

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

In the Matter of the Accusation
Against:

Alexander Arkadievich Krakovsky,
M.D.

Physician's and Surgeon's
License No. A81711

Respondent.

Case No. 800-2019-051847

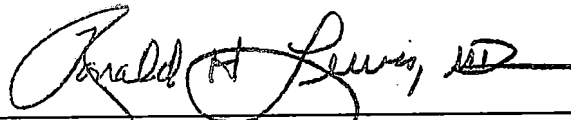
DECISION

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 February 24, 2021.

IT IS SO ORDERED: January 25, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

15 **ALEXANDER ARKADIEVICH**
16 **KRAKOVSKY, M.D.**
P.O. Box 724
La Jolla, CA 92038-0724

17 **Physician's and Surgeon's Certificate**
18 **No. A 81711**

19 Respondent.

Case No. 800-2019-051847

OAH No. 2020030812

20 **STIPULATED SETTLEMENT AND**
21 **DISCIPLINARY ORDER**

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

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
26 California (Board). He brought this action solely in his official capacity and is represented in this
27 matter by Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy
28 Attorney General.

///

1 CULPABILITY

2 9. Respondent admits the truth of each and every charge and allegation in Accusation
3 No. 800-2019-051847.

4 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
5 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
6 Disciplinary Order below.

7 CONTINGENCY

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

18 12. Respondent agrees that if he ever petitions for early termination or modification of
19 probation, or if an accusation and/or petition to revoke probation is filed against him before the
20 Board, all of the charges and allegations contained in Accusation No. 800-2019-051847 shall be
21 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
22 other licensing proceeding involving Respondent in the State of California.

23 ADDITIONAL PROVISIONS

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

27 ///

28 ///

1 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
2 Medical Education (CME) requirements for renewal of licensure.

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

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the course, or not later than
10 15 calendar days after the effective date of the Decision, whichever is later.

11 3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
12 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
13 program approved in advance by the Board or its designee. Respondent shall successfully
14 complete the program not later than six (6) months after Respondent's initial enrollment unless
15 the Board or its designee agrees in writing to an extension of that time.

16 The program shall consist of a comprehensive assessment of Respondent's physical and
17 mental health and the six general domains of clinical competence as defined by the Accreditation
18 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
19 Respondent's current or intended area of practice. The program shall take into account data
20 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
21 Accusation(s), and any other information that the Board or its designee deems relevant. The
22 program shall require Respondent's on-site participation for a minimum of three (3) and no more
23 than five (5) days as determined by the program for the assessment and clinical education
24 evaluation. Respondent shall pay all expenses associated with the clinical competence
25 assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee
27 which unequivocally states whether the Respondent has demonstrated the ability to practice
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the
2 scope and length of any additional educational or clinical training, evaluation or treatment for any
3 medical condition or psychological condition, or anything else affecting Respondent's practice of
4 medicine. Respondent shall comply with the program's recommendations.

5 Determination as to whether Respondent successfully completed the clinical competence
6 assessment program is solely within the program's jurisdiction.

7 If Respondent fails to enroll, participate in, or successfully complete the clinical
8 competence assessment program within the designated time period, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. The Respondent shall not resume the practice of medicine
11 until enrollment or participation in the outstanding portions of the clinical competence assessment
12 program have been completed. If the Respondent did not successfully complete the clinical
13 competence assessment program, the Respondent shall not resume the practice of medicine until a
14 final decision has been rendered on the accusation and/or a petition to revoke probation. The
15 cessation of practice shall not apply to the reduction of the probationary time period.

16 4. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
17 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
18 where: 1) Respondent merely shares office space with another physician but is not affiliated for
19 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
20 location.

21 If Respondent fails to establish a practice with another physician or secure employment in
22 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
23 Respondent shall receive a notification from the Board or its designee to cease the practice of
24 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
25 practice until an appropriate practice setting is established.

26 If, during the course of the probation, the Respondent's practice setting changes and the
27 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
28 shall notify the Board or its designee within five (5) calendar days of the practice setting change.

1 If Respondent fails to establish a practice with another physician or secure employment in an
2 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
3 shall receive a notification from the Board or its designee to cease the practice of medicine within
4 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
5 appropriate practice setting is established.

6 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
7 performing phalloplasty. After the effective date of this Decision, all patients being treated by the
8 Respondent shall be notified that the Respondent is prohibited from performing phalloplasty.
9 Any new patients must be provided this notification at the time of their initial appointment.

10 Respondent shall maintain a log of all patients to whom the required oral notification was
11 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
12 medical record number, if available; 3) the full name of the person making the notification; 4) the
13 date the notification was made; and 5) a description of the notification given. Respondent shall
14 keep this log in a separate file or ledger, in chronological order, shall make the log available for
15 immediate inspection and copying on the premises at all times during business hours by the Board
16 or its designee, and shall retain the log for the entire term of probation.

17 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
18 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
19 Chief Executive Officer at every hospital where privileges or membership are extended to
20 Respondent, at any other facility where Respondent engages in the practice of medicine,
21 including all physician and locum tenens registries or other similar agencies, and to the Chief
22 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
23 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
24 calendar days.

25 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

26 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
27 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
28 advanced practice nurses.

1 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
2 governing the practice of medicine in California and remain in full compliance with any court
3 ordered criminal probation, payments, and other orders.

4 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
5 under penalty of perjury on forms provided by the Board, stating whether there has been
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
8 of the preceding quarter.

9 10. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit.

12 Address Changes

13 Respondent shall, at all times, keep the Board informed of Respondent's business and
14 residence addresses, email address (if available), and telephone number. Changes of such
15 addresses shall be immediately communicated in writing to the Board or its designee. Under no
16 circumstances shall a post office box serve as an address of record, except as allowed by Business
17 and Professions Code section 2021, subdivision (b).

18 Place of Practice

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
21 facility.

22 License Renewal

23 Respondent shall maintain a current and renewed California physician's and surgeon's
24 license.

25 Travel or Residence Outside California

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
27 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
28 (30) calendar days.

1 In the event Respondent should leave the State of California to reside or to practice,
2 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
3 departure and return.

4 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
5 available in person upon request for interviews either at Respondent's place of business or at the
6 probation unit office, with or without prior notice throughout the term of probation.

7 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
10 defined as any period of time Respondent is not practicing medicine as defined in Business and
11 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
12 patient care, clinical activity or teaching, or other activity as approved by the Board. If
13 Respondent resides in California and is considered to be in non-practice, Respondent shall
14 comply with all terms and conditions of probation. All time spent in an intensive training
15 program which has been approved by the Board or its designee shall not be considered non-
16 practice and does not relieve Respondent from complying with all the terms and conditions of
17 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
18 on probation with the medical licensing authority of that state or jurisdiction shall not be
19 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
20 period of non-practice.

21 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
22 months, Respondent shall successfully complete the Federation of State Medical Board's Special
23 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
24 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
25 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26 Respondent's period of non-practice while on probation shall not exceed two (2) years.

27 Periods of non-practice will not apply to the reduction of the probationary term.

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;
3 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
4 Controlled Substances; and Biological Fluid Testing..

5 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
6 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
7 completion of probation. Upon successful completion of probation, Respondent's certificate shall
8 be fully restored.

9 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
10 of probation is a violation of probation. If Respondent violates probation in any respect, the
11 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
12 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
13 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
14 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
15 the matter is final.

16 15. LICENSE SURRENDER. Following the effective date of this Decision, if
17 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
18 the terms and conditions of probation, Respondent may request to surrender his or her license.
19 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
20 determining whether or not to grant the request, or to take any other action deemed appropriate
21 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
22 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
23 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
24 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
25 application shall be treated as a petition for reinstatement of a revoked certificate.

26 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
27 with probation monitoring each and every year of probation, as designated by the Board, which
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
4 a new license or certification, or petition for reinstatement of a license, by any other health care
5 licensing action agency in the State of California, all of the charges and allegations contained in
6 Accusation No. 800-2019-051847 shall be deemed to be true, correct, and admitted by
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
8 restrict license.

9 ACCEPTANCE

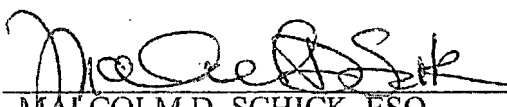
10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorney, Malcolm D. Schick, Esq. I fully understand the stipulation and the
12 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
13 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be
14 bound by the Decision and Order of the Medical Board of California.

15
16 DATED: 11/13/2020


17 ALEXANDER ARKADIEVICH KRAKOVSKY,
18 M.D.
19 Respondent

20 I have read and fully discussed with Respondent Alexander Arkadievich Krakovsky, M.D.
21 the terms and conditions and other matters contained in the above Stipulated Settlement and
22 Disciplinary Order. I approve its form and content.

23
24 DATED: 11/13/20


25 MALCOLM D. SCHICK, ESQ.
26 Attorney for Respondent
27
28

1 ENDORSEMENT

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

4 DATED: November 13, 2020

Respectfully submitted,

5 XAVIER BECERRA
6 Attorney General of California
7 MATTHEW M. DAVIS
8 Supervising Deputy Attorney General

9 *Jason Ahn*

10 JASON J. AHN
11 Deputy Attorney General
12 *Attorneys for Complainant*

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14 82558624.docx

Exhibit A

Accusation No. 800-2019-051847

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO
BY W. Francis Jan 29 20 20
ANALYST

8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:
15 **Alexander Arkadievich Krakovsky, M.D.**
16 **P.O. Box 724**
17 **La Jolla, CA 92038-0724**
18 **Physician's and Surgeon's Certificate**
19 **No. A 81711,**
20 **Respondent.**

Case No. 800-2019-051847

ACCUSATION

21 **PARTIES**

22 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity
23 as the Interim Executive Director of the Medical Board of California, Department of Consumer
24 Affairs (Board).

25 2. On or about January 24, 2003, the Medical Board issued Physician's and Surgeon's
26 Certificate No. A 81711 to Alexander Arkadievich Krakovsky, M.D. (Respondent). The
27 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
28 charges brought herein and will expire on June 30, 2020, unless renewed.

///

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 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:

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

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

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

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

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

17 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
18 medical review or advisory conferences, professional competency examinations,
19 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.

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

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

23 ...

24 (b) Gross negligence.

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

28 ///

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

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

6 (d) Incompetence.

7 ...

8 6. Section 2266 of the Code states:

9 The failure of a physician and surgeon to maintain adequate and accurate
10 records relating to the provision of services to their patients constitutes unprofessional
conduct.

11 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
12 which breaches the rules or ethical code of the medical profession, or conduct which is
13 unbecoming a member in good standing of the medical profession, and which demonstrates an
14 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
15 575.)

16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Gross Negligence)**

18 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 81711 to
19 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
20 the Code, in that he committed gross negligence in his care and treatment of Patient A¹, as more
21 particularly alleged hereinafter:

22 **Patient A**

23 9. Patient A presented to Respondent in 2011² for a penile lengthening procedure. On
24 or about May 8, 2013, Patient A returned to Respondent for penile augmentation surgery. At that
25 time, Patient A was a thirty-six (36) year-old dentist from Canada. There are no consent forms

26 _____
27 ¹ References to "Patient A" are used to protect patient privacy.

28 ² Conduct occurring more than seven (7) years from the filing of this Accusation is for
informational purposes only and is not alleged as a basis for disciplinary action.

1 signed by Patient A for this procedure. Respondent failed to adequately discuss and/or failed to
2 document having adequately discussed alternatives to the proposed procedure. Respondent failed
3 to provide and/or failed to document having provided Patient A with an adequate opportunity to
4 ask questions, if any, and/or to clarify Patient A's understanding of the procedure to be performed
5 and its complications. Respondent performed "penile triple augmentation" procedure, which
6 consisted of penile suprapubic revision with scar excision and removal, girth enhancement
7 utilizing Belladerm³ two sheets and glandular enhancement utilizing Belladerm two sheets.
8 Neither the American Urological Association (AUA) nor the American Society of Plastic
9 Surgeons (ASPS) has endorsed and/or approved this procedure. Neither the AUA nor the ASPS
10 regulates this procedure. Respondent is not certified by the American Board of Plastic Surgery.
11 Respondent does not have residency or a board-recognized fellowship in urology.

12 10. On or about May 23, 2013, Patient A returned to Respondent with a partial wound
13 dehiscence⁴.

14 11. On or about May 24, 2013, Respondent debrided the portion of Patient A's graft that
15 was exposed through the wound, refreshed the edges of the wound, cleaned the wound, and left
16 the graft in place.

17 12. On or about May 29, 2013, Respondent removed the Belladerm graft from Patient
18 A's penis, performed a debridement of the wound, cleaned the wound, and closed the wound.

19 13. On or about July 7, 2013, Patient A returned to Respondent because he had developed
20 scar tissue in his suprapubic area with associated severe penis retraction. Respondent
21 recommended removal of the scar tissue in order to release Patient A's retracted penis. Patient A
22 purportedly signed consent forms for this procedure. The consent forms were superfluous and/or
23 redundant and/or difficult for the average person to understand. The consent forms were not
24 signed or dated by a witness. Respondent failed to adequately discuss and/or failed to document
25 having adequately discussed with Patient A alternatives to the proposed procedure. Respondent

26 ³ Belladerm is a human allograft skin which is minimally processed to remove epidermal
27 and dermal cells and is packaged in an ethanol solution.

28 ⁴ Wound dehiscence is when a surgical incision reopens either internally or externally.

1 failed to provide and/or failed to document having provided Patient A with an adequate
2 opportunity to ask questions, if any, and/or to clarify Patient A's understanding of the procedure
3 to be performed and its complications.

4 14. On or about July 8, 2013, Patient A returned to Respondent. Respondent performed
5 suprapubic reconstruction on Patient A. During this procedure, Respondent failed to properly
6 identify the location of Patient A's spermatic cord and failed to recognize that he caused vascular
7 injury resulting in a loss of blood supply to Patient A's left testicle. In the medical records,
8 Respondent noted, among other things, that there was "a large amount of very solid scar tissue . . .
9 scar tissue was not only in the suprapubic area, but also spread [to] upper, lower, and to both sides
10 . . . bleeding was encountered but controlled."

11 15. On or about July 9, 2013 and on or about July 10, 2013, Patient A returned to
12 Respondent for a post-operative visit, following the July 8, 2013 surgery. Respondent failed to
13 examine and/or failed to document having examined Patient A's scrotum on both post-operative
14 visits. Patient A returned to Canada.

15 16. On or about July 22, 2013, Patient A sent an e-mail to Respondent stating, among
16 other things, "the left testicle is still swollen and hard, it seems fixated." In reply, Respondent
17 sent an e-mail to Patient A, stating, among other things, "the testicle is very far down from where
18 the reconstruction was performed."

19 17. On or about August 8, 2013, Patient A sent an e-mail to Respondent stating, among
20 other things, that Patient A's [left] testicle is "still blueish."

21 18. On or about August 10, 2013, Patient A sent an e-mail to Respondent stating, among
22 other things, "is it possible that I have torsion⁵ of the testicle?" In response, Respondent sent an
23 e-mail to Patient A, stating, among other things, "if you don't have pain there is no torsion."

24 19. On or about September 15, 2013, Respondent sent an e-mail to Patient A stating,
25 among other things, "Scar tissue compromised the blood supply recruiting blood vessels from the
26

27 ⁵ Testicular torsion is a twisting of the male organ that makes hormones and sperm
28 (testicle).

1 testicle supply and upon scar tissue removal the supply to the testicle unfortunately was
2 compromised.”

3 20. Thereafter, Patient A underwent left orchiectomy⁶ to remove his dead left testicle.

4 21. Respondent committed gross negligence in his care and treatment of Patient A, which
5 included, but was not limited to, the following:

6 (a) Respondent failed to properly identify the location of Patient A’s spermatic cord
7 and failed to recognize that he caused vascular injury resulting in a loss of blood supply to
8 Patient A’s left testicle.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts)**

11 22. Respondent has further subjected his Physician’s and Surgeon’s Certificate No.
12 A 81711 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
13 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
14 treatment of Patients A⁷, B, C, and D, as more particularly alleged hereinafter:

15 **Patient A**

16 23. Paragraphs 9 through 21, above, are hereby incorporated by reference and realleged
17 as if fully set forth herein.

18 **Patient B**

19 24. On or about February 5, 2013, Patient B presented to Respondent seeking “triple
20 augmentation” of his penis, consisting of penial lengthening, girth enhancement, and pubic
21 liposuction. At the time, Patient B was a twenty-six (26) year-old male from the United
22 Kingdom. Patient B purportedly signed consent forms for this procedure. The consent forms
23 were superfluous and/or redundant and/or difficult for the average person to understand. The
24 consent forms were not signed or dated by a witness. Respondent failed to adequately discuss
25 and/or failed to document having adequately discussed with Patient B alternatives to the proposed
26 procedure. Respondent failed to provide and/or failed to document having provided Patient B

27 ⁶ Orchiectomy is a surgical procedure in which one or both testicles are removed.

28 ⁷ References to “Patients A, B, C, and D” are used to protect patient privacy.

1 with an adequate opportunity to ask questions, if any, and/or to clarify Patient B's understanding
2 of the procedure to be performed and its complications.

3 25. On or about February 5, 2013, Respondent performed a penile "triple augmentation"
4 surgery on Patient B. Respondent harvested two grafts from Patient B's buttocks and sewed them
5 together. Respondent then performed a pubic liposuction removing 300 cc of fat. Then,
6 Respondent released Patient B's suspensory ligaments of the penis. Respondent made an
7 incision, created a pocket, and sutured the graft to Patient B's penis. Neither the American
8 Urological Association (AUA) nor the American Society of Plastic Surgeons (ASPS) has
9 endorsed and/or approved this procedure. Neither the AUA nor the ASPS regulates this
10 procedure. Respondent is not certified by the American Board of Plastic Surgery. Respondent
11 does not have residency or a board-recognized fellowship in urology.

12 **Patient C**

13 26. On or about April 15, 2013, Patient C presented to Respondent seeking a penile
14 "triple augmentation" surgery consisting of glandular enhancement, pubic liposuction, and
15 suspensory ligament release, and a placement of Belladerm graft to enhance penile girth. At that
16 time, Patient C was a fifty-three (53) year-old medical doctor. Patient C purportedly signed
17 consent forms for this procedure. The consent forms were superfluous and/or redundant and/or
18 difficult for the average person to understand. The consent forms were not signed or dated by a
19 witness. Respondent failed to adequately discuss and/or failed to document having adequately
20 discussed with Patient C alternatives to the proposed procedure. Respondent failed to provide
21 and/or failed to document having provided Patient C with an adequate opportunity to ask
22 questions, if any, and/or to clarify Patient C's understanding of the procedure to be performed and
23 its complications.

24 27. On or about April 15, 2013, Respondent performed penile "triple augmentation"
25 surgery on Patient C, consisting of pubic liposuction, penile suspensory ligament release, and
26 "ultra thick" Belladerm graft placement. Neither the American Urological Association (AUA)
27 nor the American Society of Plastic Surgeons (ASPS) has endorsed and/or approved this
28 procedure. Neither the AUA nor the ASPS regulates this procedure. Respondent is not certified

1 by the American Board of Plastic Surgery. Respondent does not have residency or a board-
2 recognized fellowship in urology.

3 28. On or about April 22, 2013, Patient C called Respondent's office complaining of a
4 problem with the skin on the shaft of his penis. Respondent received a picture from Patient C and
5 discovered that an area below Patient C's subcoronal⁸ incision had turned black. Through a
6 telephonic discussion with Patient C, Respondent determined that Patient C inability to control
7 erections and overuse of Betadine⁹ during dressing change "burned" Patient C's skin.

8 29. On or about May 13, 2013, Patient C returned to Respondent. Respondent noted,
9 among other things, that Patient C's penis had an open wound with the graft visible. Respondent
10 recommended Patient C to undergo a revision of the wound and a possible graft removal.

11 30. On or about May 14, 2013, Respondent performed revision procedure on Patient C.
12 After wound irrigation, Respondent freshened the skin edges, and closed the wound without
13 removing the graft. Wound cultures were negative.

14 **Patient D**

15 31. On or about May 30, 2013, Patient D presented to Respondent seeking a penile
16 enhancement surgery. Patient D purportedly signed consent forms for this procedure. The
17 consent forms were superfluous and/or redundant and/or difficult for the average person to
18 understand. The consent forms were not signed or dated by a witness. Respondent failed to
19 adequately discuss and/or failed to document having adequately discussed with Patient D
20 alternatives to the proposed procedure. Respondent failed to provide and/or failed to document
21 having provided Patient D with an adequate opportunity to ask questions, if any, and/or to clarify
22 Patient D's understanding of the procedure to be performed and its complications.

23 32. On or about May 30, 2013, Respondent performed penile enhancement surgery on
24 Patient D with glandular enhancement and implantation of a 4.5 mm thick Belladerm graft to
25 further improve Patient D's penile girth. Neither the American Urological Association (AUA)

26 _____
27 ⁸ Subcoronal refers to the area near the head of the penis.

28 ⁹ Betadine (Povidone-iodine) is a topical antiseptic that provides infection protection
against a variety of germs for minor cuts, scrapes, and burns.

1 nor the American Society of Plastic Surgeons (ASPS) has endorsed and/or approved this
2 procedure. Neither the AUA nor the ASPS regulates this procedure. Respondent is not certified
3 by the American Board of Plastic Surgery. Respondent does not have residency or a board-
4 recognized fellowship in urology.

5 33. Respondent committed repeated negligent acts in his care and treatment of Patients A,
6 B, C, and D, which included, but was not limited to, the following:

7 (a) Respondent failed to properly identify the location of Patient A's spermatic cord and
8 failed to recognize that he caused vascular injury resulting in a loss of blood supply to
9 Patient A's left testicle;

10 (b) Respondent failed to properly obtain informed consent from Patient A;

11 (c) Respondent performed an unapproved, unregulated procedure on Patient A without
12 adequate training and/or experience;

13 (d) Respondent failed to properly obtain informed consent from Patient B;

14 (e) Respondent performed an unapproved, unregulated procedure on Patient B without
15 adequate training and/or experience;

16 (f) Respondent failed to properly obtain informed consent from Patient C;

17 (g) Respondent performed an unapproved, unregulated procedure on Patient C without
18 adequate training and/or experience;

19 (h) Respondent failed to properly obtain informed consent from Patient D; and

20 (i) Respondent performed an unapproved, unregulated procedure on Patient D without
21 adequate training and/or experience.

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1 THIRD CAUSE FOR DISCIPLINE

2 (Incompetence)

3 34. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 A 81711 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (d), of the Code, in that he was incompetent in his care and treatment of Patients A,
6 B, C, and D, as more particularly alleged hereinafter:

7 **Patient A**

8 35. Paragraphs 9 through 21 above, are incorporated by reference and realleged as if fully
9 set forth herein.

10 36. Respondent was incompetent, in his care and treatment of patient A, including, but
11 not limited to, the following:

12 (a) Respondent performed an unapproved, unregulated procedure on Patient A without
13 adequate training and/or experience.

14 **Patient B**

15 37. Paragraphs 24 through 25 above, are incorporated by reference and realleged as if
16 fully set forth herein.

17 38. Respondent was incompetent, in his care and treatment of Patient B, including, but
18 not limited to, the following:

19 (a) Respondent performed an unapproved, unregulated procedure on Patient B without
20 adequate training and/or experience.

21 **Patient C**

22 39. Paragraphs 26 through 30 above, are incorporated by reference and realleged as if
23 fully set forth herein.

24 40. Respondent was incompetent, in his care and treatment of Patient C, including, but
25 not limited to, the following:

26 (a) Respondent performed an unapproved, unregulated procedure on Patient C without
27 adequate training and/or experience.

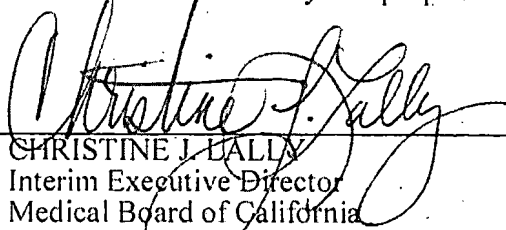
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PRAYER

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 81711, issued to Alexander Arkadievich Krakovsky, M.D.;
2. Revoking, suspending or denying approval of Alexander Arkadievich Krakovsky, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Alexander Arkadievich Krakovsky, 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: JAN 29 2020


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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