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

13 In the Matter of the Accusation Against:

Case No. 800-2022-093530

14 **STAN GORDON POULOS, M.D.**
15 **350 Bon Air Road, Suite 300**
Greenbrae, CA 94904

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. G 31262,**

18 Respondent.

19
20 **PARTIES**

21 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
22 the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 (Board).

24 2. On or about November 28, 1975, the Medical Board issued Physician's and
25 Surgeon's Certificate No. G 31262 to Stan Gordon Poulos, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on November 30, 2025, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

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5. Section 2234 of the Code, states, in pertinent 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.

(b) Gross negligence.

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

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

6 ...

7 COST RECOVERY

8 6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
9 administrative law judge to direct a licensee found to have committed a violation or violations of
10 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
11 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
12 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
13 included in a stipulated settlement.

14 FIRST CAUSE FOR DISCIPLINE

15 (Gross Negligence)

16 7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 31262 to
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
18 the Code, in that Respondent was grossly negligent in his care and treatment of Patients A and B¹,
19 as more particularly alleged hereinafter:

20 PATIENT A

21 8. On or about November 22, 2022, Patient A, a then forty-year-old female, presented to
22 Plastic Surgery Specialists (PSS) for a plastic surgery consultation with Respondent. Patient A
23 had a medical history that included excision of a benign liver tumor approximately ten years prior
24 resulting in multi-organ failure and a large chevron scar on her abdomen. On exam, Respondent
25 noted Patient A had a very prominent wing-shaped scar of upper subcostal areas with underlying
26 adhesions and hypertrophic scarring. Respondent recommended a standard abdominoplasty,²

27 ¹ To protect the privacy of the patients involved, the patients' names have not been
28 included in this pleading. Respondent is aware of the identity of the patients referred to herein.

² Abdominoplasty (also known as a "tummy tuck") is a surgical procedure that involves
the removal of excess skin and fat from the middle and lower abdomen.

1 breast augmentation, fat transfer, and scar revision in a two-stage approach. Even with a two-
2 stage approach, Respondent informed Patient A that there was a potential limitation of vascularity
3 to the upper abdomen due to her previous surgery, but he believed after many years he would
4 expect healthy vascularization. Respondent did not at this visit, or any visit thereafter, order or
5 obtain a soft tissue vascularity study of Patient A's abdomen or perform any other pre-surgical
6 investigation of blood supply to Patient A's abdomen.

7 9. On or about December 8, 2022, Patient A presented to Respondent for a second
8 plastic surgery consultation. At this visit, Respondent recommended abdominoplasty, breast
9 augmentation, and fat transfer for Patient A's first surgery. Respondent informed Patient A that
10 he cannot predict whether her abdominal scar will affect the viability of the abdominal flap,
11 which could result in wound healing problems and need for further surgery.³

12 10. On or about January 31, 2023, Respondent performed a breast augmentation,
13 abdominoplasty, liposuction with fat transfer, and supratrochanteric thigh depression on Patient
14 A.

15 11. On or about February 7, 2023, Patient A presented to Respondent for her first post-
16 operative visit. On exam, Respondent noted blistering on Patient A's central abdomen, which he
17 assumed was related to decreased vascularity due to her previous chevron incision of her upper
18 abdomen.

19 12. Between on or about February 9, 2023, and on or about March 6, 2023, Patient A
20 presented to PSS for multiple post-operative visits. Throughout that time, Patient A developed
21 worsening dysvascularity on her abdomen, evidenced by two areas of black eschar and open
22 wounds consistent with nonviable tissue.

23 13. On or about March 4, 2023, Patient A presented to the emergency department at
24 UCSF Hospital with complaints of abdominal pain and poor wound healing. Patient A was
25 diagnosed with full thickness abdominal wall necrosis and subsequently underwent excisional
26 debridement of the abdominal wound.

27 ³ At his subject interview on November 1, 2023, Respondent indicated that a large
28 incision over the abdomen can interfere with blood supply, but after a 10-year period, he would
not expect Patient A's chevron scar to be a complicating mechanism.

1 14. Respondent committed gross negligence in his care and treatment of Patient A by
2 performing an abdominoplasty on a patient with questionable vascularity without first obtaining a
3 soft tissue vascularity study or other pre-operative investigation of blood supply to Patient A's
4 abdomen.

5 PATIENT B

6 15. On or about November 1, 2022, Patient B, a then sixty-seven-year-old female,
7 presented to PSS for a virtual plastic surgery consultation with Respondent. Patient B had a
8 complicated medical history that included hypothyroidism, obstructive sleep apnea, high
9 cholesterol, depression, obesity, high blood pressure, and a recent stroke in February 2022.
10 Patient B took multiple medications for her various medical conditions, including daily aspirin.
11 Respondent informed Patient B that he felt she was a good candidate for a face and neck lift,
12 blepharoplasty,⁴ and bilateral brachioplasty.⁵

13 16. On or about November 8, 2022, Patient B presented to Respondent for an in-person
14 plastic surgery consultation. Respondent recommended a face and neck lift with fat transfer,
15 lower blepharoplasty, and brachioplasty. Respondent noted Patient B had a previous basilar
16 artery stroke and required clearance from her primary care physician.

17 17. On or about November 11, 2022, Patient B's neurologist informed Respondent that it
18 would be acceptable from a neurological standpoint that Patient B be off aspirin for the day
19 before and day of her plastic surgery procedure.

20 18. On or about November 14, 2022, Respondent's physician assistant J.T. (J.T.) spoke
21 with Patient B's primary care physician, Dr. M.G., who expressed concerns about Patient B
22 having an elective surgery given her current health conditions and history of recent stroke.

23 19. On or about November 16, 2022, J.T. spoke with Dr. M.G. a second time. During
24 that discussion, Dr. M.G. again expressed concern about Patient B undergoing a six-hour
25 procedure under general anesthesia given her history of recent stroke, and the fact that Patient B

26 ⁴ Blepharoplasty (also known as an "eye lift") is a surgical procedure that involves the
27 removal of excess skin from the eyelids.

28 ⁵ Brachioplasty (also known as an "arm lift") is a surgical procedure that involves the
removal of excess skin and tissue from the upper arms.

1 was still recovering from the stroke and walking with a cane. Dr. M.G. recommended
2 Respondent stage the procedures to ensure Patient B would be under general anesthesia for less
3 time. J.T. informed Respondent about this discussion, but Respondent decided to proceed with
4 the surgery as planned.

5 20. On or about November 21, 2022, Patient B presented to Respondent for her face and
6 neck lift, lower blepharoplasty, and bilateral brachioplasty. During her preoperative evaluation,
7 Patient B's thrombosis risk factor assessment revealed Patient B to be high risk, and Respondent
8 noted Patient B was taking her daily aspirin. The total anesthesia time for Patient B's surgery on
9 that day was approximately six hours and twenty-six minutes.

10 21. On or about November 22, 2022, Patient B presented to Respondent for a post-
11 operative visit. On exam, Respondent noted marked swelling, generalized edema, and hematoma.
12 Respondent recommended warm compresses and informed Patient B that he will open and drain
13 if the bleeding persists.

14 22. On or about November 23, 2022, Patient B called PSS multiple times to report
15 significant pain and swelling in her neck.

16 23. On or about November 25, 2022, Patient B presented to the emergency department at
17 Marin Health Medical Center with complaints of worsening facial bruising and swelling, and
18 subsequently underwent an evacuation of a hematoma.

19 24. Respondent committed gross negligence in his care and treatment of Patient B by
20 performing a long elective surgery on a patient with a prior recent neurologic event, without
21 paying sufficient attention to her anticoagulation status and disregarding the medical clearance
22 recommendation.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 25. Respondent has further subjected his Physician's and Surgeon's Certificate No.
4 G 31262 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and
6 treatment of Patients A and B, as more particularly alleged in paragraphs 7 through 24 above,
7 which are hereby incorporated by reference and realleged as if fully set forth herein.

8 **PRAYER**

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

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 31262, issued
12 to Respondent Stan Gordon Poulos, M.D.;
- 13 2. Revoking, suspending, or denying approval of Respondent Stan Gordon Poulos,
14 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Respondent Stan Gordon Poulos, 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.

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20 DATED: MAY 13 2024

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22 REJI VARGHESE
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant
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