. Wrong!! He had my gallbladder out and told me everything went well. The day after I started leaking bile thru my incisions. The nurses and the doctor told me that leaking bile thru my incisions was normal and that it was a good thing that I was. Finally after leaking bile for three days they came in and got me so they could do two tests on me. They were a HIDA scan and an ERCP. I was already put out from the ERCP so I didn’t know what was going on. I don’t even remember talking to my husband or my kids. My husband was at home at the time they were doing the tests but was called to the hospital to sign some papers. He had to sign for me to have an emergency surgery. My husband asked the doctor what was going on and all he told my husband “it’s broke and he’s going to fix it”. Which the surgery took six hours. I didn’t even know I was going to have another surgery. This surgery was three days after my gallbladder surgery. It took me a while to even realize I had a second surgery because I was so drugged up. I was in the hospital another four days after my second surgery then I was finally released. The doctor wouldn’t release me from the hospital until I had someone watch my two young kids. (I was in the hospital for eight days) Five days after being released I went back into the emergency room because I had a T-tube that was supposed to stay in me for nine months but the tube slipped in and was hurting. The surgeon who did the two surgeries was the doctor that they called in. We told them that we didn’t want that doctor to see me and they said “he’s the one who did my surgeries”. Finally what I thought was the end of my pain and suffering. It didn’t stop there. I went a year and a half after that not feeling good, feeling sick to my stomach, loss of appetite, my stomach would swell up. I even lost a little weight. Last July is when it all started up. I was having really bad stomach pains so bad I went to the emergency room. The pains were so bad I thought it was worse than my gallbladder attack. They gave me something to drink and sent me home. It didn’t help. All it did was make me throw up all night. The next day my mother called

the doctor's nurse. She told my mom to get me back to the emergency room now and if they didn't help me to call her back. They put me in the hospital. The gastroenterologist and the surgeon who saw me last year when I was really sick said "this is life-threatening". I was so sick I had lost fifty pounds. I was in the hospital a few days then they transferred me to XXXX I stayed there a few days and they did some tests and they finally found my bile duct was closed off...there was an operative staple that the surgeon put in the wrong place. I didn't even know he had done that. He shut my liver completely off. So the doctors in XXXX went in and ballooned it open and put a stent in to keep it open hoping it would work. They said I would know in two weeks if it worked or not. Two weeks came and I was sick again: fever, chills, nausea, jaundice, stomach would swell up real big. The doctor put me on an antibiotic and I would still run fevers. He said he wanted to see me in his office. He told me I needed a third operation that I didn't want. My third surgery was done in 1999. I really thought the third surgery was going to work because I felt good and didn't hurt. Five months passed and I started getting sick again just like before. I had a lot of doctors but none of them could figure out what was going on. My liver functions would come back good. The doctors said they couldn't understand why I was running fevers when they couldn't find any infection inside my body. All my tests kept coming back normal and then my first surgeon started telling me I am crazy and it was all in my head! The gastroenterologist said he doesn't want to do anymore tests because he doesn't want me to get an infection and make me sicker than I am so he is recommending a liver specialist in XXXX. Before it is all said and done I will probably be having a fourth surgery to get whatever is wrong fixed. This has been a nightmare. Don't even have the words to describe all that I have been through. It has been very stressful, emotional, and frustrating. I know you probably know what it feels like. I really don't know all of the damage that was done to me. It was really nice to come across somebody that has had the same thing happen to me because you are the first person I heard of that went through the same thing that I went through. I was twenty-two when all of this started. I will be twenty-five this month. I have been going through pain and suffering three years. I hope it will stop soon. I am married and have two children. It is really hard to take care of the kids when you are as sick as I have been. It has been hard on them too. I feel lousy all of the time. It is an everyday thing. My stomach is swollen and hurts. My right side where my liver is

has been hurting too. It has been the worst thing that has ever happened to me in my whole life. I am not only scarred on the outside but I am scarred on the inside too. It has affected me really bad. I will never be able to forget it. The pain and suffering that I went through will always be there no matter what. I agree with you I don't see how the doctors who mess people up like this can sleep at night knowing what their mistakes have costed a person. They knew when they made their mistakes that the person is going to suffer a lot. I also agree with you almost everything I have come across about laparoscopic cholecystectomy don't say anything about risks not less anything about a bile duct injury. I think people ought to be completely aware of the risk involved. It is their life they ought to know about the risk involved. They are the ones whose got to suffer the consequences. Your letters on the internet touched me so much because I know what it is like. I had to write to you to let you know you aren't the only one who has been injured. I am so glad to have seen your letters on the internet. God bless you!

A.B. (Kansas)

“Has anyone else continued to have digestive problems after gallbladder removal? Had mine out 6/98 and still have most of the same symptoms as before. Only diagnosis I've been given is IBS/stress. I don't think that is the whole problem. My biggest symptom is pain in the upper right quadrant where the gallbladder was. I have had numerous tests: upper G.I., ultrasound, colonoscopy, endoscopy, bloodwork on liver---all normal. The symptoms I have come and go. I can have several good weeks in a row but the symptoms always come back. I am very frustrated.”

Michelle

“I was admitted to the ER in November for what I thought might be my appendix but turned out to be gall stones. A doctor came and told me I would have to have my gallbladder removed. I woke up 10 days later in the ICU. I was told there were complications in my surgery, a second doctor performed a laparoscopy I guess and managed to puncture both my intestine and my bile duct where the bile was allowed to leak into my abdominal cavity. The first doctor had to cut me

all the way open and clean me out twice. I was in the hospital for over three weeks and have a \$100,000. dollar hospital bill.”

William

“I am so fed up. After so many doctors promised me that their treatments and/or procedures would fix things I am stuck in GI hell. The pancreas is not so great. One doctors feels my liver is damaged but my tests always come back normal. No one can identify the source of my pain. And all have been baffled by the episodes of hellish nausea. I take cholestyramine (Questran) for the diarrhea it doesn't always work and then my bowels can just shut down. I was told the bile duct bypass procedure is not indicated in my case. I reflux bile as well as acid so I have a stomach that is messed up. I got diabetes after my gallbladder surgery, which can eventually kill me. I did not have any of these problems before my gallbladder removal. Most doctor dismiss me as an hysterical woman. I was told it would all go away if I would just think of something else. How can I think of anything else? Each day is a new adventure. It is almost impossible for us to make plans for the future. We have to cancel so many things in our life because of the sudden onset of symptoms. And I am fed up of hearing “but you look so good today” People can't seem to grasp the concept of the fact of my only going out when I'm not too sick or in really bad pain. I am on Actigall and have been on it for years since stones were removed from my bile duct after my gallbladder removal. The nerve blocks will stop working eventually because my body will build a tolerance to the local anesthetic. I have been told morphine will become necessary but the doctor said my bowels won't be able to take the impact of morphine. I am really scared of the future. And I am fed up with so many doctors and all these bills.”

Ella (New York)

“Before she has surgery, I think you owe her at least one more long empiric treatment for giardia. This stuff is very hard to diagnose and its symptoms are protean (and could well explain what you see). You DON'T know you got it all with the metronidazole. Since your mom doesn't

tolerate that drug, there are alternates (quinacrine and furazolidine). You can poo poo this message now, but I guarantee you'll pay more attention if the surgeons cut on her and her problems don't go away. Then you'll hit your forehead with your hand and say: "Oooh, WHY didn't I listen?"

S. H., M.D.

“I had the exact same symptoms and my family doctor did stool labwork. It turned out I have parasites called entamoeba hartmanni and endolimax nana. They are harmless but cause gas, bloating, and stomach gurgling. Unfortunately my family doctor won't give me the medication to kill them because they are not harmful. Apparently the medication will only work once so if you ever get the ones that do cause harm it won't work. I don't know what to believe but she gave me Propulsid for the symptoms but its not a cure. The doctor at the ER told me I needed to have my gallbladder removed about a week earlier. My family doctor said he is a liar with no conscience.”

Katie

“Can you describe the foreign objects people are finding on their x-rays? I wonder if theirs are exactly like mine? The one that showed up on my films looks like a dumb-bell, about the size of two big quarters on the right side. The radiologist who pointed out the foreign object to me wanted out of the picture as soon as he told me it was there and would not explain anything, not even the contrast material so I refused it. When repeatedly asked why there were not x-rays or MRIs done in the 5 year period since experiencing pain, it was hard for me to explain to him that I really had to BEG for documentation and treatment all during that time and was denied help over and over again with no explanation given except “I do not want to get involved.” I have asked over 25 doctors for help and always was met with anger or indifference, or was told “it was in my head”. Somehow I think he knew the truth, which made him all the more defensive. The MRI was ordered by a brave pain specialist three hours away from where I live. It is so difficult to travel so far when suffering pain this intense. But I finally got the MRI, X-rays, and CT Scan I

had been begging for all the years since my gallbladder surgery. I took these films to my doctor here and pointed to the foreign object, asked him what it was and how did I get one in me. My doctor conjectured I must have swallowed something! He immediately ordered an x-ray at a nearby imaging center (one who had refused to do any films on me for the past five years) and can you believe the foreign body suddenly disappeared?! Only on their films though. I still have the ones from out of town and had copies made. I am so discouraged. I didn't want to believe you when I first met you but I am slowly finding out everything you said is true, sadly."

Mary Anne

"I was laying on the table in the radiology lab at the hospital when the student radiologist pointed to something on the pictures of my insides and asked the radiologist in charge "what is that thing right here?" and the radiologist replied "oh, sometimes they get that put in at gallbladder surgery." The student asked why and the radiologist told her he'd explain later so I never did get to find out."

Nancy (Ohio)

"A medical malpractice lawyer, whose father is a surgeon, took me aside and told me that some of the people who got gallbladder surgery were part of a secret medical experiment where this medical equipment manufacturing company hired surgeons to field-test a mechanical biliary implant that works like a one-way valve. The surgeon deliberately severs the patient's common bile duct, places the implant, and construct the small bowel to attach directly to the liver. Bile backs up behind the implant until pressure builds up enough to "pop" the valve open and dump the collected bile into the intestines. In the older version of biliary reconstruction food from the small bowel would back up into the loop of intestine that had been sewn on to the liver and cause infections and blockages. It is thought the one-way valve implant would let bile out but nothing in---but the ones who created it had to test it. All the people who have this implant sneaked in on them at gallbladder surgery have an extra one-inch cut just below their breastbone,

straight up from the navel incision. The small bowel is attached to the abdominal wall, just under the one-inch scar, with an o-ring. This is so any surgeon can cut that same scar open and get inside the attached loop of small bowel if problems develop later. This is one way the teaching hospitals train student surgeons biliary repair: when the student messes up a gallbladder operation by damaging a bile duct the student also does the repair---never mind that biliary repair is even more delicate than gallbladder surgery and morbidity and mortality is based on the surgeon's experience and skill. So the unsuspecting public gets a repair from the person who just messed up their gallbladder surgery; what are the odds of a successful biliary repair? (I was told the OTHER way biliary repair is trained to students is by deliberately severing the patient's common bile duct so the student will have something to work on...monstrous! Especially when the medical syndicate knows better than anyone what the natural consequences to a bile duct injury are!) Problems arise when the valve doesn't work right, gums up and won't pop open to release the bile. You can see the implant and o-ring on x-rays so this is one reason why some of our x-rays are tampered with like they are: to hide this experiment. This is why several of us do have x-rays that show the implants and o-ring--and the doctors claim they "just have no idea what it means." The liver tries to repair itself and eventually creates too much scar tissue within itself and can't function any more. Infection usually damages the heart and kidneys and most people die from the heart giving out before showing evidence of liver damage by turning yellow---jaundice doesn't appear until the damage is very advanced. This same lawyer told me the doctors believe it is okay to sacrifice and ruin a few people's lives in order to benefit many people later---as if one group of people "owes" another group of people that service---a "service" the medical syndicate understands will not be donated willingly so they force the "donation" and choose their targets from outside their own circles, people whose lives they can more easily rationalize away. The doctors suffer the delusion that they have a right to pick and choose life to suit their own purposes and that they are superior beings above us all to select who gets to be a sacrifice and who gets the benefits. My feeling about this is nobody is good enough to be "sacrificing" anyone else's life without their knowledge or consent and helping themselves to other people's lives to further their own career goals and line their pockets with cash; it is just plain murder. We have a right to say "no" and a right to full information and a real informed consent. We have a right to

self-determination. A right to life. They do not have the right to impose suffering and death on others and take lives away just because they feel lying and sneaking around is the only way they can field-test operations and medical devices for profit. Or to train surgeons in a new surgical procedure. I borrowed my x-ray films from the hospital and never returned them. One of my x-ray films show an implant. Nobody will discuss it with me. One of my doctors told me I “must have swallowed something”, the same way all of us are told this lie who rightfully ask what these foreign objects are that show up on our x-rays. We have a right to know. One local lab told me they would do no further imaging on me until I returned the films I borrowed to the hospital even though that lab is supposed to be independent and not part of that hospital’s system---it is none of their business. I am never returning the films to the hospital; they are concrete evidence of a crime-against-humanity. Medical experimentation without patient consent is a crime. That it was done to thousands of people makes it an atrocity. But where do we take such a crime for resolution? The only place left to us with the government so controlled and crooked is the court of public opinion.

What a cheap way to run human experiments for the ones profiting from it: sneak it in on unwitting patients on the sly by paying surgeons to do it during other surgeries, lie about it and hide the records, stick the patient with all the bills for the experiment’s miserable consequences so the insurance company doesn’t have to pay for proper aftercare, and block access to the legal system so the patient cannot get compensation for the suffering the experiment/student training has caused them and block reimbursement of the overwhelming medical bills.”

Elizabeth LaBozetta

“I have been experiencing severe, unexplainable abdominal pain in my upper right quadrant since last April. My gallbladder was removed which proved useless. I have elevated liver counts and have been told it could either be a problem with the opening of my bile duct or a stone that has been left in the duct. My only option after having almost every imaginable test is an expensive, dangerous procedure on the duct. I am only 19. I saw a specialist in Boston and he told me the ERCP is my only option at this point. I am emotionally and physically exhausted.”

Kris

“My name is Trudi. I had laparoscopic removal of my gallbladder in 1995 and shortly afterward I was experiencing pain attacks that were very similar to a gallbladder attack. They are now looking at my pancreas. I have these attacks months apart but when I get them they are in clusters, a few within days of one another. Knocks me to the floor.”

Trudi

Dr. [her health insurance company's medical records reviewer's name],

April 1994 my husband and I asked [her health insurance company] to please make Dr. XXX an in-network so I could have corrective surgery. This request was turned down. My husband and I wanted just a few minutes to speak with you but after calling your office and [her health insurance company] this request was denied. We were told that we would have to write a letter if we wanted to appeal your decision. It is almost impossible to describe the hell my husband and I have been through the past sixteen months, especially in a letter; however I will try.

November 27, 1992 Dr. [her surgeon's name] did laparoscopic gallbladder surgery to remove stones, he told me before the surgery that this was a new surgery and was so much easier on the patient than the traditional seven or eight inch incision. I believed Dr. [her surgeon's name]. I have since found out that even at the time Dr. [her surgeon's name] was performing this laparoscopic gallbladder surgery on me there was a wing set up at the Duke University N.C. doing nothing but repair on laparoscopic gallbladder patients. I have written documents from Duke University proving this statement. Dr. [her surgeon's name] and all of the other doctors knew of this high risk and did and are still doing the surgery anyhow. Peoples lives are being ruined and in too many cases people have actually died. I know that there is a risk of injury in any surgery and if Dr. [her surgeon's name] had acknowledged the fact that indeed I did have an injury and try to help me, or send me to another doctor who maybe could help me. I would have more respect for him as a doctor today. There isn't any ethical excuse for Dr. [her surgeon's

name] actions. I told him three weeks after my surgery that I hurt so bad I could hardly get off his examining table, his answer to me was “well, your gallbladder is out and I don’t know what to tell you.” I was dismissed that day. I have called Dr. [her surgeon’s name] on a couple occasions since I was dismissed, and he never returned my calls. Dr. [her surgeon’s name] and all of the other doctors since have known what was wrong with me, but were afraid of the liability. All I wanted then and all I want now is to get well.

At this point I started going from doctor to doctor trying to get help. Each doctor I would see wanted to run their own tests. Out of twenty-one tests that I have had done some were repeated more than once. I have seen seventeen doctors, been in five hospitals, and as I said I had twenty-one tests. Some of these tests were very painful, two of them were surgical procedures. Each time I would have a procedure done I would be a little worse. I had all these tests and went from doctor to doctor because I wanted to get well so bad that I would do almost anything. All of this could have been avoided if Dr. [her surgeon’s name] had just told me the truth in the beginning, and he did know the truth. I was far too sick not to have anything seriously wrong. Two top surgeons in Columbus, Ohio looked my husband and I right in the eye and said that I was the only one having trouble after laparoscopic gallbladder surgery. What those two doctors did not know was that I belonged to a support group for laparoscopic gallbladder patients, at that time there were fifty in the support group and I knew of five of them who had seen these same two doctors and were just as sick as I was and they were told that they were the only ones having trouble after laparoscopic gallbladder surgery. When doctors lie to you about something this important they will lie about anything. Almost every doctor told me what I really needed was to see a psychiatrist. There are now over one hundred seventy-five laparoscopic gallbladder patients in our support group here in my area and even more than that in the support group from North Carolina. When we get together we realize that we are all being told the same thing, even that we all need to see a psychiatrist, and every last one of us have irritable bowel syndrome. The ones who have died from our group are leaving the rest of us very frightened. Thank God we have each other. I don’t think I could have made it this far without the support group. The leader of our support group found Dr. XXX , I personally know three of our group that Dr. XXX has helped. They are doing well. My husband and I have been to see Dr. XXX and Dr. XXX feels

that he may be able to help me also. Dr. XXX seems like a very caring person and I believe that he would honestly try to help me. He did not tell me I needed to see a psychiatrist. He believed me.

My primary doctor [her primary care doctor's name] has done everything he could to help me get the help I need. [her health insurer's name] has been exceptionally good about paying my hospital and doctor bills. I know that this is a very serious surgery. I wouldn't even consider having it done if I wasn't desperate. I have been so sick the past sixteen months that I couldn't even use my vacuum cleaner, couldn't ride over fifty miles without being doubled over with pain in my rib cage, and feel like I have the flu all the time. There are rare occasions when I feel better for a couple of weeks then I am right back where I started.

Even if I do not have this surgery immediately I would like to have a place to go in a case of emergency, and for something this serious certainly want someone that I can have trust in and feel comfortable with. Dr. XXX is the first doctor to be honest with me. It also makes me feel better knowing some of the people Dr. XXX has already helped, and the fact that they now can live a normal life without constant pain.

We get new members weekly. The surgery must not be any safer now than it was two or three years ago. The members of our support group hear horror stories on a daily basis. I have the transcripts from PrimeTime Live that describes the terror of this surgery. You are welcome to a copy of this transcript.”

R.P. (Ohio)

[[I have seen this woman's medical records and her surgery record clearly states her common bile duct was cut in half at the gallbladder surgery---unlike most of us, her surgeon did not hide it by omission from the report, a rare event indeed. She also has that tell-tale extra one-inch cut at the uppermost trocar site indicating the quicky, cheapo repair was sneaked in. An o-ring is visible on her x-ray films. Now, her record states her bile duct was severed--considered by all to be a major disaster in abdominal surgery. So what is the purpose of all the doctors she went to looking for

help jerking her around, denying essential intervention, lying to her, telling he she needs a psychiatrist, and abusing her the same ways they abuse all of us? E.E.J.-L.]]

“I am a retired grade school teacher. I was outdoors working on a ladder when I fell off and hit my ribs against a tree stump. Because of the bruising I thought it was a good idea to go to the ER for an x-ray to make sure I had no broken ribs. The ER doctor ordered a chest x-ray and immediately started talking about having my gallbladder removed. He said it had to be done right away, that it was an emergency, and he admitted me to the hospital overnight for surgery the next morning. The surgeon who was contacted to perform the surgery came to my room to speak to me about it. I told him I had no digestive symptoms whatsoever, and never had any in my entire life, and I just couldn’t understand this rush to surgery. He told me the x-ray showed many gallstones and it had to come out right away. My family doctor surprised me with a visit to my room. I do not know how he found out I had been admitted for surgery the next morning because I didn’t think to contact him. His attitude was very different from the ER doctor and the surgeon: he told me not to go through with it no matter what they said to me, told me I was being rail-roaded and that gallbladder surgery is an elective procedure that could be performed at any time so there was no good reason why I could not go home and take the time to gather information about the gallbladder surgery. I told him I was very confused by the fast way this was sprung on me and the conflicting advice I was getting from the doctors. He said that was all the more reason not to jump into surgery right now and that I needed to go home and think about it first. He advised me to get out of that hospital as fast as I could manage it. Before he left my hospital room he ordered a huge supper for me, told the nurse to go get it and bring it to my room immediately, and said I was to eat every bite of it. When the surgeon returned later that evening and found out what my family doctor had done, he was furious: I was to fast before the surgery and because I had eaten a huge dinner he could not perform surgery as scheduled the next morning. I was preparing to leave when the surgeon and a nurse came into my room and talked to me some more about the gallbladder surgery. They said I would die if I did not go through with it. I don’t know why I agreed to it, maybe because I was frightened and confused, but I signed the

consent forms they'd brought in with them and agreed to the surgery they recommended. I didn't have digestive symptoms before the surgery but now I have many digestive, and other, symptoms: nausea, pain, diarrhea, vomiting, dizziness.

A friend of mine who is a nurse at the same hospital told me a plain chest x-ray can't show gallstones. She also told me the surgeon who was called in to perform my surgery doesn't do them himself but rather trains residents laparoscopic cholecystectomy in that hospital and residents do all these surgeries."

Catherine (Ohio)

"I am a single mother with a handicapped child. I had my gallbladder removed in 1993 and have not been the same since. I am SO sick. My doctors have put me through so many tests I can't count them all. One test showed an object nobody seems to be able to identify on my x-ray films; it looks like two bottle caps separated by a soda straw. I asked my surgeon what it was for and he said "maybe you swallowed something" and ended the discussion by walking out of the room. Do you have any idea what this thing is and why it is inside me? Why do I have this?"

Patty

"I am a registered nurse in Tennessee. I do home health care. I had my gallbladder removed in the early 1990s when the procedure was new. I developed severe digestive and pain problems immediately after my surgery that have never stopped. My x-rays show an unidentified object in my abdomen, under my ribs on the right side---an object I have never seen anywhere before. I asked the radiologist what it could be and he said he did not want to get involved. (involved in what?) He told me to take all questions to my surgeon of record. I borrowed the x-ray films from the hospital and took them to my surgeon's office. All he would tell me is: "it looks to me like you swallowed something". I did not swallow anything, especially something as large as this object appears to be. I kept the x-ray films, did not return them to the hospital like I was supposed to. I am not giving them back until I find out what this strange object is."

Denise (Tennessee)

“...I brought my x-ray film plates with me when I went to see the surgeon I was referred to by my GI doctor. You told me not to let them out of my sight but I wasn’t thinking clearly at the time so when the surgeon picked up the whole folder and carried it out of the room I did not even think for a second to stop him. You can guess what happened next: I never saw my x-ray films again. He came back in the room without my folder and I asked for him to go get them and give them back to me. He said “what films? I have no idea what you are talking about!” and that was that. All gone. My x-rays showed a device shaped like two doorknobs stuck together. I wanted to show him this thing and ask him what it could be and if that could be the source of my pain and other symptoms. Now I don’t have the films to show to anyone else and get the help I need.”

Mary

“I woke up from my gallbladder surgery in 1991 with an enormous burn on my chest, neck, and one arm. I had somehow caught on fire during the gallbladder surgery. Later that day I saw something sticking out my navel incision and it turned out to be a piece of my small bowel that had got sewed up in my navel incision by mistake. The part sticking out had died already so I was sent back into the operating room for a second surgery right away to cut the dead part off and sew the good ends together. I got an attorney. He told me I had a real good case but a few days before the trial was supposed to begin he dropped my case and will not return my calls. My statute of limitations has run out because I could not find another attorney to take over my case fast enough so now I am stuck for about \$75,000. in medical bills. My family doctor wants to send me to see a psychiatrist, said everything I said happened to me is all in my mind. I told her I have the records that prove otherwise and she said “no records exist; you are imagining this and the sooner you accept this fact the better off you will be.” I have these burn scars to prove what I am saying is true. Nobody has an imagination strong enough to imagine scars others can see and my family was right there when I came out of the operating room with the burn on me and saw it. One of

my friends had this same surgery right after I did. She lived about a year after, was real sick the whole time, then she died. The doctors would not help her either, told her she was crazy and everything that happened to her was all in her head. Her family lost everything they had because of paying for her medical bills.”

Linda (Ohio)

“In 1992 I had laparoscopic gallbladder surgery and was very sick afterward: jaundice, pain, fever, weak. My doctors tried to tell me I had cancer but I did not buy it. Finally I found out about bile duct injury and went to see a specialist over at OSU. He told me he would repair my bile duct but on the condition I would not sue my surgeon and with the understanding he would not be writing anything incriminating down on my operative report that I could turn around and use against my surgeon in court. I agreed to those terms and had the repair surgery. I am much better but not exactly the way I was before my gallbladder was removed. So, I guess it was worth it.”

Robert (Ohio)

“My wife, a RN, left me. After six years of being sick after my gallbladder surgery she realized I was never going to get well enough to be the husband she used to have and she said she wasn't going to just sit around and wait for me to die. She took both kids with her. I will probably lose my job next: I am not well enough to perform on my job like I did before my gallbladder surgery and have to hide up on the roof so my boss can't see me when a vomiting spell strikes; I carry plastic bags with me at all times to vomit bile into and hide them in the bottom of the trash barrels. Sometimes I am in a lot of pain or too tired to move but can't show it or I will be fired. One day I was so sick I passed out and laid up there on the roof for a while before waking up again. It is only a matter of time before I get caught.”

Daniel

“My life has been hell the last ten years. I had my gallbladder removed. The last five years I have seen 6 doctors about my complaints. They all said I need Prozac and counseling. My chief complaint is pain right where my scar is, underneath. I have had MRI, x-rays, cat scan, two colonoscopies, ultrasound but nothing was found wrong. I am 51, not overweight, very active. But I feel toxic. The nausea, swollen limbs, bloated stomach is terrible to live with. I live in sweat pants and loose dresses. How do I get a doctor to listen to me? The last two doctors told me, after they asked how old I was, to take two tranquilizers and call them in the morning”

Bonnie

“I'm sitting in bed at 1:00 am and I can't believe I stumbled on you now, after all my other surfing on the web before two weeks ago. Let me explain, I had my gall bladder out 5 years ago and immediately had the same pain in my right side by rib cage, went back to surgeon a couple times and he said nothing to worry about. Then two years ago went to gastroenterologist had ERCP and found nothing even though I was having liver enzymes elevated every once in a while. Lived with pain another two years. Last year went to new gastroenterologists about the same pain and he did two ERCP's last spring and couldn't get in very far also, liver enzymes elevated at these times. Then two weeks ago had a very bad attack and ended up in ER with high liver enzymes and jaundice, admitted on Sat. night and on Tues. he did a transhepatic on my liver and could not put a shunt in as my bile duct was too small for it, sent me home on Wed. enzymes still high.

He was to do an ERCP on Tues. so went in for that and again he was having a difficult time getting in but he said I hiccupped and he saw what he said looked like nipple in the bile duct which had been blocking it so he clipped it and cauterized it and took a balloon and blew up my bile duct to expand it and then said couldn't do shunt because now it was too loose because they expanded bile duct, went home and Wed. night got cold sweats and fever was 97 degrees was very sick and felt like I was dying seeing stars, pain, etc. Husband called doc at 5:30 am and he said to wait till 9:30 and call back when they were in office, sent hubby to work thought maybe I

was over reacting. Called girlfriend who is herself on liver transplant list and she came right over and took me to doctor. They admitted me immediately, blood pressure 66/44, blood count 8, liver enzymes up, white blood count down, black stool like coffee grounds, jaundice. Found out I was bleeding internally, thought I probably passed clot also. Gave me IV's, 2 units of blood in transfusion. Let me out Sunday with blood count of 10 and liver still up. I have an appointment at 8:30 am this morning for another blood count and liver profile. I'm still having same pain but he said it might be that bile duct is still tender from the two procedures and we should wait till the first of the year and rerun the tests and if still high, then go for second opinion. Now after reading your site I think I need to go now!!! I'm really scared now. We talked about [university medical center name] and Dr. XXX or Univ. of Pittsburgh. I'm leaning toward [university medical center name] because I have a very good friend who is head surgeon at [university medical center name, different state] and he knows Dr. XXX personally and said he is one of best in bile duct diseases. My friend also wanted me to leave [city where she lives] last month and go to XXX instead of [city name] doctors, in fact Sat. he called me in hospital and said to get in care helicopter and get to [university medical center name], he's furious with me but I thought he overreacted but now after finding your site, I think not. Please, please write back and give me any info that you think I need to get. Also, do you deal with [university medical center name] and Dr. XXX or is there another facility you might recommend. I am a 49 yr. female.”

Michaela

“My doctor yelled at me so much in his office today that I am a nervous wreck. All I said to set him off was:”I don’t feel so good” when he asked me how I was feeling after my gallbladder surgery last month. I swear that is all I said to him before he went off on me for no reason at all! It’s the truth! I DON’T feel good. I was told I’d be normal after that surgery and I am actually worse off than I was before! When I got home from the doctor’s office I sat down in my chair and cried for hours. I hurt so much I have to crawl on my hands and knees around the house sometimes. I am scared to death to see a doctor again.”

Dawn

“I went to talk to the surgeon who did my laparoscopic cholecystectomy for severe upper abdominal pain that has occurred just this past few weeks. My family doc sent me to him after I had spent some time in the ER and the hospital, and had been written off as a head case by the gastro guys. ”

Janice

“My name is [her name] and I'm from Ontario, Canada. My mom went in for a L.C. on July 31, 2000 and died on August 10, 2000. Immediately after the surgery , she was in tremendous pain and they couldn't give her enough morphine to take the pain away. The doctor kept saying, "I'm puzzled. I can tell you what's happening but I can't tell you why it's happening." On Aug. 1 around 11:30 pm, she was transferred to ICU. On Aug. 2, it was discovered that she had a bile leak and she was also septic. Everything went downhill from there. On Aug. 9, the day before she died, she started bleeding internally and the autopsy revealed that it was from her spleen. I nor my family were told that she could die from a bile leak. After she died, I started doing research and found your articles and I couldn't believe that I was lied to. My poor mom went through so much. If only I had begun doing research earlier. I had the same surgery 2 years prior and everything went well so I assumed it would be the same for my mom.”

R. (Canada)

“I was suffering with stomach pain when I ate certain foods. I went to the doctor he ordered an ultrasound to be done on my stomach and that was all. Based on what he thought he saw he said that I had a stone in my gallbladder. And that I needed to have it removed. Based on what he said I had the surgery. After the surgery they could not find anything wrong with my gallbladder at all. So now I don't have a gallbladder and am still suffering from the same pain.”

Hattie

“Dear Elizabeth,

Thank you for writing back to me. I am so sorry for your terrible ordeal. Those bastards have absolutely no conscience. I am a registered nurse and have observed the downfall of the medical profession since I graduated from school years ago. The medical degree is now bought, with the little rich boys getting the seats in the classrooms that should go to the well prepared, compassionate, dedicated young students. It is just another of the maladies of which our world is suffering. The doctor who operated on me just nicked someone’s spleen! My husband is a nurse and was working on the floor where the patient is located. It is still going on. My case reads like a comedy of errors. It really is a comedy of not caring and being in a hurry. I too developed right upper quadrant pain. It gradually drove me to the emergency room on a Friday night, the worst possible time to visit that place. The ER doctor did an ultrasound and concluded I needed my gallbladder out. The fact is: it had been removed seventeen years earlier in a cyst operation! The surgeon failed to mention this little tidbit in his operative report. However all subsequent x-rays and ultrasounds revealed NO GALLBLADDER, yet my doctor plowed right ahead into the operating room. If you go to a surgeon you are going to get cut on, right? I know all this but I was in so much pain, and so frightened, I couldn’t think straight or be my own advocate. My husband was only part way through nursing school at the time and doing the best he could. Also, things move so fast you hardly have time to decipher all that is transpiring. Needless to say this put me completely in the hands of my surgeon. He was an excellent “cutter”, didn’t nick anything, but was a poor diagnostitian. I nearly bled to death. I believe it is only because I am a nurse that I ultimately saved my own life. When I realized how precarious the situation was I rallied to my own defense in a big way. My room became a battlefield, literally We were fighting with everyone to get things done that I needed. My husband almost had to call 911 from my hospital room. It was crazy and scary. I can’t imagine anyone going there without a strong advocate. That was just to get out of the hospital alive. I now had to go home undiagnosed, still had the upper right quadrant pain, and two surgeons who were covering their asses rather than tell me what was

wrong with me. Three months later, after getting my records, I knew I had a perforated pyloric ulcer with spontaneous closure. Now I had to heal myself. It took two years. The cover up made me so angry I sued them and won. Now I am putting the whole mess in a book, hopefully will help someone else to survive their irresponsible behavior. I hope you are feeling well. Keep in touch.”

D.D. K., RN (Florida)

“On April 4, 2002, I took the day off from work to be with [wife’s name] for her laparoscopic cholecystectomy. We arrived to [hospital name] Hospital at 8:15 a.m. for [wife’s name] 8:30 a.m., appointment. I accompanied [wife’s name] until 0940 and headed to the waiting room while they waited for the anesthesiologist for her 10:00 a.m. surgery. [wife’s name] and I were told the procedure would take approximately 45 minutes to an hour with an additional 20-25 minutes for recovery. I figured I would be able to see [wife’s name] between 11:30 a.m. and 12:00 p.m. At 11:20 a.m., a nurse informed me the doctor had to perform open surgery but that my wife was doing fine and the doctor would be out shortly to speak with me. At 11:50 a.m., Dr. [surgeon’s name] approached me with a very serious look on his face. I followed him away from the waiting area by the main entrance doors. He told me there was complications and began to draw a picture of [wife’s name] gall bladder and ducts to better explain the situation. Once Dr. [surgeon’s name] drew [wife’s name] so-called anomalies, I found it strange that he drew the picture upright of how the gall bladder and ducts should appear, but turned the picture upside down, explaining this is how it was. He added that her cystic duct is so short and narrow that the common bile duct was covering the cystic duct. He informed me her bile duct had been severed in two places, which needed repair. I was in disbelief at what I was hearing and asked him what the risks were, what he needed to do to fix it, and how long would the repair take. His response was, her ducts are so narrow that she could experience problems that may require surgery in 5, 10, or 20 years, on the other hand, she might not have problems and may never need surgery again but there is no way he could predict that. He told me he was going to attempt an end-to-end repair but if that didn’t work, he would need to pull the intestine. He also said it would take 1-2

hours to repair the duct. Dr. surgeon also told me he had some microscopic glasses in his car that he was going get, to help him see better during the surgery. I figured I would know how her surgery went by 2:00 p.m. At 2:20 p.m., I called the nurse's desk from the waiting room to find out a status. I was told to hold on and someone would be out to speak with me. At 3:10 p.m., I called again, demanding a status. At 3:15 p.m a couple of nurses informed me she was still in surgery but was doing fine. I was really worried about wife's name] since the 1 hour procedure had been well over 4 hours at this point...a lot longer than what Dr. [surgeon's name] anticipated it would take to repair. [name], Director of Surgical Services, asked me to step in her office to discuss my wife's status. I informed Janet, I needed to check on my daughter, [child's name], to see if she had made it home safely from school since she was used to Mom driving her to and from School. [Director of Surgical Services name] offered me her pager since my cell phone's battery had died, in case they needed to get a hold of me while I checked on my daughter. When I returned to the Hospital with my daughter, at 4:15 p.m. (about an hour later), I was hoping and praying I would be told [wife's name] was in recovery. That was not the case. [Director of Surgical Services name] informed me, [wife's name] was still in surgery but was doing fine and that Dr. [second surgeon's name], a general surgeon was called in to assist. Finally at 4:45 p.m. (6.5 hours later) Dr. [surgeon's name] came out to see me and told me she did very well and was going to be fine. She was being cleaned up and she would be transported directly to ICU in 20-25 minutes rather than to recovery so she could be monitored closely. At 5:45, a nurse had my daughter and I wait in a waiting room, while they prepped her (hooked her up with a catheter to her neck, a nose tube to her stomach, blood pressure monitor, etc.). I kept trying to find out when I could see wife's name] but the nurse kept telling me they were still prepping her. It wasn't until roughly 7:00 p.m. (over 9 hours after leaving my wife's side, when I was able to see her again...what a nightmare.). I stayed by [wife's name] side throughout the night while she vomited repeatedly. She was very groggy and complained about pain the whole night. She had no idea what she went through...no concept of time. The next morning I went home to shower so I could spend the day with [wife's name]. I called my boss and briefly explained the situation and told him I would not be coming in to work."

XXX

“I am a lawyer in [city name], Maine. You may recall that we exchanged correspondence last winter. My client is a 26 y/o woman who underwent a Roux-en-y hepaticojenuostomy repair last September at about 14 weeks into a pregnancy. It was found then that the doc doing her lap chole had clipped and excised the common bile duct from the level of the confluence of the left and right hepatic ducts to the level of the distal common bile duct. She had her baby in February and was then seen in March at which time the biliary stents were taken out. She was seen again in early June and found to be doing well. I was a bit surprised that the surgeons in Boston did not do any radiologic studies or liver enzymes during the two visits since she had the baby. She was told last month that no further followup is necessary and that she need only return if she has signs of jaundice. The insurance company for the defendant doc wants to talk settlement. In doing so I must, of course, factor in the risk of future complications. Her surgeons seem to think they have cured her. I would like to find an expert who can give me a "gloom and doom" report about all the horrible things that might happen. We also have to consider whether we should wait until near the end of the 3 year statute of limitations to see whether restructure, etc does occur. Please let me know if you have any suggestions on experts. You mentioned Dr. [biliary specialist's name] earlier and I am sending him an e-mail. Thank you

R. M. (Attorney, Maine)

“Dear Elizabeth,

The e-mail came through okay. I printed it out and I read the first one to her. The doctor said he will not release her from the hospital if she refuses the gallbladder surgery. He first told her she would be released if she refused surgery today. She don't know if she is going to check herself out or not. The surgeon and nurses told her if she leaves without a doctor releasing her that her insurance company will make her pay for the whole hospital bill herself. Can they do that? Can you help her with this?”

W. & M.L.B. (Ohio)

“My mother had a laparoscopic cholecystectomy two years ago; the surgeon nicked her pancreas and it made her a permanent diabetic.”

Dr. XX (at the Cleveland Clinic)

“I was scheduled for a hernia operation, which I definitely needed. I told my surgeon that I did not want anything else done to me during the hernia operation. I have heard too many stories about people going in for one operation and coming out with other operations which they did not know they were going to be getting and did not want. Most of the time it was a surprise gallbladder operation. This happened to two of my neighbors, my uncle, and three friends in the past year. They went in for one thing and got things done to them they never wanted. So I specifically told him I did not want my gallbladder or my appendix removed. He said he would not remove anything I did not give consent for. Well, I got both. After the operation he visited me in my room and I was really mad. I asked him why he did that when he knew I did not want it and he said I gave consent when I signed the admission form and “when you are on our operating table you belong to us.” I said “no, I did not give any consent and you knew I didn’t want my gallbladder and appendix out because I told you that in your office before!” and he said “its what gets written down on paper that counts”. I will never trust a doctor again as long as I live. This is my body. I have a right to say what goes out of it and what doesn’t.”

Tracy

“I feel like you have told my story. I had a lap-choly, mine was in 1994. I have had horrible health problems since the Dr. severed my bile duct. I was treated 11 or 12 days later by a new surgeon because my surgeon failed to diagnose what he had done. He was going to send me home again, my family fired him and hired a new Dr. who took me in immediately for reparative

surgery. At the time I had two liters of bile in my abdomen and had candidias albicans fungus so bad they could not identify my anatomy. Anyway, they only used a stent for treatment. (I think that is what they did) and now I have a possible bile stricture. It is more likely than not. Drs. think I am nuts. I have such horrible digestive problems but they cannot seem to link it to this problem. They say I don't have elevated liver profile, etc. Finally found a gastroenterologist who will at least lend an ear. I am having another ERCP tomorrow actually. (Its late) This is a long and involved story but wow how it feels to know I am not alone. I also was lied to and called a hypochondriac, my precious daughters were literally watching me die. I was in the hospital six weeks, and home with a health care nurse for two additional weeks at my residence. I am suing my doctor and as you can see it has been a very long road. I do not know why other doctors and attorneys protect this doctor, where were my rights? I could go on for hours, but would appreciate conversing with you either via e-mail or on the telephone. I would like to compare notes."

Karen

"In an informal survey of ten operating room nurses, I learned that eight out of the ten would refuse laparoscopic cholecystectomy. The reason? The surgeon is working blind around very delicate structures and the mistakes are difficult to fix and life-threatening. Suppose the nurses who see this procedure done know something we don't know? I don't know about surgeons. Maybe someone could ask them?"

Marcie

"In March of 1991 my gallbladder was removed with the laparoscope. Thought that was it and began to recover. Approximately five weeks after the surgery I returned to the GP and surgeon with symptoms just like the gallbladder attacks. How can that be when my gallbladder is gone? They did a CT scan and an ultrasound. In June of 1999 I went to a banquet, tried to eat and had a couple of drinks. Thirty minutes after eating I collapsed with extreme pain, cold sweats, very low

blood pressure, dizziness, and was unconscious for a few minutes. Into the ER again where blood tests were performed and found acute pancreatitis. Off to another city 250 miles away for an ERCP which widened the bile and pancreatic duct. Another ambulance ride home and a week in the hospital. IV fluids only and some other meds to reduce stomach acid. At this point I was pretty sure all would be well. With all that went on since the surgery I was twenty-six weeks off from work. The pain continued and I was given something with codeine in it and amyltriptiline for pain management. The medication for pain made me so fuzzy at work so I had to stop taking them during work time but had the pain to contend with instead. Then I had another ERCP to widen the bile duct further. At the end of November 1999 the doctors said I needed to have a lengthy medical leave. I'm still on leave with no end in sight. I had a violent reaction to the erythromycin they gave me for what they said was a mycoplasmic infection which led to another night in the ER. ENOUGH ALREADY! This is the great, wonderful new surgery that was going to get me back to normal and working in two weeks?!"

Hilary

"I too have had Upper Right Quadrant pain and many of the symptoms described by others in this discussion group. I am at my wits end about this. I had my gallbladder out in March of 1999. An ERCP to remove some more stones August 1999. I have had this most recent attack for two months...and there seems to be no end in sight. I am taking pain killers, mostly at work so I can function there. I am doubled over most days. Extreme pain, the area is sensitive to the touch. I also have migraines daily. I am convinced this goes with whatever is bothering me. I had no pain or migraines in March; it came in July. Then it went away after the ERCP. Now its back. Other symptoms are nausea, extreme fatigue, pain increases when I get hungry and gets worse after I eat for hours after. This attack has been worse so far. I went to a GI doc and he said there isn't any problem because he took a chest x-ray. He sent me to a chest specialist. The chest specialist said "why are you here? This is a GI problem!" and he sent me to a new GI doc. This new doc said "you are in pain because you are a female, this is a female problem---grow up and deal with it because you are going to be having pain a lot worse than this!" I left his office in tears. Why

are they treating me like this? I am going to go back to him Monday to see if I can convince him it is something with my GI tract. If not I really don't know what I will do next. I am down to five pain pills. I got thirty of them in August and it is now November. I use them very sparingly. Every doc I go to thinks I am addicted to them or could be. I don't use them unless the pain is extreme, which is becoming more and more often. I have got to work somehow. I was then sent to a surgeon who said I am just a hypochondriac and an attention seeker female. Any ideas? I mostly just wanted to vent. Glad to know I am not alone in this now. I would love to talk to any and all that is also going through this if only for support.”

Tammy

“I am 29 years old. I had my gallbladder removed February 1998 in London Ontario where I live. I first noticed the pain August 1997, one attack that lasted about a half hour then I got another one. The next day I went to the doctor and she said it was an ulcer without doing any tests first. She wanted to start me on medication. But I wanted to wait for the tests. She ordered only a blood test. It came back negative. In September of 1997 I had another five attacks. I went back to the doctor and she said it was stress. I took an anti-stress seminar...didn't help. Then the attacks started lasting several hours at a time. They were very intense, no highs or lows, and it was difficult to breathe, walking made it worse, so I sat at the kitchen table for hours praying for it to go away. Stress? I don't think so. So I went to the doctor again. She said it was stomach acid. She ordered an ultrasound and it came back positive for gallstones she told me. She said it is minor surgery and not to worry about it. So I went to see the surgeon in December of 1997; he ordered surgery for February of 1998. In March I had my first post-surgery gallbladder attack---yes, it can happen afterwards. The surgeon did not believe me. He said once the gallbladder is out the pain goes away forever and that is the end of it. He told me to come back when I have had five attacks. Five came and went and he did nothing. I was really mad at this point; I am not waiting months again for someone to do something. He sent me for an ultrasound but it was negative. I ended up visiting the ER many times throughout the next two months. I had another sixteen attacks, those lasted four to five hours each. They finally sent me to a gastroenterologist, he did

an ERCP after many weeks of waiting on the list on May of 98. It came back negative. The gastro doctor said ultrasound does not pick up objects that are surrounded by liquid. If a stone is stuck with liquid wrapped around it nothing shows up. He also said ultrasound misses 60% of stones that are stuck in the bile ducts. Since then it has taken a long time to be able to eat anything.”

Debbie

“My anesthesiologist was trying to find the vein when I decided not to pursue with my gallbladder removal operation. At first, interns were sent to talk with me then finally my doctor asked me why I was backing out. I told him I had a change of mind and that I would like to consider other options. (I felt I was being pushed too fast into the surgery and I didn’t feel good about not being given time to think about what I really wanted to do and no information about other treatments) He said my only option is surgery. I still decided not to go on with the surgery. Something inside told me not to do it. I felt victorious but when my doctor told me find another doctor and that he did not want to deal with me anymore, I felt hurt and insulted. He should have, at least, made another appointment with me and offer me other alternatives or at least been open-minded and discussed things with me. Do I really have no other option?”

Ben

“A few months ago my wife who is 36 years old had a serious gallbladder attack. It was a devastating experience for the whole family as she was bedridden for days. After many tests and expensive procedures we were told she needed her gallbladder taken out. Nothing showed on the tests but we were told it needed to be done anyhow. In retrospect, I feel we were “milked” during the diagnosis. We were given the name of a surgeon, we went to see him. He told us there were only 3 options to consider: medication to dissolve the stones, sound waves to blast the stones apart, surgery. He told us the first two options were no good at all because they carried serious risks and were too expensive, probably wouldn’t work anyhow, and surgery was the best choice.

He said he did many a week and that it was simple and quick. He even bragged that he had gotten so good at it he could remove a gallbladder in just 22 minutes. At the end of the consultation I asked him if change in diet could help avoid surgery. His reply was “eat all the fatty foods you want, if you don’t take out the gallbladder you will end up in the emergency room soon and it might be fatal at that point. Do you want to die?! I can schedule you for next Wednesday.” We were devastated when we left. This consultation was dramatic for me because my father was a physician and as a child I used to go with him on his house calls. This doctor acted like we were there to serve him, not about him serving the patient. He made us feel her life was in danger if we did not do something fast. We called five hospitals in different towns and found out a gallbladder operation costs \$8-10,000. And takes 30-45 minutes. It is amazing how much these guys make for so little work but this explains the lies. My cousin gave me a book on alternative medicine and it had a treatment for gallstones in it. She used that and it worked. I feel we dodged a bullet.”

John

“I am an operating room nurse. Don’t use my name or tell where I work, okay? This is what I have observed in the operating room: the surgeons are running races with each other having contests over who can remove a gallbladder the fastest. They time themselves down to seconds and compare with each other later. I am appalled they’d put the patient’s lives at risk by playing games with each other the way they do; this surgery is risky enough already. Another thing that happens that appals me is how the hospital insists on reusing the laparoscopic instruments that are supposed to be thrown away after ONE use! This equipment is labeled “disposable” and can’t be properly sterilized. Not that anyone tries to sterilize it at all: after the first surgery is finished it is hung up on a hook in the operating room and reused on the next patient without even so much as a quick rinse with water. I am so disgusted. The hospital saves a lot of money reusing disposable instruments but I certainly would not want to be the next patient in line who gets the dirty instruments used on them. What about AIDS and Hepatitis C, not to mention all the other disease-causing germs getting passed around inside any hospital? No hospital is 100% sterile. The hospital’s focus is on training residents surgery, not on patient safety. The patients will not

be getting any treatment when they get infected so the hospital has no reason not to save a few dollars on equipment by reusing disposables”

Susan (Ohio)

“Recently I traveled out of my state for a liver bile duct reconstruction surgery. The surgery was successful. However two days after surgery complications arose that resembled pulmonary embolism. After quite a few diagnostic procedures it was determined that I had two surgery sponges left in me from the reconstruction surgery. The surgeons informed me of this and got my signature for additional surgery while I was taking morphine so I wasn’t aware of what I was signing. The sponges were removed. A day and a half later intense pain returned and it was determined the sponge removal surgery had dislodged a diagnostic catheter in my liver. This was coiled against my ribs and pressing on a nerve. The catheter was replaced. Moderate pain persisted for a month. At this time the catheter was used for a cholangiogram of my bile ducts and these ducts were found to be open. Catheter was removed at this time. By the next day pain levels rose dramatically and my local doctor ordered Tylenol #4 for pain and a CT Scan. This scan revealed a pool of fluid between my liver and lungs. The bills for this out-of-state trip cost \$80,000.”

Ernie

“I read your post and am shocked at how the number of gallbladder surgeries increased after lap surgery was invented! SHOCKING! SCARY! My lap choly was in November 95 and I am just now finding out the problems that occurred during my surgery. Why did they hide this from me for so long? I have a right to know. I now understand they deliberately cheated me out of early medical care and prevent my problems from increasing. The surgeon told me there were complications but would never tell me what they are no matter how many times I asked him. Because he would not tell me anything I had to find a lawyer to help me. Now that I have a law firm involved and my medical records are coming in I am finding out all sorts of things I did not

know. Why am I finding all of this out NOW? If I had been told the truth before I could have gone somewhere to get the help I needed. Now it is too late for that because permanent liver damage has set in that can't be fixed. I now have absolutely no income and no insurance. My insurance company cut me off saying this is a pre-existing condition!"

Trudy

"I was laying on the operating table when I decided I could not go through with my gallbladder surgery; I was just too afraid. Nothing had been done to me yet except an IV had been inserted out in the waiting room. The surgeon had not come in yet and the only ones in the room was me, the anesthesia doctor, and a nurse getting tools ready. The anesthesia doctor was sitting by my head doing nothing, waiting for the surgeon to come in I guess, so I told him I had changed my mind and I did not want the surgery. He said he would go tell my surgeon what I had said and would be right back. He was gone for a minute or two and then came back into the room real fast and stuck a needle with something in it into my IV line without speaking a word to me. Next thing I know I am waking up from surgery, which I had said I did NOT want! After the surgery my surgeon came to see me and I complained about my wishes being ignored like that but all he could say was "well, you got it anyhow, didn't you! now your gallbladder is out and we can't put it back in." This is some world we live in. What right did they have to do this to me after I said no?"

Sherrie

"Why am I still having gallbladder attacks after my gallbladder was taken out? I am still having pain, the kind where you are praying to just die, you know? These attacks last hours a day. And it has gotten much worse since my surgery, not better like I was told it would. I was told the surgery would make me a new woman. Why is this happening to me? I asked my doctors is there anyone else having problems like this? My doctors said I am the only one having these problems after my lap surgery, that I am "one in a million" so you can imagine my relief when I read the

posts on this board. My doctors almost had me convinced I was mental and imagining it; I was about to go see the psychiatrist I was given over to. I wonder what they will all say when I tell them I have found so many others having the same problems I am having?"

Patty

"I had my gallbladder removed three months ago and I still have pain in the same area. How can this be happening? Is it my liver? Should I go back to see the surgeon? After what I went through this last time with doctors I just don't have much faith in them anymore or the HMO system."

Pipa

"I don't understand what happened at my doctor's office: he was my family's doctor for years before he referred me to have my gallbladder out in 1992. So I thought I knew him. Then I get this surgery and am having so many problems after: pain, fainting, nausea, heartburn like nothing I have had before and it all seems serious to me but he would never do anything for me. In desperation I went over to the hospital and asked to look at my x-rays and surgery records and the x-rays showed seventeen metal clips I counted all bunched up around my rib cage and there is this weird object in me that looks like a weight-lifter's hand-held dumb-bell. Nobody I asked at the hospital would tell me what it is; they all said: "go ask your surgeon". So I called my family doctor and got an appointment to discuss it with him thinking he'd be glad to know I'd found something that might be the reason for my problems because he said he just didn't know what it could be. But he wasn't glad at all! In fact he was so angry he was red in the face! He started yelling things that makes no sense like: "you need to stay out of this and just let us do our job! You don't need to know what those things are; its our job to know, not yours!" He was acting like I had done something wrong by taking it upon myself to go over to the hospital and look at my own records there. I told him its my body and I have a right to know about anything done to me. He changed right there and scared me, he said: "you have just the one child right? And you want to keep her with you, right? So you need to shut up about this right now and just do as you

are told.” The next day two child welfare workers knock at my door; that doctor sent them to my house! I could not believe he would do something like that! They did not take my daughter away, said they were there just to do an interview at the doctor’s request for no particular reason. I asked them what I was being accused of and they said “nothing at this time.” Does that mean it will be something at a later time if I don’t shut up about what happened to me at that surgery? I am now sure he sent them to scare me. It worked; I am scared. Another weird thing that happened to me was when I was hospitalized for the fourth time for my digestive problems: I was talking to a doctor in my room and asked if my symptoms could be from a bile duct injury because I had just read literature on the subject and it sounded just like what was going wrong with me. He got a funny look on his face when I said that and left the room to go get a psychiatrist because he brought one back with him. The psychiatrist wanted to transfer me to the psych unit immediately and ordered psych medication. I told them to get out of my room and don’t bother sending me any bills because I did not ask to see any psychiatrist and therefore I am not paying for one: I am not crazy. The psychiatrist said it was his hospital and he goes wherever he wants to go. I told him as long as I am the one paying the bill for the hospital room it is as good as mine and he is not welcome in it and to get out of my sight. I was taken to the psych unit anyway and they had me so drugged up I couldn’t see straight. Thankfully, I knew enough to ask my husband to call a friend in Ohio for help who started the support network for people injured at laparoscopic gallbladder surgery and my friends in the support network called the hospital administration and told them they knew what was going on in their hospital with me and it better stop. I was signed out and sent home the same day. I am still in pain and getting no help. I had the corrective bile duct surgery in Ohio and it helped for a couple of months but then the pain returned worse. My church took up a collection to send me to Missouri and there I got a PTC which was extremely painful and I had to be stuck about 20 times, before it was over there was blood all over the place. The top surgeon I saw at Duke University told me I would just have to go all the way through this because there is nothing left to do, that nothing can be done to fix me. I called another specialist in California for his opinion and he told me: “What are you bitching about?! With seventeen staples in you, you are damned lucky you are still alive! At least you are not dead like the others!”

Sharon (North Carolina)

“I had my gallbladder out in September and from the start experienced a burning pain whenever I tried to lay flat. After three weeks I started to get a stinging and burning which got worse with time. My primary care Physician put me on anti-depressants because sometimes they put people with shingles on them. I don’t have shingles. Plus the pain got worse and I have gotten no relief.”

Kim

“My best friend had her gallbladder out in 1998 and she is still not great. She can’t get any sleep at night because of the pain in her right side and her heart acting wierd: she said whenever she lays down flat it causes her heart to beat very fast and does this uncomfortable quivering thing off and on. It is making her depressed.”

Geri

“My wife had a laparoscopic gallbladder removal in 1996 and died before she left the hospital. She lived two days suffering. The surgeon really messed her up bad and there was no way to fix her. After she died all he said to me was “it was a good thing she died because if she had lived she would have had a horrible life”. He acted like he had done us all a big favor by killing her, like it was no big deal she was dead. If I had a gun in my hand at that moment I would have shot that bastard on the spot and it wouldn’t have bothered me one bit. I have three little kids at home with no mother now.”

B.P. (North Carolina)

“My wife had her gallbladder out in 1993 and was damaged on her bile duct. She had a second operation to fix it but we were told she would never be normal again. She got pregnant and the

hospital administration called us in to tell us my wife would receive the very best prenatal care possible and everything that could be done for her and the baby would be done---under one condition: we had to agree not to sue them for her bile duct damage and we could not speak to anyone about her doctor-caused health problems. Otherwise, we would get nothing at all. It felt like blackmail to us but we were in no position to argue so we agreed with what they wanted us to do. My wife was never really well again after the two operations and the awful problems got worse as time went by. The repair operation did not work. She went septic all over from an infection in her damaged bile duct. The baby died inside her first and a few days later she died too.”

XXX (Ohio)

“I had my gallbladder removed six years ago and am still having the same kind of pain and problems I had back then before it was removed. I am currently seeing a GP for this and again, undergoing a whole bunch of testing. What a PAIN!”

Joni

“I have been disabled with chronic GI problems stemming from removal of my gallbladder five years ago. I have been diagnosed with post cholecystectomy syndrome, sphincter of oddi dysfunction, and biliary dyskinesia, chronic pancreatitis, papillary stenosis, etc., etc., etc. I have been in and out of 12 hospitals for pain management, rehydration, and over 42 disgusting tests and procedures. I have sudden, unannounced bowel movements. I also go through periods of severe constipation. The nausea at times is more than anyone should have to deal with and I gag and retch almost every morning. Because of the pancreatitis that went undiagnosed for over three years I have become a diabetic. I have been ERCPed four times, had my ducts explored, pressure measured within them, had sphincterotomies and stents put in and taken out a few times. I live on pancreatic enzymes from pigs and over a dozen other daily meds just to get me out of bed. I was thrown out of one health insurance company for costing them too much and forced into managed

care. I have had to fight my HMO for my meds on the front page of the NYTimes. We have had to mortgage our home just to keep up with the ever-rising HMO premiums. I'm 47 and cannot work. I collect social security disability benefits. My pain management regimen will not last forever and I am facing a life dependent on morphine which scares the hell out of me. I thought I was the only one who "failed" gallbladder surgery but I have learned this is not unique or rare. I feel like Humpty Dumpty who can't be put back together again."

Ellen

"I had my gallbladder out in 1992 and have been very sick ever since. I have these painful attacks that flare up for no reason I can think of but I am never completely pain-free. One night I was having a particularly bad attack and felt I needed emergency room treatment. I asked my husband, who was watching television at the time, if he could drive me to the emergency room. He was watching a ball game and didn't want to leave it. My husband has a history of beating me up and was so angry about me asking him to leave his ball game he yelled and cussed at me all the way to the hospital. The doctors examined me, took some chest x-rays and blood, then told me (and him) that there was nothing wrong with me, that I was a hypochondriac, and an attention-seeker just like all the other doctors have said since my gallbladder surgery. My husband believed them over me. He was so angry that I had made him miss his ball game "for nothing" that he beat me up right out there in the hospital parking lot and drove off without me. I had to go back into the emergency room all beaten up. Don't use my name. I don't want another beating."

XXX (North Carolina)

"My stepson had his gallbladder removed and said it hurt like hell. I had mine out December of 1997 and I would swear it grew back. Same pain, etc."

Marianne

“I had my gallbladder out in July and I am still experiencing stomach pain. I thought I would be cured and am starting to think there is something else wrong with me. My liver enzymes are high. I don’t know what that means.”

Beth

“Yes, my gallbladder is gone but as I sit here typing this I swear I am having an attack---the pain is like a knife going through me and I had mine out 2 years ago. Does anyone else suffer this way?”

Shannon

“I will tell you my story but you probably won’t believe me. I swear it happened: I had my gallbladder removed on the suggestion of my family doctor. I had been having heartburn just about every day and intestines making loud gurgling noises. He referred me to a surgeon at a hospital that was doing this new operation with the scope. I was told it would be quick and easy, there were no risks to speak of, and I’d be back at work in two weeks. Well, I wasn’t. I was much worse off than before my gallbladder was removed and was getting worse every day. This has been hard to cope with because I am a single mother of a teenage son. The worse thing was the pain. It was just like being in labor every minute of every day. Imagine what that feels like. My family doctor sent me to other doctors trying to find out what was wrong with me but all my tests came out fine. I don’t see how that could be possible considering how bad I felt. Finally my GI doctor said: “I give up, I don’t know what to do for you. We can’t find anything wrong” and referred me to a pain management clinic. I thought it would help me since pain was my worse problem so I made an appointment. Something went on there that you probably won’t believe and I can hardly believe it myself except it did happen: I was in the whirlpool bath enjoying the warm water. It really did help the pain some. Two male aides came into the room and at first I thought they were in the room to work on something but instead they walked over to where I was sitting in the whirlpool tub and grabbed me and pushed my head under the water, one on each

side of me! I struggled to get away from them but they were stronger than me and kept holding my head under the water. Just as I was about to give up fighting for my life a nurse came into the room and it surprised them. They stopped what they were doing to me, let go of me, and I heard the nurse yell: “what are you two doing in here?! get out!” and she helped me get out of the tub. I don’t remember the two men going but they must have because they were gone. I got dressed and was in a big hurry to get out of that place. I didn’t understand what had just happened to me, it happened so fast and I was shaking like a leaf still. When I left the dressing room, the same two men were waiting outside the door and they grabbed me and gave me a shot one was holding in his hand that made me very woozy. When they let go of me they sort of shoved me forward away from them and I made straight for the door out to the parking lot and was so woozy I fell down. I felt relieved to see a security guard was standing nearby who came over and helped me get up off the pavement but when I tried to tell him what had just happened to me inside the building he was very mean to me and said: “give me your car keys and I will go get your car for you; you wait right here.” I don’t know how he knew which car was mine but he did go get it and did bring it to me. All I could do was stand there and wait and hope those two horrible men wouldn’t come back after me again. The security guard got out of my car, grabbed my arms and just threw me in the car seat like I was a bag of garbage, put his face close to mine and hissed: “and don’t you bother reporting this, lady, because nobody will believe you against us anyhow!” I was way too woozy to be driving after they gave me that shot of God-knows-what but I had to get out of there somehow so I drove the best I could and made it home okay without getting stopped by the police. Why would people do something like this to me? I don’t understand it. I am afraid to go to any doctor now.”

Loretta

“I had mine out and I am sorry I did---I am having more problems now than before. I have nausea, use the bathroom 4-7 times daily and have to watch everything I eat. It is a nightmare. The doctor who performed the surgery never told me of the potential complications. I am a Ph.D, not an MD by the way. But you’d think he would have properly advised me.”

Dr. M.

“Four years ago I had a stomach ache that lasted all day. I went to the ER at night and after just one chest x-ray the doctor said I had gallstones and I had them out using the scope and from the day I came home began having these horrible spastic attacks. They are like labor pains except in my rib area. They come on several times a day and always wake me at night. They start off slow and build until they peak in excruciating pain. They last 4-5 minutes and start around the site of my incision, spread across my back and stomach. I have been to several doctors. I have spent seven months at the Mayo Clinic where they checked every possible place in my body including an ERCP but all they come up with is “I’m sorry, there is nothing we can do or find.” I was never sick a day in my life before this. The pain is so horrendous I feel like I am going to die before the attack is over. It usually starts out with a gnawing feeling in my gut then spreads. This has totally ruined the quality of my life not to mention my poor family. I am in fear of going anywhere because these attacks just come on out of nowhere and they have worn me down for four long years. I can’t believe there is no help for me and I also can’t believe my doctors do not know what is wrong and can’t seem to find any problems.”

Molly

“I had my gallbladder removed two years ago. There is still pain in my stomach area and under my rib cage except now it is worse. They did every test on me but nothing was ever found. When I lay down my heart races so fast that it feels like it is going to burst. When I sit up it stops racing in about fifteen minutes. It is hard to lay down to sleep at night. I wake up soaked in sweat and the heart racing all night feels awful. I asked my doctor if it is my heart going bad and he said no, it is something else causing it to race but he never did say what else and did not order any tests on my heart. Sometimes when I eat I feel like I am going to pass out.”

Opal

“I had an awful stomach attack and went to the ER. The doctor there said I needed to have my gallbladder out and gave me the name of one of their surgeons. I don’t know how she determined I needed surgery because I didn’t get any tests yet. When I called my family doctor about what had happened he told me not to do it, that I was probably infected instead. What is giardia lamblia and helicobacter pylori?”

Bill

“I am a 40 year old female and had my gallbladder removed in April. I was one of nine getting it done that day by the same doctor. He was supposed to put dye in my bile duct to see if I had stones but he forgot to do it he said. I was released four hours after surgery. At home I ran a fever. I called his office but he did not call back. I started vomiting and called again. He did not call me back. Finally one of his assistants called me two days later and said I needed to eat boiled potatoes. This is the most non-caring surgeon. I had to go back in the hospital seven days later because I couldn’t stop vomiting and by that time my urine was bright orange. Three days later they performed an ERCP. I have had horrible pain ever since. I have told my surgeon about the horrible pain but he was disgusted and said “go see someone else”. He should not be involved in medicine at all because he sure does not care one thing about people. I wish I never had this surgery. I am taking Darvocet and Motrin for the pain but it does nothing. I have had so many scans and they are all normal. This is no way to live.”

Eileen

“I have had so many problems since my gallbladder was taken out in 1994 and have had numerous tests: colonoscopy, ERCP three times, ultrasound, two Cat Scans, blood tests, HIDA scan and on and on. I have been in the hospital six times in two years. Nobody can find anything wrong with me. The last time I was in the hospital the gastroenterologist kept saying “the reason you are having all these problems is because you chew way too much chewing gum every day!” I told him I have not had a stick of gum in my mouth since I was sixteen years old and I am retired

now. But he ignored me and kept smiling like a fool and saying that same idiot thing over and over and over.”

Pat

“I had my gallbladder removed by the scope back when the procedure was new out where I live. I have had horrible problems ever since, constant pain being the worst of it all. At first the doctors told me the same things they told you and the others: there was nothing wrong with me and if I continued to believe there was after they told me there wasn’t it was because I am crazy and a hypochondriac, that my symptoms did not really mean anything. All the time I am getting worse and worse. I was run all over the place for test after test that turned out negative, was even sent to see a surgeon over at XXX hospital in XXXX. He sent me to another GI doctor, who did even more tests, and of course they were all negative too. By this time I was so tired of the runaround and fighting for my life I didn’t believe a thing any doctor told me anymore and started to think they were killing me off. All these doctors had spent my savings and run up bills on me that I am still trying to pay off. After all my savings were spent on countless tests and office visits I was still no better off than I was when this nightmare began except I was sick, broke, and in debt too. Yes, I had health insurance with my former job but it did not cover everything and I had deductibles and percentages to pay just like everyone else not to mention all that travel and parking and time off work I did not get paid for. I missed so much work I was fired from my typing job I had for years. I was glad to find another job right away because where I live jobs are scarce: I got a civilian typing job at a military base and got a different kind of health insurance. Right after getting the new job and the new insurance I got an unexpected call from the last surgeon I was sent to: he told me he and the GI doctor took a second look at the x-rays and found a problem that required immediate corrective surgery on my bile duct. They said they “didn’t see it before because it was behind something”. He could not get me back to his office and schedule surgery fast enough. The whole thing was so strange: strange how I was just a hypochondriac under the old insurance plan and suddenly its an emergency the minute I got different insurance.”

Lodima

“I am a 20 year old female and I had my gallbladder out last November and my pain never fully went away. By March it was completely back having attacks all the time. I went through every test known to man and IVP, Cat Scan, x-rays, ultrasound, ERCP, etc. All coming back negative. They finally decided to go back in and look for scar tissue. This was a little over a week ago. They found two bands of scar tissue, which they cut, and swollen lymph nodes, which they biopsied, and they came back negative. I am now heading halfway across the country to see some specialists to deal with the pain and to see if they can find out what is going on. I might possibly have permanent nerve damage. After the surgery I was in the worst pain I have ever been in. It hurts to move, cough, yawn, can't even think about laying on my right side. And this isn't surgical pain, that gets better every day. I'm not telling everyone to stay away from gallbladder surgery, I'm just saying don't let the surgeons lead you to believe you'll necessarily be pain-free, or even better off, because I am worse and I know others out there are worse and also going through what I am. Please make sure you are completely tested and the surgeons know for sure it needs to be come out before being cut even laparoscopically, as I was.”

Amanda

“Thanks for telling your story. I am in a similar situation but I am not having surgery yet. I want them to rule out other possible causes first, like infection. I have been told they do not want to investigate much further until AFTER I have the surgery and still have the same symptoms. Needless to say I am fighting this. I don't agree with their “do surgery first, ask questions later” routine. It should be the other way around. Investigate thoroughly first and find out what is really wrong, then do surgery if that is what is proven needs to be done. They don't want to do it like that here though.”

Elaina

“I just read your story on the suggestion of a friend. Thanks for telling your story. I am having the exact same symptoms. I have had all the same tests except the ERCP and everything is negative,

of course---just like you said it would be for all of us sick like this after gallbladder surgery. Now I know why...those filthy liars. Now I know its not me, not all in my head like they said it is. My doctor wants me to visit a pain management clinic also. I am glad I found this discussion board, don't get me wrong because I am not glad others are in pain like me but I am glad to find others to talk to with the same problems I have who are in pain all the time and getting the runaround from doctors too. I can't sleep on my right side. Will we ever get relief of this pain?"

Tera

"My son saw your bumper sticker when he was driving on the highway and followed the person until she stopped her car so he could ask about it and find out who he could talk to about me. That woman gave him your address and he passed it on to me. I live in a nursing home in New Hampshire. I had gallbladder surgery last year and have had terrible health problems ever since that day. By the way, I did not give permission for any gallbladder surgery and nobody discussed it with me before it was done to me. I was told I was going to have an x-ray test where dye is injected into a vein and the next thing I know I am waking up in a hospital room and was told my gallbladder was taken out. I did not sign any papers for that. I overheard the doctors talking in the hallway outside my hospital room and one said to the others: "well, her son lives 800 miles away so I don't think he is going to be a problem here". I may be old but my mind is still sharp. Who can I make a complaint to about this?"

Betty (New Hampshire)

"When I read what you wrote I went through a lot of emotions. I could have written what you wrote almost word for word. I had my surgery in October of 1995. My surgeon also went back in "for a look around" just like yours did. I have been to several doctors and have gotten the same experiences you did: "hypochondriac", or "I don't want to take responsibility for you" without an explanation why. The medical bills are tremendous. I am considering putting an ad in the local newspaper like you did just to see if this surgeon is still causing problems for other patients. I

live in a small town and will probably never get to see another doctor as long as I live here but I don't care because with the kind of care I have received I sure won't be missing anything. I want to say: stay strong and my prayers are with you in your suffering. I am a LPN by the way. If you are in the medical profession and you are injured by a doctor I believe the doctors mistreat you more than the usual injured patient.”

Angela

“I was a medical researcher almost 30 years ago and then went to work for XXX until I became disabled five years ago due to my chronic illnesses caused by a laparoscopic gallbladder operation gone bad. My husband has divorced me because he could not cope with my illnesses any longer; he said it is too depressing and was dragging him down too much. The whole process to get the doctors to diagnose my condition and get it resolved once and for all is very frustrating and certainly years ago when I was working with doctors professionally in the large university medical school where I did medical research that assertiveness gets you nowhere when their brand of screwy politics is involved. I think a resident did my gallbladder surgery. Well, \$10,000. worth of testing later, a new gastroenterologist and a lot of bullshit, and my asking pointed questions to get them to pursue what makes me so ill, I am no where. My tests show nothing. It seems I have to do their research for them because they are doing absolutely nothing for me except taking my money. I do not have health insurance. I can't buy health insurance because I am told I have an expensive pre-existing condition even though no one will tell me exactly what this pre-existing condition IS. Where is the logic in getting all these tests and told nothing is wrong with me at the same time the insurance companies are telling me they can't sell me insurance because I have an expensive pre-existing condition they don't want to pay for? I don't get it. It seems everyone but me is allowed to know what is wrong with me and nobody is talking. All I get is testing and more tests. No help. There is a spot just under my topmost incision, the one in the middle of my chest right under the middle of my rib cage, that hurts like hell even to this day. If I press it, I get sharp, intense pain that lasts for hours and starts up all these other crazy symptoms that the doctors tell me there is no reason for and say they don't

understand. No medications help, no diet helps. I have searched Medline for hours on end but feel I must be missing ONE valuable piece of information. I might go over to the medical school library tomorrow because today I feel so bad that I am trying to avoid that right now. I fear I may have to travel out of my local area for help and get out of the good old boys network. They are sending me to a surgeon next. I can't bear the thought of traveling with this pain going on but what choice do I have? I can't keep going on like this. It's no wonder my husband left me; I'd leave me too if I could get away from me feeling so bad all the time. The doctors are telling me I have to go back to my original surgeon though. I refuse to do it. If he messed me up once what kind of fool would go back for more? When I told my gastroenterologist I would not see my original surgeon again and asked for a referral to another surgeon he changed his attitude real fast and told me I needed to go see a psychiatrist because I was obviously mentally ill and delusional. Back during my divorce I was seeing a psychologist due to the stress divorce brings who I liked a lot so I gave her a call about what is going on now medically and she wrote my gastroenterologist a letter stating the only stress and mental health problems I am suffering at this time is from being so ill after my gallbladder surgery for such a long time and not being able to get any relief. She asked him to call her back but she said he never did call her. This is so frustrating and depressing. I make an effort to be polite to the doctors, even when they are anything but polite to me, and nothing moves them to help me. Every day that passes I feel like time to do something is slipping away from me and I am getting worse. Are they trying to make me die???? I think so."

Michele

"I am suffering the same pain as I had before my gallbladder was taken out, just at the navel area. I have had an ERCP to see if a stone was left in me. The doctor says everything is okay. I have had two other tests and now they are talking about sending me to L.A. for an incision made in my bile duct in the sphincter of oddi, This conversation was over the phone and I don't see my gastroenterologist until March ninth. Meanwhile she wants me to take another test but I forget what it is called. It has something to do with checking mucosa. A dye is injected into a vein. I am on lots of Vicodin ES. I am ignorant about these things but I am trying hard to keep from

possibly making a big mistake.”

Kristy

“I am a recent victim of a severed common bile duct at laparoscopic gallbladder surgery. I had the corrective surgery five days later and it has been seven weeks since it was done. My doctors say they do not know what to think because I am developing digestive symptoms. I am thinking seriously about suing the original surgeon because of his uncaring attitude. I had a different surgeon do the repair because the first one was so mean to me---like I had done something wrong and not him. I do not know what the future will bring but I am worried about it. The surgeon who did my corrective surgery said there is no reason why I can't live a normal life but this is nothing like normal to me. I live in Canada. Do you know anyone else with this same problem I can talk to in Canada for support?”

Jane (Canada)

“My mother in law went into the hospital for a lap choly. When the surgeon tried to remove her gallbladder he found dense adhesions. He tried to cut away as many of the adhesions as necessary to remove the gallbladder. She was in severe pain the rest of the day. The next morning she was still in severe pain so an x-ray was ordered. She was clammy and sweaty when the transport person showed up to take her to x-ray so the transport person notified the nurses. Her temperature rose to 104. The surgeon was called and decided to go back in and look around. What he found was he had nicked the bowel during the cutting away of adhesions and she had developed peritonitis. She was placed in intensive care. Several days after this surgery what can only be described as fecal matter was oozing from the incision site. The staples were removed from the incision and a tube was placed in her side to get rid of the fluid. Several days after this she was moved from the ICU to a regular room. During the move one of the nurses moved her without removing her IV tube, which was in her shoulder area, and it was torn from her shoulder incision. After being moved to the regular room her incision started to leak and burn her skin. The nursing

staff assumed, wrongly, that my mother in law had a colostomy bag and treated it like it was a colostomy bag---which it wasn't. Her temperature stayed high and around 104. There was a mix-up on her chart and she was given a food tray but she was not supposed to eat anything but ice chips and that caused a problem too. The doctors are talking about sending her home with the bag on and not doing surgery to repair the fistula until she is stronger. I don't believe she can get stronger until the fistula is repaired."

Lori

"I am a 24 year old male. I had laparoscopic gallbladder surgery last week and feel okay so far. I just hope it stays this way. I went to the ER with stomach pain and they rushed me into surgery that very night. I had eaten some potato chips with olestra in them and it made me sick. By the time my surgery took place I was feeling just fine but they said it had to be done even if I did feel better. The reason I am writing is because I am angry about something: I did not want any surgery and asked the surgeon the ER doctor sent to see me if there was any other treatment options I could try first besides surgery and he said no there was nothing, just surgery. Now that I am out of the hospital and able to do a little research on the Internet while I recover from the surgery I have found out that I should have been given certain tests before that surgery to make sure I really did have gallstones and I got NO TESTS AT ALL! I also found out that there ARE other options to gallbladder surgery and the surgeon lied to me about this. I wonder why he did not tell me the truth? I kind of felt the rush to surgery was not right under the circumstances but at the time I wasn't myself and not thinking clearly. They made it seem like my life was on the line. That's when they get you. The surgeon said the surgery was no big deal and that people get by just fine without a gallbladder. And that there were no risks. I found out that is not true either. I also found out there is no rush to have gallbladder surgery and I could have gone home and done a search on the Internet first to see exactly what I was getting into. In retrospect, it seems like they did not want to give me time to think too much for fear I would not go through with it."

Brian

“My father was told he needed to have laparoscopic gallbladder surgery. He was advised not to do it by his family doctor because he had dense adhesions from former surgery and a lap procedure is ill-advised with adhesions like his. The surgeon basically blackmailed him into agreeing to it and I found Dad crying after the office visit. We were given a copy of the surgery video but parts of it are obviously missing. The surgeon did not want to let us see it and stalled as long as he could. My father was in extreme pain after the surgery and went to an urgent care facility where he was given IV antibiotics and narcotic medication. In three days he is deathly ill and hospitalized with virulent peritonitis. Another surgery is performed. He said he did not want the surgeon who did his gallbladder surgery for this second surgery and he was told “too bad you are getting him anyhow because no one else will touch you.” But I stepped in and made sure my Dad got someone else to do it. My father was told he had a huge laser burn and a long segment of his bowel had to be removed and he has a colostomy. Possibly irreversible. There was a fight right in front of him between the surgeon who injured him and the one who saved his life. In the end the one who saved his life had to turn his case back over to the surgeon who injured him, won’t or can’t keep Dad. At home Dad nearly bleeds to death. He called the surgeon who injured him and is given a prescription for Valium and said nothing is seriously wrong with Dad. Later that day I have to drive Dad to the ER where they find it is internal bleeding. Then it is peritonitis again. Then next is a hemotoma and another corrective surgery. Dad is admitted to the cancer ward. He doesn’t have cancer. They tell him he has a bleeding ulcer. He doesn’t have an ulcer either. Then they say diverticulitis. He doesn’t have that either. His operative report says “iatrogenic injury probably laser burn”. The lies stack up on top of lies. His current surgeon feels perforated area walled itself off forming an abscess which finally burst. He said the burned tissue sloughs off and when that finally happens it allows the bowel contents to escape and cause the peritonitis. My father’s insurance does not cover all his costs, just 50% of this and 20% of that. The hospital stays are covered at 80% but he still has to pay his portion and as many times as he has been in and out of the hospital it really adds up to a lot of money.”

XXX

“I am so tired of living like this. I used to think doctors were ethical but boy was I wrong! The truth doesn’t mean much anymore. What happened to: tell the truth, apologize, fix it???? My pathology report says one thing on one date and months later it was changed to something else. I have copies of both reports and it is no joke they have been messed with. Then my surgeon recanted statements he made to me and my family. Another doctor gave me one diagnosis then changed it to something completely different. I got a copy of my surgery video and portions of it are missing or tampered with. One of my pathology reports disappeared entirely, nobody knows where it went. That bitch of a risk manager picks a fight with me every time I ask to see my medical records and won’t let me without a huge fuss. Then pages and pages are missing from the file. What is this??? I as a citizen can’t get away with anything. If I break the law I go to jail. You don’t lie, just face it and fix what you can. What’s the worse that can happen?”

Caroline

“My mother died at age 53 from a laparoscopic gallbladder operation. She was readmitted with severe renal failure, severe anemia, pericarditis, and peritonitis. Her bowels were perforated during the gallbladder surgery and fecal matter got out into her abdominal cavity and caused a massive infection which caused her other organs to shut down. It killed her. She died a horrible death. A nurse from the ICU called me at home after my mother had died and said the care she received was an abomination and that I definitely needed to get copies of my mothers medical records and consult a reputable attorney right away. I did so and the attorney said I certainly had a viable case but it would not bring in any real money for him because of mother’s age and the fact she was a housewife who did not contribute financially to her family so how could there possibly be monetary damages? He said he could not accept her case no matter how good it was because he would not be able to make back enough money on it to cover his expenses. That is not the point! So what if she was not a money-maker? She was strong and healthy and had a family to care for who loved her. Nobody should have to suffer the way my mother did. I filed a complaint at the department of Health and the Medical Board but they didn’t do anything. They don’t want to hear about anything if it isn’t sex or drugs.”

Suellen

“Thanks for writing me back. IRK was worried when they told me I needed my gallbladder out and they would not let me leave that hospital. I didn’t want no operation. See, I remember what my grandmother and aunt went through. My grandmother had hers out and got diabetes then later colon cancer, finally a heart attack and died. My aunt got diabetes afterwards too and she passed away last year but no one seems to know what from. I was with her just a week before she died and you’d never guess anything was wrong with her. But there was. The doctor at the hospital assured me I would feel so much better and so forth but based on what I have seen and heard that’s doubtful. One thing I forgot to mention is before I went into the hospital my family doctor was treating me for the flu and strep and gave me Biaxin and within 24 hours I had that so-called gallbladder attack. Didn’t you tell me that there was other cases where people were given antibiotics and then got a gallbladder attack? I went back to his office on Monday and he said “I didn’t give you that medicine” and I said “yes you did” Then he insisted the hospital gave it to me. I said “no they didn’t”. He then checked his charts and found that I was correct. He asked me if I stopped taking it and I said “yes, that is what I just told you. I stopped taking it because it was making me sick and causing headaches and pain” Then he says I did the right thing because that could agitate the gallbladder. Mom was with me. She already told me she didn’t care too much for him since my family doctor retired but he is one of those doctors on my health providers list I have to go to. I am going to be looking into something where I don’t have to have a doctor’s excuse to excuse me from work. I feel like I am being discriminated against. I should be able to treat my body the way I want to treat it. Not by others wishes. I could have been laid up for weeks or who knows maybe never recover from it. Then I would lose my job and then how would I support my son? I made them uncomfortable at the hospital wanting to see my ultrasound pictures. They said they were being read. I said I would wait. Then she said she meant to say they wouldn’t be read until later that day. So I asked her again if I could see them and she said no. Too bad I didn’t have a recorder in my pocket like IRK. I feel if my insurance or myself has to pay for it then I should be able to see the pictures. Before I am going to even consider

having my gallbladder out I want to see the pictures and make them prove to me that I do need it. Not just take their word on it.”

Mary Lou (Ohio)

“I myself was railroaded through to gallbladder surgery even though I am a 25 year old male, because I had persistent heartburn. They did a CCK test and sonogram and just told me my test came up positive for GB problems. Then they took it out. I went through about three months of severe pain in the liver area---which I was told was in my head---and now my persistent heartburn problem is even worse. I can barely sit in a chair for any amount of time, and now it has been a year and a half. Lord knows what’s going on internally by now. Oh yeah, about two months later I requested the report written by the pathologist who inspected my gallbladder and my other test reports---he wrote my gallbladder was absolutely normal. My other tests reports said normal too. I am doing my utmost to keep my job while in all this pain but if things get worse for me I don’t see how I will be able to do it. But what do the doctors care about someone like me when they injure someone, Arkansas is notorious for favoring the moneyed.”

Jeff (Arkansas)

[letter from niece to fellow activist]

“I had a really bad day. Today I was in surgery. I watched two gallbladder removals. The first one was a 3 week postpartum with no other health problems, went text book. The second wasn’t so lucky. She looked just like Cathy XXX. I brought her into the OR, she was talking to me before we put her under. She was laughing and commenting on how this was not the way she wanted to spend her vacation. They put her under and the nightmare began. They did it through the laparoscope. I could see everything, even when the surgeon slipped and punctured her liver. I screamed and so did everyone else in the room. She flat lined, blood was squirting everywhere. I broke down and ran out of the OR. Cried all the way home.”

XXXX

[letter from activist to me about niece's letter]

“My niece said the marylin rod slipped and ruptured the liver. I hope I spelled that right. My niece told me today that the woman died. The death certificate said her heart stopped. It did not say WHY it stopped though. Her teacher introduced her to this world of deception. She wants to quit. If the family would have an independent autopsy done they would know the truth. But where can any of us outsiders get an honest autopsy? She wants to quit. My niece has not slept since this happened. More frightening, she now realizes they killed her dad and lied to the family, her dad who was my dear brother.”

XXX

“My husband of 21 years began to have short and not too frequent episodes of confusion. These episodes increased gradually and became so severe he began to get delirious, near coma, hallucinations, and dementia. He had been seeing his regular doctor trying to find out what was going on. After many doctor visits, numerous tests, and hospital stays, which were all negative, the doctor insisted it was psychiatric. When the next episode occurred I was advised to have him forcibly taken by the police to the mental health unit because he would not agree to go on his own will. He was placed on a 21 day hold. He was treated very badly there and they abused him physically. They had him so drugged up I could hardly understand him when he talked to me. He was diagnosed with psychosis and bipolar and given all these drugs but it didn't help him at all. In fact he got worse. When the next episode occurred I felt good that he was in a hospital where they could see it for themselves but the doctors I spoke to said he was doing it intentionally and it was just an act. I was furious. I asked for second opinions but those doctors just went along with what the first doctors had said about him. After three weeks I got him out of that hell-hole and took him home. He was so drugged up he kept falling down, once hitting his head on the bathroom tile and knocking a chunk of skin off his head. He couldn't function at all, just sat in one place with his mouth hanging open and drooling most of the time. I couldn't handle him at

home so had to find and sign him into another mental health unit but this time one in a nearby city. This place was so much better than the first place: they listened and seemed to care. They did more tests and found the following: advanced cirrhosis of the liver, possible hemochromatosis, chronic hepatitis C, ammonia levels 3 times normal, and iron levels more than double what they should have been. They said his cirrhosis is so advanced the only thing that could be done for him is a liver transplant. They also said there is no way that first hospital could have done all those tests on him like they said they did and completely miss a cirrhosis case as advanced as my husband's is. There is just no way. Plus, all those drugs they gave him are the kind nobody is supposed to use if they have any liver disease because those drugs can do more harm to the liver. Liver disease causes symptoms that mimic mental health problems but the blood tests he was given should have shown it."

Kim

"I know exactly what you're going through. I am a breast cancer and silicone gel implant survivor. In 1995, I was a major support group leader for implant victims. A lady, let's call her Jane, in my state had all the symptoms of silicone poisoning, yet to her knowledge she never had received silicone implants. A nurse in her doctor's office recognized the symptoms because the nurse had received such breast implants herself. She knew that Jane had surgically received an Angelchik implant around her esophagus back in 1982 but didn't know what it was made of. She advised Jane to go back to her surgeon, who implanted the device without Jane's knowledge or authority during a gall bladder surgery, to ascertain what it was made of. The implanting surgeon had told her the device was supposed to prevent acid reflux disease but Jane had not been able to swallow a bite of meat since 1982. All her meals had to be liquified so she could swallow. When Jane confronted her surgeon about what the device was made of, he was surprised to learn it had not been removed surgically "because the FDA had recalled these devices shortly after Jane's had been implanted." He told her the doughnut-shaped device is tied around the esophagus with strings and unfortunately many of the strings had been eroded by the body's fluids and when they became loose, it causes instant death. He then went on to tell her the content of the device was

Dow Corning 360 silicone gel. Jane immediately began trying to find a surgeon who had experience removing these devices. She had remarried, taking on a new last name, and moved out of her former suburb. If the implanting surgeon had tried to find her to notify her, he probably had difficulty and stop trying in frustration. Jane was very much in love with her new husband and life looked hopeful for her. She was about 45 years old. She had insurance coverage through her new husband's HMO and before they would surgically remove the Angelchik device, they had to run test after test after test, etc. to justify the removal. Jane and her husband grew tired of waiting for the HMO to decide to operate, so she found a surgeon who had removed a few of the devices many years before and was agreeable to doing her surgery. First, he wanted a study done where they x-ray your G.I. system while you take sips of barium. The results of the test showed that her esophagus was twisted 270 degrees and that anything that reached her stomach did so by gravity alone because her esophagus was totally paralyzed (no doubt, by the silicone poisoning which causes esophageal dysmotility). I begged her to let me locate a top surgeon either on the East or West Coast, but she believed the surgeon she selected was competent. She had lost so much weight and her immune system was so damaged, I feared the worst. The surgery to remove the Angelchik was successful and the first 48 hours, she seemed to have recovered from the surgery. Then, she took a downturn and began a steady decline from that point on. She wound up in ICU; then had to be put on a ventilator. Jane died a few days later. The Angelchik device was experimental when it was put in her body without informed consent. Jane, like the rest of us, became a human guinea pig for their experiments. After her death, I talked with her husband at length about filing lawsuits for medical malpractice/wrongful death against the implanting surgeon and product liability against the manufacturer of the Angelchik device, Baxter Healthcare. At first, he was so grief-stricken, he couldn't think of anything else. A few months later, however, he decided to go ahead with the lawsuits. Once the lawsuits were filed, his attorney (who was on the Plaintiffs' Steering Committee for the Breast Implant Litigation) found a Judge in my state who had overseen other Angelchik out-of-court settlements and a hefty settlement was reached by the parties. Let's face it, my friend. The FDA DOESN'T protect us from greedy, arrogant corporations; Surgeons who receive kickbacks from

the manufacturers of faulty products to implant their devices in unsuspecting patients are a real threat to our health and lives; and the Justice system is corrupt all the way down from the top. The way most attorneys work is to file the lawsuits, never intending to follow through. Once the threat is public record, they expect to negotiate a settlement, if possible, and if not, they often take a payoff from the defendants to delay until the statute of limitations is passed. In any event, they do little work but always get a paycheck, leaving the poor plaintiff bankrupt, sick, and hopeless. I could tell you hundreds of stories like Jane's. Everyone of them is true and can be supported by documentation of medical records. We are left on our own to know how to avoid the pitfalls thrown at us by the FDA, the medical profession in general, the In-Justice system and corrupt lawyers. When I realized what had nearly destroyed my life in 1991, I did my homework and retained the most successful product liability law firm in the country. They came through for me by negotiating out of court settlements in 1998 and 1999 in the hundreds of thousands of dollars from a major pharmaceutical firm and the manufacturer of adhesives and adhesive products who at one time manufactured breast implants. Most of the Dow Corning breast implant victims will only receive approximately \$20,000.00 total. Where's the justice?"

XXXXX

"I received a copy of information you sent out titled "Unregulated Experiments On Humans" from a friend. This subject interests me because the last letter that my mother got from her father in 1960 hints of this type of thing. In 1960 my grandfather sent us a letter from a place called Camp LaGuardia in Orange County NY in the town of Chester. It was then and still is now a place for homeless men from the New York city area. His letter states and this is as close to a quote as I can get "the state sent me here to recuperate after I submitted to experimental tests" he continued on to say that he currently weighed 105 lbs. We never heard from him again. I contacted Camp LaGuardia regarding their records recently and they referred me to the state archives. I contacted them and they said they could not locate the records for that time frame, they seemed to be missing. Do you know of any areas or documents that I could research to see if

the state of either NY or NJ requested volunteers for experimental tests in the late 1960s? I'd appreciate any information you might have that would apply to that time frame and area.

Yours truly,

XXXXX XXXXXX”

“I have been a R.N. for over 25 years and am sick of my profession. When I became a nurse I truly wanted to help the sick, and I did, but the years went by and Managed Care took over. I have seen and witnessed events that would make your stomach turn, I have seen doctors turn their head, look the other way, I have seen nurses and doctors make dreadful mistakes and although each are responsible for one's actions the nurse gets to be the scapegoat and the physician always walks away like he is god. I have worked with an anesthesiologist that was always drunk, and when I saw him interviewing the mother of the child he was going to put to sleep for a tonsillectomy I wanted to tell her to take her child and run, but I was not allowed to do that, at this point I was just a young nurse and didn't open my mouth as much as I do now. I have seen this particular physician burn some brain cells of perfectly fine patients, his buddies in practice always covered up for him, until he put a perfectly healthy mother and newborn in I.C.U. for a simple c-section. This incident happened before Managed Care started to show it's ugly face. Managed Care has caused a danger to patients and anyone who walks in the door of the hospital. What it all comes down to is money, and physicians work on “come on let's do it faster, let's get it done, I don't care about anything except I need to be at so and so at such a time”, forgetting the needs of all his patients and the nurses. Mistakes are made because nurses are forced and I truly mean forced to work like they are in the Olympics, you can't be fast enough to get the next surgical patient in the O.R. room. Because of the need for speed things get overlooked, and I believe because of our gender many nurses are afraid to speak up, speak up and say “I need more time with my patient, I am the patient advocate, I am here to make my patient feel safe and secure, this is not a factory!” but what I mostly see is a lot of “yes sirs, right away” and a mistake is made and the doctor is not going to go to bat for the nurse, it is all going to be her fault. Have I ever make a mistake, thank god, no, and because of the care I have given my

patients over my 25 years I am getting very tired of having to fight for their safety, and that is what it is most days, we are much more than patient advocates, at least I am, I truly believe we have not seen the end of medical and tragic medical mistakes. Confidentiality is a joke, the physicians make fun of their patients once they are asleep, they talk about all their patients as if it was their right, I have even had a physician break confidentiality by looking up my chart on the hospital computer without my consent, a peer allowed him to do this, I felt truly violated. Nurses are the patients saviors, but we are slowly fading away, the mean age is 46-50 and at that age we don't and can't do the work that is expected, actually the mental stress is the icing on the cake. As I said, work is more of a fight making sure your patient is getting the standards of care, and that is another joke, everyone that goes for surgery deserves the same care, it does not happen, you would not believe the care that is given to the instruments and the way they are sterilized, every patient does not get the same care, most nurses will do anything just to make the physician happy and shut him up so they don't have to listen to him whine and scream and throw things at them, yes I have had instruments thrown at me, I have had vulgar language used at me. People probably wonder how is it that they could do surgery on the wrong patient or body part, this goes back to the lack of support to the nurse, being overworked, a poor quality assurance system, probably a physician that has to have his butt kissed because if you don't do for him what he wants he will take his patients elsewhere, yes, you the patient probably say, not my doctor, but yes, your doctor is completely a different person when he or she is out of your company. Anyway, due to the need for speed, I have seen physicians line up children for tonsils and as he is finishing up one child they are putting his next patient asleep in another room, and he doesn't scrub, just changes gowns, and when he walks in the room he sees a sleeping patient and does the procedure he thinks he is supposed to do. Most physicians will do their surgery and go talk to the family, and dictate their findings, and then go talk to the patient for his next procedure, this is how it should be done, doesn't happen! I am from the old school, I must do things the way they are supposed to be done, no deviations, we are working with lives, not cars, I can't tell you how many times I have had to hold my own to interview my patient, and there are not many nurses out there that will do that, they are afraid of losing their job if they speak up. I have seen nurses lie about quality control, lie about checking crash carts, they don't do it, but at the end of the month they

and the supervisor also, sign the book, disinfecting agents never get checked, and this is very serious, because a lot of equipment must be chemically disinfected such as a colonoscope, I have seen nurses give instruments to physicians that have not been properly disinfected because she didn't want to get in trouble because she didn't have what he wanted, so she took it out of the cidex (chemical disinfectant) too soon, and this particular hospital had a lot of AIDS patients. The most abusive hospitals are the [hospital system name. Hint: starts with a "C"] hospital system in Florida, very dangerous. I am not afraid to speak up, I just wish there was a way I could help the system, but I am truly burnt out in the clinical sense, I am a serious person and take my job seriously and when I am hospitalized I get real scared, cause I know what can happen. I ask questions, I make people wash their hands, etc. I could go on and on about my years of a registered nurse, I only wish I could write a book, I know it would be a best seller, people would tend to think it was fiction, because I don't think the public is truly aware of what goes on. Please, find a way to educate yourself, if you need to have surgery find someone who works in surgery to help you with questions that you should ask, tie a bow on your limb in question, or mark an x on your breast or eye in question, don't ever be afraid to ask questions, don't let the physician push you out the door, it is your body and your life, ask about everybody's credentials, also find out who the personnel in the procedure room will be, sometimes any John Smith will end up in your procedure room, and also make sure your physician doesn't have a substance problem. I worked with an R.N. that drank like a fish, and she never showed up for work in the morning, we were forced to call her up via phone most mornings to get her to come to work, forced by our supervisor, and why do you ask was that nurse allowed to continue to work in that facility? She was a body, nurses are hard to come by, and it was a [medical system; starts with a "C"] facility. I had a hard time dealing with that one. Anyway, this was a great way for me to vent and possibly help someone. We still have a long way to go before this crisis is fixed, we need to start with dedicated registered nurses, make them feel like real professionals and pay them for what they are worth, and do something about the abuse they must take . Imagine getting up every morning and going to work knowing that you are going to work on your dedicated calling, but having to put up with abuse, no way, not any more. Hope there is someone out there that I can help. Don't be afraid to ask.”

M.B. RN

"I am an investigative reporter. After listening to your stories I walked over to a hospital near my home and asked the office staff to show me their standard admission form and standard procedure consent form. One staff member said he'd go get them for me to look at and to sit down and wait, he'd be right back. I waited and waited but he never returned, just left me sitting there and I had to leave empty-handed. What do you think they did not want me to see?"

B.A.

"XXXXXX contacted me in your behalf and asked me if I would tell you the exact dollar amount of the "referral fee" doctors get paid for each completed referral they make into the teaching hospital's resident surgery training program. The usual referral fee is set at \$100. For laparoscopic cholecystectomy, however, it was set at \$2,500. in 1991 when you had your surgery. Emergency Room docs made out like bandits...your life was sold away for \$2,500. Now you know why so many people were referred for surgery they did not need."

M.S. MD (Cardiologist, Virginia)

(EDITOR'S NOTE: I knew there was a referral fee involved but didn't know it was for that much...no wonder people who presented at ERs with bruised ribs from a fall and people who already had their gallbladders removed years prior were being referred! E.E.LaB.)

"Thank You so much for writing me back. My sister had her bile duct severed Oct 17 2006 .Thanks to the "They sent me home to die" letter you wrote, I was able to get my sister sent to a biliary specialist six hours away. It took almost a week to get her transferred to the other hospital . She was having same day surgery to have her gallbladder removed and it went wrong, the Dr. told us it was his first time making the mistake and even though he did not know what he was doing he tried to repair it. She spent almost a month at Vanderbilt Medical Center , it was the

worst thing I have ever seen, her intestines blocked, she had 2 tubes draining bile off her stomach and 1 down her nose pumping it out of her stomach, and she was still vomiting bile. The team of specialist she had were great, they got her well enough to come home. They said that she was too sick to try to do a repair surgery--they didn't think she would live through it. And at the time every thing was flowing correctly on the CT scan. Since she has been home she has been back to the hospital 4 times, twice they kept her there. She is at the DR. every week for labs. Her symptoms now are vomiting, dark green watery bowel movements that she has no control over, fever, stomach pains and bloating . Her new Gastro Dr. told her last week that he could not find anything wrong with her and he would no longer be able to treat her as a patient. Even though the lab work on her liver (the numbers that are suppose to be 40 and 50) are over 600 and 900. My sister does not have access to the internet at home and she has been trying to go the library to learn all she can. We are now starting to believe they sent her home to die and she is only 33 . I think now her only chance for answers is to find a support group, I can't find one. I truly Thank You more than you will know for all the information that you have wrote if it weren't for you my sister would have died before she ever left the hospital. I am thankful that you are still alive. You wrote in 2004 that you didn't think you would be alive now, it gives me hope that we can fight this, and I pray that you are doing well. If you can help guide us in the right direction we would appreciate it . Thank You again for reading this mess,

Alyssa (Tennessee)

"You truly are an angel for taking the time to share this amazing information with us. We currently are struggling with UC hospital, as they managed to put a drain into my friend but couldn't find a bag for it to drain into. She is 2 days post-op with a cap in the drain and in excruciating pain. This is just unbelievable. The surgeon is totally unavailable now, and we are treated to a parade of inept, ignorant residents who continue to schedule her for additional surgical procedures that the surgeon did not authorize. We are at our wits end and have no idea how to proceed from here. Your information is wonderful. I am so sorry that you had to suffer, but if something positive has come from your experience it would be your generous sharing of the

information that you have accumulated. I can never thank you enough for your kind assistance. I will contact the doctors that you have suggested and figure out how to proceed from here. The surgeon determined that my friend's duct is too damaged to operate immediately. He did a percutaneous procedure to put in a drain. He will let her heal for about 4 more weeks. Then he will do the Roux-en-Y procedure to rebuild the system. My literature review had found me nothing to indicate that waiting is a good idea. The surgeon indicated that the duct is like wet tissue paper from the damage, exposure to bile and inflammation and that it would be impossible to repair at the present time. Do you know if this sounds like accurate information. We are willing to transfer somewhere else, like Indiana University. I would appreciate any direction that you might be able to give me. I am desperate."

Kelly (Ohio)

"Last week I was at Johns Hopkins and they did give me an MRI of my gallbladder area and I noticed that it was written on the bottom of my script "2 years exp". I suddenly remembered what you said in the past about the statute of limitations and the statute of repose and how the doctors conspire to sit on our cases and just do nothing on purpose until those two time-limits expire and how you said wait and see if they finally respond when it did expire depending on what state I lived in. You were SO right! I had begged for an MRI, just like everyone else I know with this problem, for two years and nobody would do it. Now all of a sudden I can have it done? They told me they did not see anything wrong but offered me more tests such as an ultrasound of my bile duct...just like you said they would: tests, tests, tests but no real care. I'm not sure if I am going to do the tests or not. It is three hours driving to the hospital and three hours back home. I am too sick to make that trip and getting sicker all the time. My original surgeon called me and asked what was going on with me, pretending like he really cares."

Deb (Pennsylvania)

"Upon the insistence of his family practice quack insisting the gallbladder be removed my uncle

had surgery yesterday to remove his gallbladder. The surgeon came out of the operating room and told us there was nothing wrong with his gallbladder and he did not have any gallstones but said now he's got severe liver problems and accused my uncle of being a drunk--he is NOT a drinker and never was. I know this for a fact. I think the surgeon damaged his liver and is trying to pin blame on my uncle..."

"Never mind, my uncle died. He had a bile leak and lived just three days after the surgery."

Larry

"My brother had bowel cancer. But his doctors told him he needed his gallbladder taken out! The doctors KNEW he had bowel cancer BEFORE they told him he needed his gallbladder taken out but did not tell him that until AFTER the gallbladder surgery. They should have told him about the cancer FIRST! If he had been told about the cancer FIRST I am positive he would not have allowed them to take his gallbladder out. He came out of the surgery a total mess, all swollen in the abdomen and screaming in agony. They let him go like that a couple of days until he finally died from it--a terrible death.

I believe they did him like this to let residents practice gallbladder surgery on him because he had cancer and they figured they'd just use him up for their own benefit."

R.B. L. (New Jersey)

"I haven't spoken to you very much in the past year or two, and I am progressively getting worse as you can imagine. Are you aware of any reliable help that has developed in the past couple of years? I've tried again to see Dr. Meyers in Phila. He referred me to a liver transplant doctor, and possibly another ERCP, but nothing really came out of it, all he did was refer me back to the gastro dept. It was recommended to me by a friend to go to Univ. of Pittsburgh but I'm not sure if I can make it there and back without having a major problem. Besides, if no one will touch me in Phila. they probably won't in Pittsburgh. Your comments would be very much appreciated."

Debbie

"Thank you for responding so openly and clearly, and sadly realistically. I do believe because I travelled the country several years ago looking for help, that you are entirely correct. I believe you, I believe it is exactly as bad as all that, but there is still a piece of me that wants me to be able to slip thru the cracks and find some caring in this profession once one is injured by them. I believe they have cracks as they can't be perfect. But I have seen what you have seen too. I had radiologists minimize reports of MRI's and CTs too--when that started happening I knew there was a big problem. I also believe that part of my problem was NOT having a strong family go with me, who could advocate for me. I was patronized, lied to, and dismissed to go home with nothing, no diagnosis that meant anything and no treatment plan at all. Maybe you are right--maybe we can't even save a few of us this way. I was just hoping--as some seem to get lucky. Am sad to know that you are right...I'm foolishly over optimistic still after all that has happened--I don't know ALL the facts as you state them--tho I know MOST of them. I was brutally murdered. I'm just not dead yet--"

Bobbi

"I hope that you are still around (even though your online article made it very plain that you may not be at this time) because I am experiencing the very same problems and need some help for a diagnosis. Your story touched my heart and I was blown away by the amount of determination and fortitude you display in spite of this horrendous ordeal. I have been slowly declining....my body but not my spirit....and feel that I have so little time left here with my loved ones. I cannot fathom what you have experienced all these years. It is heart- wrenching. I am just starting on this journey (nightmare?) and am slowly awakening to the truth behind the veil of lies, distortions and out-right maliciousness on the part of our government, media, health care "industry" ...and more.

I am so sorry to hear that there are others (too many to count) like me in such excruciating pain after a Laparoscopic Cholecystectomy such as yourself. I had my operation in 2004 and have regretted it ever since. I'm beginning to believe that the lack of formal education that one has the faster they "dispose" of you. Not one doctor has said that my unrelenting pain and nausea could be from that procedure nor are they looking to connect the dots...I have though and what I have found is chilling. I did get Dr. P. at the facility they call a "teaching hospital" in Ann Arbor to admit that they do not know for sure if removing the gall bladder is such a smart idea after all. I have saved your article and read it frequently as it eerily mimics my situation. I hope to hear from you to know that you made it through this and are still

fighting...for whatever reasons they may be. I have to admit that I cried when I read your story. I am not alone anymore in this. Not that I desire someone else to suffer this egregious malpractice but just to not feel crazy. I have been told that I am possibly manifesting this process and yet I cannot fathom why the doctors would believe I would do such a thing. I have a true to life Cinderella story that I am living. I have no reason to conjure this suffering. They had me (even family members) almost believing that I am a malcontent and want to suffer...I now know they are the ones who fantasize while I live this reality alone. I know how difficult your life has been and want to thank you for all you have done on behalf of malpractice victims. Thank you. I hope you are still here on this Planet, Elizabeth, because you are needed. Thanks for listening."

Jamie (Michigan)

"I am unemployed and unemployable since 2002 due to the condition I found myself in after the surgery, this has turned out to be a year I can soon hope to forget...sigh. I'm located in Michigan, living with my parents due to the results of my ex dumping me soon as I started getting ill after the surgery and running off with everything but the debts, then I got hit with this and well if it wasn't for my family I'd be SOL, but now I need to help and take care of them in their time of need and I'm still hamstrung by these post surgery problems. Sometimes I feel like the test subject for Murphy's Law. I heard your story while looking up info on what could be my problem

using Google.com, actually the forum and story was featured repeatedly all over the place on the web and it was off that document I got and tried your original number. The fellow that answered was polite and seems he gets a few calls ever so often from people like me who got your old phone number off the web. Thanks for the other emailed info you sent me about the ABC broadcast, wish I had seen that one ahead of time, I seriously think I would have gone the old fashioned route open surgery if I had continued to have it removed if I'd only have known then what I know now. One other thing was post surgery the surgeon the one visit with him I got after surgery very quickly said scar tissue or something, after that all of my doctors refused to even broach the subject and of course the Surgeon refused to ever see or speak to me again even while I was having the onset of the post surgery problems."

Walter (Michigan)

"If possible, I need your help. I really need someone to talk to about my present health situation. I am starting to go out of my mind. If you remember, I had gallbladder surgery and they messed up somehow. It was about a month before I started having all the trouble and was not offered any repair or fix. I have had this burning in my bowels for over two years now. The extra bile that flows through me. I take Questan for some relief by it only helps so much. I don't want to bother you so often as I know you are not feeling well yourself. The fact that these doctors are "allowing me to die untreated" is unfathomable. I just can't accept it and I don't know how to deal with it. I ran all over creation trying to find some help, but like you said...they won't do anything for me. My days are getting worse and I am starting to live on pain killers. I think the worse thing is that my family and my husband's family think this is pretty much in my head and they are waiting for it to just go away. It's really hard to live with this when they don't believe me. I look like something is wrong but not something bad enough to kill me. I sure know different by the pain and suffering I am doing within. I come from a family with no cancer, diabetes, or heart conditions. My father and mother are in their 80's and my grandmother is 104. I wanted to put an ad in the paper like you did but I found out you have to divulge your name and address and I'm afraid to do that. If you know of someone in my similar situation that would be willing to email

back and forth, I would greatly appreciate it. Sorry for putting all this grim situation on you. I pray that your situation allows you to be in peace. I know that would be hard but peace is the only thing we can hope for."

D.C. (Pennsylvania)

"Sorry to bug you again. I imagine that you are very busy. I may have just done a really dumb thing out of desperation: Because my state's statute of limitations is not up yet, no one will fix what another doctor did, something extremely obvious. I have contacted a doctor (not the original doctor) and offered to sign away all rights to sue, whatever conditions, to please have it fixed. This is the first doctor to entertain helping me. My condition worsens with each doctor that turns me away, messes with my records, etc. Hopefully, even though it shouldn't be this way, I will find a doctor to help. I have yet to hear his terms. Should be interesting. Thanks for your website. Thank you for your "My Five Minutes" essay. I really needed to hear that I am not crazy, that this really happens."

Wendy

"I just read through your story with tears rolling down my face, I am a victim too, I have 10 months left to try to find an attorney that might be able to help me pay for some of the medical expenses I have incurred before my statute of limitations expires. And the expenses I will have the rest of my life. I am 28 years old and a mother of 3, Doctor's insisted I needed my gall bladder out, I didn't know any better, was never told about any complications. In fact I was told that I would have more chances of being struck by lightning driving myself to the hospital to have the procedure than anything going wrong. Four days after the procedure and calling and trying to get somebody to see me and telling them something was wrong and just given more pain med's, I went into shock in the middle of the night, I am assuming from pain and my husband had to call the EMT. I sat there (hospital) for 2 days in horrible pain which until now you are the first person that knows that pain, letting bile leak out and burn everything it touched. I could go on

and tell you the 2 and a half years of hospital stays and "procedures" and being told that no surgeon will operate on me, and even some doctors telling me nothing "SHOULD" be wrong! Everyday of my life I suffer, my children suffer and my husband suffer, and I keep getting told that what happen to me was within the "standard of care", but the truth being nobody wants to testify against the surgeon. My medications cost over \$1000.00 every month, I am on enough pain med's to kill a person a day just to be able to function. I have never been able to take my 2 year old son, who is almost three to the park by myself. Our whole life has been changed before it even got a chance to begin. I need help, I don't know where to go or who to ask about what this "standard of care" even is, a stint saved my life, but if it wasn't for my children and the love I feel for my husband I wouldn't have wanted it to. I would really love to talk with you and maybe you might have some information that could help me or vise versa . My prayers are with you and yours, and like the pain that I feel I wish to you moments of peace and moments of being pain free. Please contact me.

Melanie (Missouri)

"I accidently googled on your article and am glad I did. I'll just type a bit as I am not computer savvy and am not sure this will go through. I'm in pain, but there is of course this CONSPIRACY of silence/ CODE of silence. These doctors that I've seen must no doubt take a special course in how to lie as since October 25th, 2005, they all walk around like they have a broomstick stuck up their rear ends with their mouths all screwed up and their noses out of joint whenever I mention that I first realized I was being experimented upon when the low-life which I immediately realized was a "resident" doing the surgery said: "What do I do now? Do I cut deeper? Do I move more to the left?" Now the trainee and the assistant professor are both lying to the College of Physicians and Surgeons Of Ontario saying they met with me twice before the surgery and the trainee even had the audacity to pick out a date, September 27th, 2005 when he consulted with me. Never happened.. I wrote for the records and of course there is no such record. I never was there which of course I knew, but I wanted proof. Of course the College will stick up for these low-lifes...Lawyers take my retainer fee and say there's nothing wrong and that

I gave consent..Never happened... How can I publicize this? The newspapers, radio stations won't touch this..say they will get sued. WHERE CAN I WRITE TO GET THE MOST EXPOSURE? The general public needs to know about these yahoos."

Anne (Canada)

"I saw your article on the web, it was a while back but boy did it describe what I'm going through with a lawsuit against the V.A. Do you know how I can reach any of these people in this article?"

Kevin

"I had read your article recently. I want to say first off I admire your strength and your ability to speak out and get through all this. You have touched me by reading your story and are a very admirable woman. The problem of this woman I know is different from your story. I believe they messed her up. She was sent home basically to die at this point and she is only 35. I refuse to accept this for her as I research medicine myself and know the medical communities evil from my own life experience. I tried to get your phone number but it is unlisted. I called XXXXXXXX hoping for a family connection; she said she was a relative but wouldn't give me your phone number without your permission though she did direct me to your website where she said I could find your e-mail address. I just try and know as much as I can from now on and keep a watchful eye and pray that I will be in good hands as we cannot know everything. Its a horrible feeling to endure in many ways, but at least God has a very educated eye from yourself in this life with good instincts, a good heart and a good voice. Perhaps you're His angel?"

Kristina (New York)

"Sorry to write but I don't know how to handle much anymore. My husband wants to believe in me but he is finding it very, very hard. He told me this morning that my son wants to come up to the house and tell me off. I am so low today that I just want this miserable life to end, I'm sorry

to put my feelings into words but I know if anyone understands, it's you, and sometimes you just need to tell someone that REALLY TRULY understands. I have had the usual behavior, I've run around from doctor to doctor, had every imaginable medical tests, done all the unconventional herbs and procedures, have spent thousands and thousands and now we are about to sell our house for a smaller one due to the expenses we can now not afford. I have lost friends, which I believe are not REAL friends in the first place, I have family members that don't call or come around anymore due to the fact that I'm not any fun or they don't want my condition to dampen their lives. I have painful days and sleepless nights. My abdomen has a constant burn. My ribs hurt with a tight band of burning sensations round my chest area. My pains are mostly left sided. I try to sleep in an upright position with many pillows but find myself lying flat in the morning suffering with a choking feeling for air in my chest. I sometimes feel as if I'm going to explode. I have miserable nerve pain that tingles throughout my body and occasionally shakes my spine. I'm in a constant sweat. I retain water in my wrists and ankles, but it's better than the constant nerve pain. Otherwise, I try to do what's best for me and my health but what's the use, it only prolongs the agony. One day, I stormed into my surgeon's office and accused him of the wrongdoing but he only denied, denied, denied and sent me back to my gastro doctor. I really didn't expect anything different but it felt good anyway. This same surgeon told me early on not to run around from dr to dr , because they had the same equipment in their hospital that any other hospitals have. I often wonder how many other doctors have called him about my situation. I struggle to do the things around the house that need to be done. I put on a facade for my husband so that he is not so depressed. I lost my job of 16 years, and don't qualify for disability, unemployment, or social security. I did find a girl (37 years old) that I believe has the same type of problem, but she might be in denial too. She talked to me in the beginning but now avoids me so that it can't be true for her situation. She has my phone number and email address and I expect to hear from her in the future. Elizabeth, thank God for your website, without it me and people like me would still be totally in the dark. Too bad we need verification for unimaginable things like this. I sometime feel like ending this life on my own but one thing that I am most grateful for is that I have a wonderful husband, and I have a mother that BELIEVES ME and I can't do that to them or my son and grandson. I know many others must have had very different situations. I

hope you are as well as can be expected."

D.C. (Pennsylvania)

"I'm aware of all this but not as concretely as you've described it here. That's why I want to forward it around if I may."

Christina (Ohio) RN

"I have read your story on the internet. Thank you so much for sharing it. It has helped me a LOT. I now know so much more about what is happening to me, how and why. Thanks for your bravery. I don't pretend to know enough about your health condition to offer help, but just in case -- I sent Trudy some info."

Susan (Ohio)

"How are you feeling? I hope better. I have had a multitude of problems since my botched lap choly was performed in 2001. Another friend of mine who had this surgery has had numerous problems as well. I would like to know why this assault on the masses and the resulting problems has not been nationally covered as is the case with the surgery for weight loss. I reported my doctor, but nothing was done about him. He is still operating on other unsuspecting souls. I know for a fact that he was sued by another woman he butchered. She won over a million-dollar settlement. I found that out by pure coincidence. I contacted an attorney regarding him. When I mentioned his name the lawyer said, "I know him! I just won a big award against him in Luray for what he did to my client." It was here in Virginia also. He was surprised to hear that he was now practicing in my area. But he was not willing to take my case on contingency. He would take it only if I paid him \$300.00 an hour. Yeah, right! As if I could afford that!"

Michelle (Virginia)

Almost four years ago, I had laparoscopic gallbladder surgery. I was told I would be doing well in a few days. I was not! The doctor “specialist” recommended to me by my other doctors did my surgery, but a clip slipped off one of my ducts and I had a bile leak. Complications set in and I was back in the emergency room the same day I was released. The E.R. doctor said I was only constipated. The next day I was back in the E.R. and again was told nothing was wrong. The third day I was taken to the E.R. by ambulance after we called the specialist twice and four times were told my stomach pain could not be due to my surgery, Records show the specialist was called or attempted to be called each time I went to the E.R. plus two times by us. It turned out bile was leaking into my abdomen and tests showed it five days after surgery. We still don’t understand why the doctor specialist would claim my stomach pain couldn’t be due to my surgery when I spent 17 days in hospital. I returned home on new medications, in much poorer physical shape, and will never be the same. So, beware of specialist doctors—especially if they don’t spent much time with you or don’t listen to your questions or complaints of pain. Question your doctors fully about what they want to do and what complications are possible. Beware an “easy operation” that should only lay you up for a few days and comes with its accepted risks, just as it did with me. I would hate to see this happen to anyone else.

Leo (Iowa)

I was given an appointment for a early morning CT Scan. On the day of my appointment there was an ice storm. I live out in the country. The roads were too slippery to drive on so I cancelled my appointment. Later in the day the GI doctor who ordered the test called me to tell me he’d read my CT Scan and everything was normal. I played along, said: “Oh, you have my results in front of you right now?” He said “Yes, I have them right here, am looking at them.” I replied: “Well, that is sure interesting because I haven’t had the test done yet.” He didn’t say another word, just went silent for a few moments then hung up the phone. I don’t believe I will be going back there again.

Mary (LPN)

“Stop asking me to trust you
while I am still coughing up
water from the last time you
let me drown”

Author Unknown



Your Treatment Plan

If stones aren't causing major problems at this time, talk with your doctor about waiting for treatment. If you need treatment now, your doctor will explain which procedures you're a candidate for, and the advantages and disadvantages of each procedure. Your doctor will also discuss possible risks and complications.

Cholecystectomy

Removing the gallbladder through a single incision made in the abdomen (**cholecystectomy**) has traditionally been the best way to treat gallstones. Risks and complications include excessive bleeding or infection. Rarely, stones may still develop in the common bile duct, or the bile duct may be injured. Although uncommon, a neuroma (painful spot) or numbness may develop around the incision.

7

Laparoscopic Cholecystectomy

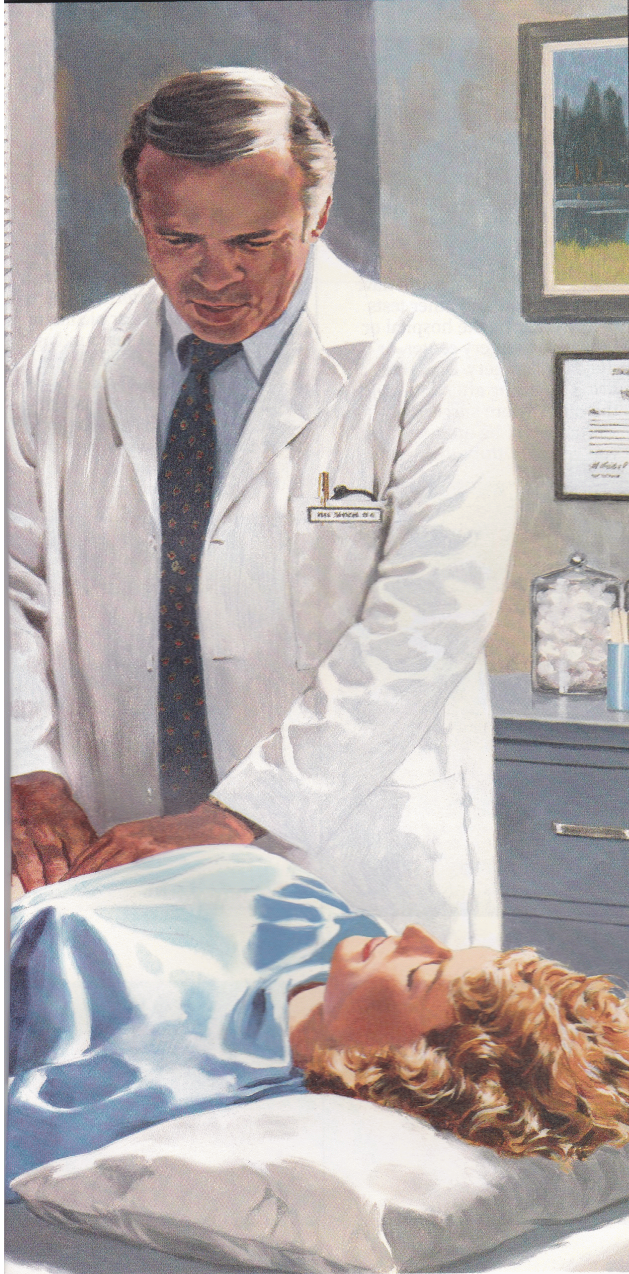
For this procedure, a **laparoscope** (a slender, telescopelike instrument used to view the gallbladder) is inserted through a tiny incision in the abdomen. Surgical instruments are inserted through other tiny incisions. The gallbladder is then removed through an incision in the navel. Risks and complications are similar to those for a traditional cholecystectomy.

Other Options

Medications can sometimes be used to dissolve gallstones. These drugs work slowly, work only on certain types of gallstones, and may need to be taken for your entire life. **Lithotripsy** uses shock waves to "crumble" some kinds of gallstones. The sandlike particles then pass through the bile ducts into the intestine. New stones may develop after the old ones have been eliminated.

In the introductory phase of training laparoscopic gallbladder surgery, the equipment manufacturing company published a booklet for surgeons to give to prospective surgery patients. Risks and complications are not mentioned anywhere in this first booklet, are wantonly omitted, when it was well-known at the time exactly how risky this new surgery is—as mentioned, abundantly, in the medical trade journals.

This is a scan of the page from the booklet I was given.



Treatment Plan

Laparoscopic cholecystectomy is an option for most people. However, your gallbladder will be removed through a single incision in your abdomen (open surgery) if your doctor feels it isn't safe to continue a laparoscopic cholecystectomy once it has begun. Laparoscopic cholecystectomy may not be appropriate if you

- have major scarring from previous surgery.
- have any bleeding disorders.
- are pregnant and near term.
- have a condition that will make it hard for your doctor to see with the laparoscope.

7

Risks and Complications

Any gallbladder surgery has possible risks and complications. These include:

- excessive bleeding
- infection
- injury to surrounding organs
- injury to the common duct

In addition, although rare, risks and complications of laparoscopic cholecystectomy include injury to the lower digestive tract.

Because the first booklet listed no risks or complications, and discouraged the non-surgical options as inferior to laparoscopic surgery, the equipment manufacturing company was made to change its booklet; this is the replacement page that lists the risks and complications—too late for the thousands of people already duped and sacrificed to the large, initial training swarm.

