

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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
Deputy Attorney General  
4 State Bar No. 231195  
600 West Broadway, Suite 1800  
5 San Diego, California 92101  
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6 San Diego, California 92186-5266  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

12 In the Matter of the Second Amended  
Accusation Against:

13 **MICHAEL SOLOMON KATZ, M.D.**  
14 **838 Nordahl Road, Suite 270**  
**San Marcos, California 92069-3596**  
15 **Physician's and Surgeon's Certificate**  
16 **No. A 131463,**

17 Respondent.

Case No. 800-2019-054353

OAH No. 2021060426

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

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

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

6   **JURISDICTION**

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

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

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

19   **ADVISEMENT AND WAIVERS**

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

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

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

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

5 **CULPABILITY**

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

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

14 **CONTINGENCY**

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

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

28 ////

1 **ADDITIONAL PROVISIONS**

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

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

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

11 **DISCIPLINARY ORDER**

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

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

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

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

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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  
BARTON H. HEGELER, ESQ.  
*Attorney for Respondent*

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

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

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

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

14 ACCEPTANCE

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

20  
21 DATED: \_\_\_\_\_   
22 MICHAEL SOLOMON KATZ, M.D.  
Respondent

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

26  
27 DATED: \_\_\_\_\_  
28 BARTON H. HEGELER, ESQ.  
Attorney for Respondent

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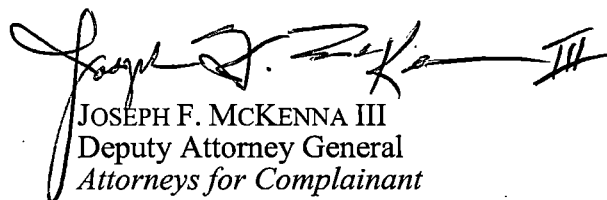
**ENDORSEMENT**

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*

SD2020800847  
Doc.No.83304672



**Exhibit A**

**Second Amended Accusation No. 800-2019-054353**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOSEPH F. MCKENNA III  
Deputy Attorney General  
4 State Bar No. 231195  
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7 Facsimile: (619) 645-2061

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 Second Amended Accusation  
Against:

Case No. 800-2019-054353  
OAH No. 2021060426

15 **MICHAEL SOLOMON KATZ, M.D.**  
838 Nordahl Road, Suite 270  
16 San Marcos, California 92069-3596

**SECOND AMENDED ACCUSATION**

17 **Physician's and Surgeon's Certificate**  
18 **No. A 131463,**

Respondent.

19  
20 Complainant alleges:

21 **PARTIES**

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

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

1 JURISDICTION

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

6 STATUTORY PROVISIONS

7 4. Section 2227 of the Code states:

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

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

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

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

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

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

23 (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
24 medical review or advisory conferences, professional competency examinations,  
25 continuing education activities, and cost reimbursement associated therewith that are  
26 agreed to with the board and successfully completed by the licensee, or other matters  
27 made confidential or privileged by existing law, is deemed public, and shall be made  
28 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.

...

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

5 **COST RECOVERY**

6 7. Section 125.3 of the Code states:

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

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

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

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

28 (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.

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

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

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

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

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

13 9. **Patient A**

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

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

23  
24 <sup>1</sup> 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.

25 <sup>2</sup> HIDA is an imaging procedure used to diagnose problems of the liver, gallbladder and  
26 bile ducts. The results of the HIDA scan performed on Patient A showed cystic duct obstruction  
and common duct obstruction.

27 <sup>3</sup> Respondent, a surgeon, was on-call at PMC on October 13, 2015.  
28

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

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

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

20 ////

21 <sup>4</sup> Acute cholecystitis is sudden inflammation and irritation of the gallbladder.

22 <sup>5</sup> A laparoscopic cholecystectomy is the surgical removal of the gallbladder.

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

28 <sup>7</sup> 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.

1 R.F. performed an endoscopic retrograde cholangio pancreatography (ERCP)<sup>8</sup> and  
2 extracted a stone from the common bile duct.

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

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

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

23 <sup>8</sup> ERCP is a procedure to diagnose and treat problems in the liver, gallbladder, bile ducts,  
24 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.

25 <sup>9</sup> The dome-down technique is an alternative gall bladder dissection sequence used to  
26 reduce the risk for surgical complications in a cholecystectomy. Dissecting the gall bladder from  
27 the gall bladder bed first ("dome-down"), and subsequently following the gall bladder to the  
28 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.)

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

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

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

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

28 <sup>11</sup> 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



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

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

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

7 **PRAYER**

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

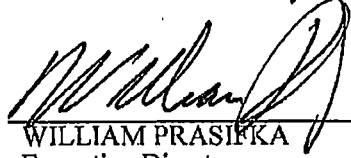
10 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 131463, issued  
11 to Respondent Michael Solomon Katz, M.D.;

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

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

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

19  
20 DATED: MAR 08 2022

  
21 WILLIAM PRASIFKA  
22 Executive Director  
23 Medical Board of California  
24 Department of Consumer Affairs  
25 State of California  
26 Complainant

24 SD2020800847  
25 Doc.No.83266462

26 Continuation of Footnote 11:

27 is indicated in cases of severe acute cholecystitis. When a surgeon faces difficulty in dissecting  
28 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.