

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

**In the Matter of the Accusation )  
Against: )  
)  
)  
JAMSHID ELIST, M.D. )  
)  
Physician's and Surgeon's )  
Certificate No. A35400 )  
)  
Respondent )  
\_\_\_\_\_ )**

**Case No. 800-2015-016513**

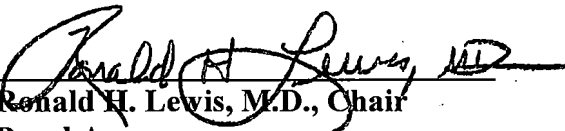
**DECISION**

**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 August 16, 2019.**

**IT IS SO ORDERED July 18, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
Ronald H. Lewis, M.D., Chair  
Panel A

1 XAVIER BECERRA  
Attorney General of California  
2 E. A. JONES III  
Supervising Deputy Attorney General  
3 CHRISTINE R. FRIAR  
Deputy Attorney General  
4 State Bar No. 228421  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6472  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case Nos. 800-2015-016513; 800-2015-017521

13 **JAMSHID ELIST, M.D.**  
8500 Wilshire Blvd., # 707  
14 Beverly Hills, California 90211

OAH No. 2018110936

15 Physician's and Surgeon's Certificate  
No. A 35400,

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

16  
17 Respondent.

18  
19 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Xavier Becerra, Attorney General of the State of California, by Christine R. Friar,  
25 Deputy Attorney General.

26 2. Respondent Jamshid Elist, M.D. (Respondent) is represented in this proceeding by  
27 attorneys James C. Schaeffer and Charles A. Mainieri of Boyce Schaeffer Mainieri LLP, located  
28 at: 500 Esplanade Drive, Suite 950, Oxnard, California 93036 and Peter Osinoff of Bonne

1 Bridges, located at: 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071-1562.

2 3. On or about June 23, 1980, the Board issued Physician's and Surgeon's Certificate  
3 No. A 35400 to Jamshid Elist, M.D. (Respondent). The Physician's and Surgeon's Certificate was  
4 in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-  
5 016513, and will expire on June 30, 2020, unless renewed.

6 **JURISDICTION**

7 4. Accusation No. 800-2015-016513 was filed before the Board, and is currently  
8 pending against Respondent. The Accusation and all other statutorily required documents were  
9 properly served on Respondent on August 27, 2018. Respondent timely filed his Notice of  
10 Defense contesting the Accusation.

11 5. A copy of Accusation No. 800-2015-016513 is attached as Exhibit A and  
12 incorporated herein by reference.

13 **ADVISEMENT AND WAIVERS**

14 6. Respondent has carefully read, fully discussed with counsel, and understands the  
15 charges and allegations in Accusation No. 800-2015-016513. Respondent has also carefully read,  
16 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
17 Disciplinary Order.

18 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
19 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
20 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
21 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
22 documents; the right to reconsideration and court review of an adverse decision; and all other  
23 rights accorded by the California Administrative Procedure Act and other applicable laws.

24 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
25 every right set forth above.

26 **CULPABILITY**

27 9. Respondent admits the truth of the charges and allegations in the Second Cause for  
28 Discipline in Accusation No. 800-2015-016513, except lines 18-21 on page 10 of Accusation No.

1 800-2015-016513.

2 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
3 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
4 Disciplinary Order below.

5 **CONTINGENCY**

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

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

19 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
20 the Board may, without further notice or formal proceeding, issue and enter the following  
21 Disciplinary Order:

22 **DISCIPLINARY ORDER**

23 **A. PUBLIC REPRIMAND**

24 IT IS HEREBY ORDERED THAT Physician's and Surgeon's Certificate No. A 35400  
25 issued to Jamshid Elist, M.D., shall be and is hereby publicly reprimanded pursuant to California  
26 Business and Professions Code section 2227, subdivision (a)(4). This public reprimand, which is  
27 issued in connection with Respondent's care and treatment of Patient 2 as set forth in the Second  
28 Cause for Discipline in Accusation No. 800-2015-016513, is as follows:

1 "You failed to maintain adequate and accurate medical records in your care and treatment  
2 of Patient 2 in violation of Business and Professions Code section 2266, as more fully  
3 described in the Second Cause for Discipline set forth in Accusation No. 800-2015-  
4 016513."

5 **B. MEDICAL RECORD KEEPING COURSE**

6 IT IS FURTHER ORDERED THAT within sixty (60) calendar days of the effective date of  
7 this Decision, Respondent shall enroll in a course in medical record keeping approved in advance  
8 by the Board or its designee. Respondent shall provide the approved course provider with any  
9 information and documents that the approved course provider may deem pertinent. Respondent  
10 shall participate in and successfully complete the classroom component of the course not later  
11 than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
12 complete any other component of the course within one (1) year of enrollment. The medical  
13 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
14 Medical Education ("CME") requirements for renewal of licensure.

15 A medical record keeping course taken after the acts that gave rise to the charges in the  
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
17 or its designee, be accepted towards the fulfillment of this condition if the course would have  
18 been approved by the Board or its designee had the course been taken after the effective date of  
19 this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its  
21 designee not later than fifteen (15) calendar days after successfully completing the course, or not  
22 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

23 If Respondent fails to enroll, participate in, or successfully complete the medical record  
24 keeping course within the designated time period, Respondent shall receive a notification from  
25 the Board or its designee to cease the practice of medicine within three (3) calendar days after  
26 being so notified. Respondent shall not resume the practice of medicine until enrollment or  
27 participation in the medical record keeping course has been completed. Failure to successfully  
28 complete the medical record keeping course outlined above shall constitute unprofessional

1 conduct and is grounds for further disciplinary action.

2 **ACCEPTANCE**

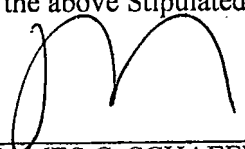
3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
4 discussed it with my attorneys, James C. Schaeffer, Charles A. Mainieri and Peter Osinoff. I  
5 understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate.  
6 I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and  
7 intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
8 California.

9 DATED: May 7, 2019

  
10 JAMSHID ELIST, M.D.  
Respondent

11 I have read and fully discussed with Respondent Jamshid Elist, M.D. the terms and  
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
13 I approve its form and content.

14 DATED: 5/7/19

  
15 JAMES C. SCHAEFFER  
16 CHARLES A. MAINIERI  
17 PETER OSINOFF  
Attorney for Respondent

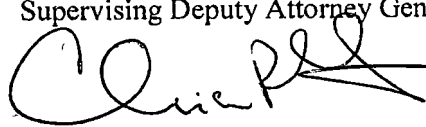
18 **ENDORSEMENT**

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

21 Dated:

Respectfully submitted,

22 XAVIER BECERRA  
23 Attorney General of California  
24 E. A. JONES III  
Supervising Deputy Attorney General



25 CHRISTINE R. FRIAR  
26 Deputy Attorney General  
27 Attorneys for Complainant

28 53360577.docx

**Exhibit A**

**Accusation No. 800-2015-016513**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 State Bar No. 155307  
California Department of Justice  
4 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
5 Telephone: (213) 269-6453  
Facsimile: (213) 897-9395  
6 *Attorneys for Complainant*

**FILED**  
**STATE OF CALIFORNIA**  
**MEDICAL BOARD OF CALIFORNIA**  
**SACRAMENTO** *Aug 27 20 18*  
BY *[Signature]* ANALYST

7  
8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 800-2015-016513

11 Jamshid Elist, M.D.  
12 8500 Wilshire Blvd., # 707  
13 Beverly Hills, California 90211

**A C C U S A T I O N**

14 Physician's and Surgeon's Certificate  
No: A 35400,

15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).

22 2. On or about June 23, 1980, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number A 35400 to Jamshid Elist, M.D. (Respondent). That Physician's and  
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
25 herein and will expire on June 30, 2020, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following  
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.



1           4.     Section 2227 of the Code states:

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

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

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

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

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

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

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

21           5.     Section 2234 of the Code, states:

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

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

27           “(b) Gross negligence.

28           “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or

1 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
2 the applicable standard of care shall constitute repeated negligent acts.

3 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
4 for that negligent diagnosis of the patient shall constitute a single negligent act.

5 “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
6 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
7 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
8 applicable standard of care, each departure constitutes a separate and distinct breach of the  
9 standard of care.

10 “(d) Incompetence.

11 “(e) The commission of any act involving dishonesty or corruption which is substantially  
12 related to the qualifications, functions, or duties of a physician and surgeon.

13 “(f) Any action or conduct which would have warranted the denial of a certificate.

14 “(g) The practice of medicine from this state into another state or country without meeting  
15 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
16 apply to this subdivision. This subdivision shall become operative upon the implementation of  
17 the proposed registration program described in Section 2052.5.

18 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
19 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
20 who is the subject of an investigation by the board.”

21 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
22 adequate and accurate records relating to the provision of services to their patients constitutes  
23 unprofessional conduct.”

#### 24 FACTS

#### 25 Patient 1<sup>1</sup>

26 7. Patient 1 is a 37-year-old man who contacted Respondent expressly for the purpose of  
27 undergoing penile enhancement therapy. The records indicate that the patient was aware of

28 <sup>1</sup> The patients herein are described numerically to protect their privacy.

1 various options to address his medical problem, aware of the controversial nature of surgery,  
2 aware of the pros and cons, risks and benefits of different treatment options and specifically  
3 reached out to Respondent from Pennsylvania to undergo a procedure that Respondent advertises  
4 and supports. The patient reviewed a brochure and reviewed Respondent's website with respect  
5 to this procedure, the indications and the outcomes but was not informed of the complications that  
6 might ensue with an explant, if necessary.

7 8. Respondent evaluated Patient 1 for the first time on February 24, 2014, and the  
8 patient was scheduled for surgery on the same day. Respondent diagnosed penile dysmorphia  
9 (this is not a recognized clinical diagnosis--the preferred term refers to "Body Dysmorphic  
10 Disorder, emphasis on penile size"). Respondent's notes reflect that Patient 1 was dissatisfied  
11 with penile length and girth in the flaccid condition. Surgery was performed on February 24,  
12 2014, at which point a suprapubic incision allowed entrance to the dorsum of the penis and a soft  
13 silicone rod was trimmed and implanted subcutaneously, oversewn with mesh distally, irrigated  
14 with antibiotic solution and given topical antibiotic coverage. This was performed as an  
15 outpatient in an ambulatory surgery center and the patient was followed as an outpatient for the  
16 next few days.

17 9. Patient 1 was given explicit instructions on wound care emphasizing that he should  
18 not put pressure on the penis, should not engage in sexual activity, should not resume smoking  
19 nor the use of alcohol for a number of weeks until the area was well-healed. Patient 1 flew home  
20 from Beverly Hills to Pennsylvania but remained in close contact with Respondent's office via e-  
21 mail, supplying numerous follow up comments about his course and numerous pictures.

22 10. Patient 1's communications indicate that he challenged the recommendations from  
23 Respondent's office on numerous occasions and resumed alcohol use, tobacco use and vigorous  
24 sexual activity before he was fully healed. By the patient's own admission, he was extremely  
25 sexually active up to four times a day and had vigorous pressure on the penis from lap dancing at  
26 a point in time when Patient 1 felt he was healed but Respondent did not think Patient 1 was  
27 healed. As a consequence, the patient developed soreness in the penis and ultimately penile skin  
28 breakdown with erosion of the device through the dorsum of the penile shaft. After a lengthy

1 intensive trial of conservative therapy at a distance, over the phone and via e-mail, the patient  
2 returned to California because the device had eroded and become infected. He then underwent  
3 device removal.

4 11. On May 27, 2014, as an outpatient, the device was removed via the same suprapubic  
5 incision due to "inappropriate sexual and physical behavior" according to Respondent's notes.  
6 Vigorous antibiotic therapy and antibiotic irrigation were used at this surgery and a scar revision  
7 was undertaken.

8 12. Patient 1 returned home and was in frequent contact with Respondent's office  
9 regarding his course of therapy. Numerous medications, many of which are not standard therapy,  
10 were recommended for wound healing and to enhance the resolution of scar tissue including local  
11 Kenalog injections (a steroid). During this interval, the patient was no longer sexually active.

12 13. Patient 1 was extremely interested in pursuing a new implant and wished to have the  
13 re-implant done at the earliest possible opportunity. Respondent's notes indicate that he put the  
14 patient off until such time as it appeared the wound had completely healed and risks for re-  
15 implant were minimized. Patient 1's demands for the re-implant were aggressive requesting that  
16 the surgery be done as early as possible. Respondent's notes and e-mails show that he told  
17 Patient 1 that the repeat surgery should wait until the wound was completely healed and risk of  
18 further complications were minimized.

19 14. Patient 1 used a number of nonstandard medications to enhance wound healing. He  
20 took a prolonged course of antibiotics after the May 27, 2014, explant to minimize wound  
21 infection. Ultimately, a decision was made to re-implant the penile prosthesis. At the same time,  
22 Patient 1 requested a bilateral testicular prosthesis be implanted to enhance the size of the  
23 testicles.

24 15. Respondent committed to the testicular implant but did not commit on the penile re-  
25 implant until he had examined the patient and determined that he was a good candidate. On  
26 October 27, 2014, five months following explant for extrusion, repeat surgery was performed and  
27 an "extra large-sized penile prosthesis" (larger than the original implant) was placed into the  
28 dorsum of the penile shaft in a subcutaneous position and, at the same time, through separate

1 lateral high scrotal incisions, bilateral testicular prostheses were also placed. The patient  
2 underwent vigorous wound irrigation with antibiotics (but not standard according to AUA  
3 protocols), IV antibiotics and a course of oral antibiotics thereafter. This was performed at an  
4 ambulatory surgery center as an outpatient, but the patient followed up daily for the next several  
5 days to ensure early proper wound healing. Ultimately, the suprapubic drain was removed and  
6 the patient was discharged back home.

7 16. Patient 1 again used numerous nonstandard medications to enhance wound healing  
8 and minimize complications but he ultimately developed evidence of erosion again on the dorsum  
9 of the penis. By March 2, 2015, the device had eroded once again on the dorsum of the penis in  
10 two spots (the same two spots of erosion that had occurred before) and the patient underwent a  
11 repeat explant of the second device. The patient returned home to Pennsylvania where he noticed  
12 considerable serosanguinous drainage from the penis and ultimately presented to a local  
13 emergency room where he underwent repeat surgery for control of bleeding and drainage.

14 17. Patient 1 healed, but now complains of deformed erections, difficulty achieving  
15 erections and scarring that causes retraction and tethering of the penile shaft with erection. He  
16 has contacted numerous other urologists to investigate reconstructive surgery but has not  
17 undertaken it so far because of the expense involved.

18 **Patient 2**

19 18. Patient 2 is a 54-year-old anesthesiologist from Texas who sought treatment from  
20 Respondent on August 4, 2015, for complaints of a tethered left spermatic cord with high-riding  
21 left testicle following a left hernia repair in 1994, which caused scarring of the left spermatic  
22 cord. On the intake form Patient 2 indicates his displeasure with his penile length and girth. On  
23 physical examination Respondent also noted that Patient 2 was dissatisfied with his penile  
24 dimensions. Notwithstanding, Respondent's notes indicate that Patient 2's genital size  
25 preoperatively was within normal limits. Based on the patient's subjective displeasure with the  
26 dimensions of his penis, Respondent diagnosed penile dysmorphia. Rather than recommend  
27 counseling for Body Dysmorphic Disorder-emphasis on penile size, Respondent recommended  
28 surgical enhancement with a foreign body.

1           19. Patient 2 maintains that he was misinformed of the complications (only "1 in a  
2 million") and was told by Respondent that the implant was free of consequences and free of  
3 complications, despite the multipage informed consent form. Patient 2 further claims that he had  
4 no preoperative complaints of erectile dysfunction or performance problems.

5           20. On August 4, 2015, Patient 2 underwent a left spermatic cord release, orchidopexy  
6 and penile solid silicone rod subcutaneous implant procedures. He had no intraoperative or initial  
7 post-operative complications. He returned home to Texas.

8           21. Shortly thereafter, Patient 2 complained of irritation and swelling of the penis, painful  
9 sexual activity, temporary numbness of the penile shaft and difficulty voiding and ejaculating.  
10 Patient 2 sought consultation from a local urologist who found that the penile implant was  
11 compressing the urethra leading to obstruction upon erection, causing attempts at voiding or  
12 ejaculation to create proximal ballooning of the urethra. The implant device was in imminent  
13 danger of eroding the surrounding tissue.

14           22. By September 20, 2015, Patient 2 advised Respondent of his desire to have the  
15 implant removed. Respondent strongly recommended that only he be allowed to perform the  
16 removal surgery, as any other urologist would likely lead to disastrous complications. Patient 2  
17 consulted with a second urologist in California, Dr. G.A., who confirmed inappropriate placement  
18 of the penile implant causing Patient 2's complications. On December 9, 2015, Dr. G.A. removed  
19 Patient 2's penile implant and revised the penile scar tissue. There were no complications and  
20 Patient 2 returned to Texas.

21           23. Patient 2 remained dissatisfied with the resulting scarring of the penis, which caused a  
22 dorsal curvature of the penis. Additionally, the penis was now shortened by 2.5 inches. Patient 2  
23 returned to California and consulted with urology reconstruction specialist, Dr. J.G. at the  
24 University of California, Irvine. Patient 2 underwent another surgical procedure on March 26,  
25 2016, for exploration, revision and excision of scar tissue and plaque. The surgery was somewhat  
26 successful, as the penis was elongated and had less curvature, but was not returned to it's  
27 preoperative state.

28           24. Patient 2 underwent a fourth surgery with Dr. J.G. on November 29, 2016, to correct

1 the upward dorsal curvature. By December 20, 2016, Patient 2 was improved with less curvature,  
2 greater length and less pain, however, he still had not returned to his preoperative state.

3 25. Respondent's website and letterhead indicate that he is board certified by the  
4 American Board of Urology; however, his board certification was dropped as of February 28,  
5 2016.

6 26. The standard of care requires the surgeon to perform necessary surgery to relieve the  
7 effects of illness and injury following a full informed consent, but to deny a patient surgery on  
8 demand that is considered unnecessary. A complete and proper evaluation and diagnosis should  
9 be made before full informed consent is offered. The informed consent includes indications for  
10 surgery, the nature of intervention, pros and cons, risks and benefits, potential complications,  
11 outcomes and side effects and the ensuing course of medical therapy. When the patient presents  
12 with psychological disorders, it is the surgeon's duty to address the psychological issues and  
13 patient dissatisfaction rather than immediately offering surgery. When surgery is offered for  
14 cosmetic complaints, it is the duty of the surgeon to offer sufficient time for the patient to  
15 consider the pros and cons and the consent discussion before committing to surgery.

16 27. It is appropriate and within the standard of care to offer surgery for conditions to  
17 correct or alleviate the effects of medical disease. All of the patient's complaints should be  
18 addressed, but those that are not supported by objective findings should not undergo surgical  
19 intervention until all other options have been considered. Surgery, even when reversed, may lead  
20 to scarring and other changes that cannot be totally corrected.

21 28. The standard of care requires that when the surgeon uses subcutaneous materials to  
22 enhance penile length and girth, he/she needs to place them deep enough to not cause extrusion,  
23 while simultaneously not intruding on existing tissue, especially the urethra. Such devices and  
24 materials are generally placed on the dorsal aspect of the penis to avoid urethral compression.

25 **FIRST CAUSE FOR DISCIPLINE**

26 **(Repeated Negligent Acts)**

27 29. Respondent Jamshid Elist, M.D. is subject to disciplinary action under section 2234,  
28 subdivision (c) in that Respondent engaged in repeated negligent acts. The circumstances are as

1 follows:

2 **Patient 1**

3 30. Respondent's choice to repeat the surgery and place an extra large penile implant five  
4 months following explant in the area that had previously extruded, represents a simple departure  
5 from the standard of care.

6 31. Respondent's use of an extra large implant (larger than the original implant) and the  
7 failure to use special protocols to reduce subsequent complications represents a simple departure  
8 from the standard of care.

9 **Patient 2**

10 32. Respondent failed to give Patient 2 a full informed consent as to the indications for a  
11 penile enhancement surgery. Respondent also failed to afford Patient 2 the proper opportunity to  
12 consider his other options prior to undergoing surgery. These failures constitute a simple  
13 departure from the standard of care.

14 33. Respondent encouraged Patient 2 to undergo a second, unrelated surgery, without  
15 evidence that the penile implant was necessary. It is a simple departure from the standard of care  
16 to add an additional unnecessary surgery beyond that which was anticipated, for a condition not  
17 previously diagnosed.

18 34. Respondent improperly placed the penile implant<sup>2</sup> in Patient 2, along with surgical  
19 mesh. The improper placement led to compression of the urethra and other complications,  
20 including danger of implant extrusion, ballooning of the proximal urethra with ejaculation and  
21 voiding, extensive scar formation, and foreshortening of penile length by 2.5 inches. The failure  
22 to properly place the implant and surgical mesh is a simple departure from the standard of care.

23 35. It is a simple departure from the standard of care for Respondent to continue to claim  
24 and advertise that he is board certified by the American Board of Urology, when his board  
25 certification expired on February 28, 2016.

26 //

27 \_\_\_\_\_  
28 <sup>2</sup> Either improper placement of the device or improper size of the implant used caused the  
urethral compression and danger of implant extrusion.



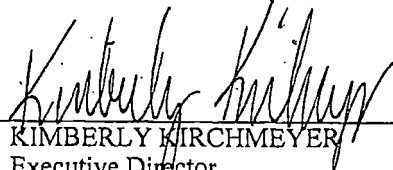


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3. Ordering Jamshid Elist, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: August 27, 2018



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

LA2018600484