BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended Accusation Against: Michael Solomon Katz, M.D. Physician's & Surgeon's Certificate No. A 131463 Respondent.	Case No. 800-2019-054353

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 9, 2022.

IT IS SO ORDERED: August 11, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
JOSEPH F. MCKENNA III
Deputy Attorney General
State Bar No. 231195
600 West Broadway, Suite 1800
San Diego, California 92101
P.O. Box 85266
San Diego, California 92186-5266
Telephone: (619) 738-9417
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended Accusation Against: **MICHAEL SOLOMON KATZ, M.D.** **838 Nordahl Road, Suite 270** **San Marcos, California 92069-3596** **Physician's and Surgeon's Certificate No. A 131463,** Respondent.	Case No. 800-2019-054353 OAH No. 2021060426 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, and by Joseph F. McKenna III, Deputy Attorney General.

2. Respondent Michael Solomon Katz, M.D. (Respondent) is represented in this proceeding by attorney Barton H. Hegeler, Esq., whose address is: 4660 La Jolla Village Drive, Suite 670, San Diego, California, 92122.

3. On or about June 28, 2014, the Board issued Physician's and Surgeon's Certificate No. A 131463 to Michael Solomon Katz, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Second Amended Accusation No. 800-2019-054353, and will expire on December 31, 2023, unless renewed.

JURISDICTION

4. On March 16, 2021, Accusation No. 800-2019-054353 was filed before the Board. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on March 16, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. On January 31, 2022, First Amended Accusation No. 800-2019-054353 was filed before the Board. A true and correct copy of the First Amended Accusation and all other statutorily required documents were properly served on Respondent on January 31, 2022.

6. On March 8, 2022, Second Amended Accusation No. 800-2019-054353 was filed before the Board, and is currently pending against Respondent. A true and correct copy of the Second Amended Accusation and all other statutorily required documents were properly served on Respondent on March 8, 2022. A true and correct copy of the Second Amended Accusation is attached hereto as Exhibit A and hereby incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in Second Amended Accusation No. 800-2019-054353. Respondent has also carefully read, discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

8. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations contained in the Second Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse

decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws, having been fully advised of same by his counsel.

9. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations contained in Second Amended Accusation No. 800-2019-054353, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. A 131463.

11. Respondent stipulates that, at a hearing, Complainant could establish a *prima facie* case or factual basis for the charges and allegations contained in the Second Amended Accusation; that he gives up his right to contest those charges and allegations contained in the Second Amended Accusation; and that he has thereby subjected his Physician's and Surgeon's Certificate to disciplinary action.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. Respondent agrees that if an accusation is ever filed against him before the Board, all of the charges and allegations contained in Second Amended Accusation No. 800-2019-054353 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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ADDITIONAL PROVISIONS

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent Michael Solomon Katz, M.D.'s Physician's and Surgeon's Certificate No. A 131463 shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand, which is issued in connection with the charges and allegations contained in Second Amended Accusation No. 800-2019-054353, is as follows:

1. PUBLIC REPRIMAND. On November 19, 2015, Respondent failed to perform an intraoperative cholangiogram during a laparoscopic cholecystectomy despite the patient's unclear anatomy, and injured the patient's portal vein.

2. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval forty (40) hours of educational program(s) or course(s) which shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the educational program(s) or course(s).

3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of enforcement, including legal review and expert review, as applicable, in the amount of eight thousand eight hundred seventy-seven dollars and fifty cents ($8,877.50). Costs shall be payable to the Board. Failure to pay such costs shall be considered a violation of this agreement and shall be deemed an act of unprofessional conduct and a separate and distinct basis for discipline.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

4. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Barton H. Hegeler, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 131463. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3-10-2022 Electronic Signature Attached

MICHAEL SOLOMON KATZ, M.D.
Respondent

I have read and fully discussed with Respondent Michael Solomon Katz, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 3·9·22

BARTON H. HEGELER, ESQ.
Attorney for Respondent

3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of enforcement, including legal review and expert review, as applicable, in the amount of eight thousand eight hundred seventy-seven dollars and fifty cents ($8,877.50). Costs shall be payable to the Board. Failure to pay such costs shall be considered a violation of this agreement and shall be deemed an act of unprofessional conduct and a separate and distinct basis for discipline.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

4. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Barton H. Hegeler, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 131463. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

MICHAEL SOLOMON KATZ, M.D
Respondent

I have read and fully discussed with Respondent Michael Solomon Katz, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____

BARTON H. HEGELER, ESQ.
Attorney for Respondent

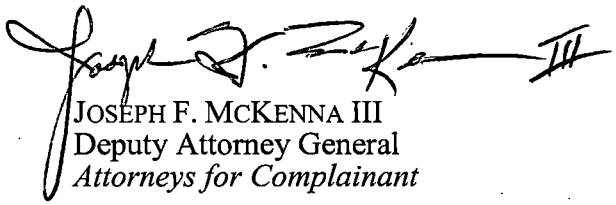
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: March 10, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



JOSEPH F. MCKENNA III
Deputy Attorney General
Attorneys for Complainant

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Doc.No.83304672

Exhibit A

Second Amended Accusation No. 800-2019-054353

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
JOSEPH F. MCKENNA III
Deputy Attorney General
State Bar No. 231195
600 West Broadway, Suite 1800
San Diego, California 92101
P.O. Box 85266
San Diego, California 92186-5266
Telephone: (619) 738-9417
Facsimile: (619) 645-2061

Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Second Amended Accusation Against: **MICHAEL SOLOMON KATZ, M.D.** **838 Nordahl Road, Suite 270** **San Marcos, California 92069-3596** **Physician's and Surgeon's Certificate No. A 131463,** Respondent.	Case No. 800-2019-054353 OAH No. 2021060426 **SECOND AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. William Prasifka (Complainant) brings this Second Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board), Department of Consumer Affairs.

2. On or about June 28, 2014, the Board issued Physician's and Surgeon's Certificate No. A 131463 to Michael Solomon Katz, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2023, unless renewed.

JURISDICTION

3. This Second Amended Accusation which supersedes the First Amended Accusation No. 800-2019-054353, filed on January 31, 2022, in the above-entitled matter, is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

STATUTORY PROVISIONS

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code states, in relevant part:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

...

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

...

6. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

7. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 131463 to disciplinary action under sections 2227 and 2234, as defined in section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

9. **Patient A**

(a) On or about October 13, 2015, Patient A, a then-34-year-old male, presented to the Emergency Department (ED) at Palomar Medical Center (PMC) with right upper quadrant pain and chills. Patient A complained of abdominal pain starting that same day, and he also related a previous episode of abdominal pain occurring approximately one week earlier.

(b) Based upon Patient A's presenting complaints and symptoms, the ED physician treating Patient A ordered labs and imaging studies including an ultrasound, CT scan, and a hepatobiliary iminodiacetic acid (HIDA) scan[2]. The ED physician also contacted Respondent to consult on Patient A.[3]

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[1] To protect the privacy of the patient involved in this matter, the patient's name has not been included in this pleading. Respondent is aware of the identity of Patient A.

[2] HIDA is an imaging procedure used to diagnose problems of the liver, gallbladder and bile ducts. The results of the HIDA scan performed on Patient A showed cystic duct obstruction and common duct obstruction.

[3] Respondent, a surgeon, was on-call at PMC on October 13, 2015.

(c) Respondent examined Patient A and evaluated the results of the labs and imaging studies previously ordered by the ED physician. Based upon the imaging studies, labs, and physical examination, Respondent diagnosed Patient A with acute cholecystitis[4]. Respondent recommended to Patient A that a laparoscopic cholesystectomy[5] with an intraoperative cholangiogram (IOC)[6] be performed. With Patient A's consent, he was admitted at PMC and Respondent performed the surgical procedure that same day.

(d) As stated in Respondent's October 13, 2015 operative report, at the time of surgery, due to the thickened wall and distention of the gallbladder, the gallbladder needed to be "aspirated" (drained) with a needle to assist in retracting it. Respondent identified a large amount of "edematous adhesions" (scarring) around the gallbladder that were taken down with blunt dissection and hook electrocautery. Respondent aborted the procedure after determining that "[d]espite careful dissection, the infundibulum of the gallbladder as well as the cystic duct could not be safely identified and dissected." A cholecystostomy tube[7] was placed in Patient A's gallbladder with a plan for an elective laparoscopic cholecystectomy in one month.

(e) On the first postoperative day, Patient A's liver function tests continued to rise and a gastroenterologist (Dr. R.F.) was consulted to evaluate Patient A. Dr.

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[4] Acute cholecystitis is sudden inflammation and irritation of the gallbladder.

[5] A laparoscopic cholecystectomy is the surgical removal of the gallbladder.

[6] An IOC is an X-ray of the bile ducts performed during surgery to remove a gall bladder. An IOC looks for gallstones that may be in the common bile duct, and it also allows a surgeon to see the anatomy of the bile duct system from the liver to the small intestine. Viewing the bile ducts before removal of the gallbladder may help ensure that the surgeon does not accidentally cut or damage the common bile duct.

[7] A cholecystostomy tube is a thin tube placed into the gallbladder, for the purpose of draining blocked and infected gallbladder fluid. The gallbladder fluid drains into a collection bag outside of the body.

R.F. performed an endoscopic retrograde cholangio pancreatography (ERCP)[8] and extracted a stone from the common bile duct.

(f) On the second postoperative day, Patient A continued to have right upper quadrant pain and it was noted that he was leaking bile fluid around the gallbladder drain. Upon further evaluation, it was determined that the cholecystostomy tube placed by Respondent was dislodged from the gallbladder. The drain was removed and a percutaneous cholecystostomy tube was placed on the patient. On the third postoperative day, Patient A was discharged from PMC.

(g) On or about November 19, 2015, Patient A presented to the ED at PMC complaining of abdominal pain. Patient A was readmitted with worsening pain and was taken to the operating room where Respondent attempted a second laparoscopic cholecystectomy.

(h) As stated in Respondent's November 19, 2015 operative report, at the time of surgery, Patient A's gallbladder was noted to be "severely scarred in." The scar tissue was again taken down with blunt dissection and hook electrocautery. Respondent had extensive difficulty in dissecting the gallbladder from the liver bed which produced profuse bleeding around the gallbladder. Respondent had to cauterize multiple dilated vessels during the dissection to control the bleeding. The gallbladder was dissected in a dome-down fashion.[9] According to the operative report, the cystic artery was clipped both proximally and distally, and the gallbladder was dissected down to the cystic duct and removed. Respondent also documented that the actual procedure took three (3) hours, which was much longer

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[8] ERCP is a procedure to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas. It combines X-ray and the use of an endoscope (long, flexible, lighted tube) which can locate and remove gallstones from blocked bile ducts.

[9] The dome-down technique is an alternative gall bladder dissection sequence used to reduce the risk for surgical complications in a cholecystectomy. Dissecting the gall bladder from the gall bladder bed first ("dome-down"), and subsequently following the gall bladder to the cystic duct, enables utilization of the preferred surgical principle of dissecting from known anatomy (gall bladder wall) to unknown anatomy (potentially difficult anatomy in the triangle of safety.)

than the normal amount of time required (1 hour), and that was due to the severe scarring of the gallbladder and profuse bleeding.

(i) During the second laparoscopic cholecystectomy, Respondent injured Patient A by fully transecting his common bile duct, and also injured his right portal vein.

(j) On or about June 24, 2020, at the interview that was part of the Medical Board investigation, Respondent stated that it was not standard of care "to proceed directly to an open cholecystectomy[10] when a patient is ... indicated for a laparoscopic cholecystectomy ..." Respondent then added, "in my practice, that's not something in my experience that I do ... especially since the majority of times when you go back in after drainage, the gallbladder is amenable to ... laparoscopic resection." Notably, Respondent, after aborting the first laparoscopic cholecystectomy due to complications involving severe scarring, inflammation, and aberrant anatomy – and despite encountering similar complications during the second procedure – still did not convert the second procedure to an open cholecystectomy. Significantly, when asked whether he was able to identify the "critical triangle of safety" (prior to transection of any ductal structures), Respondent admitted, "No, I was not." Another surgeon at PMC, Dr. J.S., consulted with Respondent during the surgery and assisted Respondent with the rest of the surgery. Respondent stated that the final decision was to convert the procedure to a laparoscopic dome-down approach to remove the gallbladder. Respondent stated that the initial plan was to have an IOC performed, but one was not performed during the surgery. According to Respondent, he considered doing a partial cholecystectomy[11] but decided against it due to complications.

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[10] In an open cholecystectomy, the surgeon removes the gallbladder through a single, large incision in the abdomen. Surgeons do most open cholecystectomy surgeries after trying first to remove the gallbladder with a simple laparoscopic cholecystectomy; and especially with patients who have scar tissue or other anatomical complications from prior abdominal surgeries.

[11] Partial cholecystectomy removes the majority of the gallbladder, leaving a portion of the neck, and occasionally the posterior wall of the gallbladder, in place. Partial cholecystectomy, whether performed open or laparoscopic, has been described as a safe and effective operation. It

10. Respondent committed repeated negligent acts in his care and treatment of Patient A including, but not limited to, the following:

(a) On November 19, 2015, during the surgery Respondent failed to perform an intraoperative cholangiogram despite Patient A's unclear anatomy; and

(b) On November 19, 2015, during the surgery Respondent injured Patient A's portal vein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 131463, issued to Respondent Michael Solomon Katz, M.D.;

2. Revoking, suspending or denying approval of Respondent Michael Solomon Katz, M.D.'s authority to supervise physician assistants pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Michael Solomon Katz, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: MAR 08 2022

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2020800847
Doc.No.83266462

Continuation of Footnote 11:

is indicated in cases of severe acute cholecystitis. When a surgeon faces difficulty in dissecting the critical triangle of safety ("Calot triangle"), in fear of right hepatic ductal injury or troublesome vascular tearing or fragmental loss of cystic duct by severe inflammatory change, partial cholecystectomy becomes an inevitable option during cholecystectomy.