

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

**In the Matter of the Accusation
Against:**

Arus Zograbyan, M.D.

**Physician's and Surgeon's
Certificate No. A 76345**

Respondent.

Case No.: 800-2022-085849

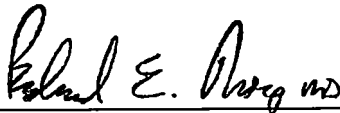
DECISION

The attached Stipulated Settlement and Disciplinary 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 October 18, 2024.

IT IS SO ORDERED: September 19, 2024.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6475
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

13 **ARUS ZOGRABYAN, M.D.**
14 **1300 N. Vermont Avenue, Suite 307**
Los Angeles, CA 90027-6061
15 **Physician's and Surgeon's Certificate**
No. A 76345,

16 Respondent.
17

Case No. 800-2022-085849

OAH No. 2024010754

**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. Reji Varghese (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, by Rebecca L. Smith, Deputy
25 Attorney General.

26 2. Arus Zograbyan, M.D. (Respondent) is represented in this proceeding by attorney
27 Derek O'Reilly-Jones, whose address is 355 South Grand Avenue, Suite 1750, Los Angeles,
28 California 90071-1562.

3. On or about August 22, 2001, the Board issued Physician's and Surgeon's Certificate No. A 76345 to Respondent. That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-085849, and will expire on March 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-085849 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 27, 2023. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-085849 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-085849. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2022-085849, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2022-085849, a true and correct copy of which is attached hereto as Exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate, No. A 76345 to disciplinary action.

11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's Disciplinary Order set forth below.

CONTINGENCY

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

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

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

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

///

///

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 76345 issued to Respondent Arus Zograbyan, M.D. is Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient 1, as set forth in Accusation No. 800-2022-085849, is as follows:

You committed acts constituting negligence in violation of Business and Professions Code section 2234, subdivisions (b) and (c), with respect to your obstetrical post-partum care and treatment of a single patient in 2018, as set forth in Accusation No. 800-2022-085849.

B. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for forty (40) hours of CME in satisfaction of this condition.

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

If Respondent fails to enroll, participate in, or successfully complete the educational program(s) or course(s) within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days

1 after being so notified. Respondent shall not resume the practice of medicine until enrollment or
2 participation in the educational program(s) or course(s) has been completed. Failure to
3 successfully complete the educational program(s) or course(s) outlined above shall constitute
4 unprofessional conduct and is grounds for further disciplinary action.

5 **C. INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is hereby
6 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
7 \$15,862.40 (fifteen thousand eight hundred sixty-two dollars and forty cents), payable within
8 sixty (60) calendar days of the effective date of this Decision. Costs shall be payable to the
9 Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct
10 and is grounds for further disciplinary action.

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

13 The filing of bankruptcy by Respondent shall not relieve her of the responsibility to repay
14 investigation and enforcement costs.

15 **D. FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for
16 a new license or certification, or petition for reinstatement of a license, by any other health care
17 licensing action agency in the State of California, all of the charges and allegations contained in
18 Accusation No. 800-2022-085849 shall be deemed to be true, correct, and admitted by
19 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
20 restrict license. Respondent further agrees that if an Accusation is ever filed against her before
21 the Board, all of the charges and allegations contained in the Accusation No. 800-2022-085849
22 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such
23 proceeding or any other licensing proceeding involving Respondent, before the Board.

24 ///

25 ///

26 ///

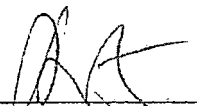
27 ///

28 ///

1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Derek O'Reilly-Jones. I understand the stipulation and the effect it
4 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 9-13-2024

9 
ARUS ZOGRABYAN, M.D.
Respondent

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

13 DATED: 09/13/2024

14 
DEREK O'REILLY-JONES
Attorney for Respondent

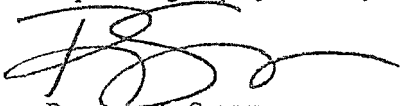
15
16 ENDORSEMENT

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

19 DATED: September 16, 2024

20 Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 JUDITH T. ALVARADO
Supervising Deputy Attorney General

23 
24 REBECCA L. SMITH
25 Deputy Attorney General
26 Attorneys for Complainant

27 LA2023603350
28 67081309.docx

Exhibit A

Accusation No. 800-2022-085849

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6475
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2022-085849

13 **ARUS ZOGRABYAN, M.D.**
14 **1300 N. Vermont Avenue, Suite 307**
Los Angeles, CA 90027-6061

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 76345,**

Respondent.

17
18 **PARTIES**

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

22 2. On or about August 22, 2001, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 76345 to Arus Zograbyan, M.D. (Respondent). That license was in full
24 force and effect at all times relevant to the charges brought herein and will expire on March 31,
25 2025, unless renewed.

26 ///

27 ///

28 ///

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 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

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

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

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

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

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

1 (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.

2 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
3 medical review or advisory conferences, professional competency examinations,
4 continuing education activities, and cost reimbursement associated therewith that are
5 agreed to with the board and successfully completed by the licensee, or other matters
6 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.

6 STATUTORY PROVISIONS

7 6. Section 2234 of the Code, states:

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

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

12 (b) Gross negligence.

13 (c) Repeated negligent acts. To be repeated, there must be two or more
14 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.

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

17 (2) When the standard of care requires a change in the diagnosis, act, or
18 omission that constitutes the negligent act described in paragraph (1), including, but
19 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.

20 (d) Incompetence.

21 (e) The commission of any act involving dishonesty or corruption that is
22 substantially related to the qualifications, functions, or duties of a physician and
surgeon.

23 (f) Any action or conduct that would have warranted the denial of a certificate.

24 (g) The failure by a certificate holder, in the absence of good cause, to attend
25 and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

26 COST RECOVERY

27 7. Section 125.3 of the Code states:

28 (a) Except as otherwise provided by law, in any order issued in resolution of a

1 disciplinary proceeding before any board within the department or before the
2 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
3 administrative law judge may direct a licensee found to have committed a violation or
4 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
5 investigation and enforcement of the case.

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

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

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

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

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

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

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

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

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

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

///

///

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 8. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code in that she was grossly negligent in the obstetrical care and treatment of Patient 1.¹ The
5 circumstances are as follows:

6 9. On or about September 25, 2017, Patient 1 was a 33-year-old, Gravida 2 Para 1,
7 female who presented to obstetrician, Dr. S.G.² for prenatal care. She had history of a previous
8 uncomplicated cesarean section in 2012. Laboratory tests performed on September 25, 2017,
9 reflected that Patient 1 had an A positive blood type with no unusual antibodies. A complete
10 blood count (CBC), also performed on September 25, 2017, reflected a hemoglobin of 11.9³ and
11 hematocrit of 35.⁴ An anatomy ultrasound was performed on November 29, 2017, at 25 weeks
12 gestation, revealing normal anatomy, size equal to dates, and a placenta that was left lateral. No
13 previa was noted. On or about February 22, 2018, Patient 1 was scheduled for an elective repeat
14 cesarean section to take place at 39 weeks gestation at Hollywood Presbyterian Medical Center
15 on March 7, 2018 at 9:30 a.m.

16 10. On the morning of March 7, 2018, Patient 1 was admitted to the hospital's labor and
17 delivery department for her scheduled elective repeat cesarean section to be performed by
18 Respondent. Patient 1's blood work, performed at 8:30 a.m., revealed a hemoglobin of 11.4,
19 Hematocrit of 34.5, and platelets of 274.⁵ Her blood type was noted to be A positive.

20 11. Respondent performed the elective repeat cesarean section at approximately 10:00
21 a.m. on March 7, 2018. At 10:07 a.m., a viable male infant was delivered. Respondent noted that

22 ///

23
24 ¹ The patient is identified herein by number to protect her privacy.

25 ² At all times herein, Respondent was a partner in Dr. S.G.'s obstetrical practice. All references to
26 information prior to November 2017 is for historical purposes.

27 ³ Normal hemoglobin reference range is 10.9 to 14.3.

28 ⁴ Normal hematocrit reference range is 31.2 to 41.9.

⁵ Normal platelet reference range is 179 to 408.

1 the patient had placenta accreta, adherent to the posterior uterine wall and lower uterine segment.

2 In her operative report, Respondent set forth the following description:

3 "[b]risk bleeding was noted immediately after delivery of the baby. Placenta
4 was delivered manually, and it was obvious that there is no clear plane of
5 separation between the placenta and uterus. Uterus was exteriorized and cleared of
6 clots. After separation of the placenta there was significant bleeding from
7 posterior uterine wall in the lower portion, and also lower uterine segment.
8 However, after the uterine tone was improved, the bleeding had subsided but there
9 was still constant oozing from the lower uterine segment but significantly less.
10 Because the bleeding was less and uterine tone overall was satisfactory, the
11 decision was made to proceed with closure of the uterine incision, and then
12 contacting interventional radiology for uterine artery embolization."

13 12. Patient 1 was noted to have had a 3-liter blood loss in the operating room. Her blood
14 pressure prior to the delivery was 135/60-80. Following the delivery, her blood pressure was
15 noted to be 63/44 and 71/40 and her pulse was 118 to 132. The anesthesia record documented
16 that Patient 1 received both ephedrine and phenylephrine. Patient 1 was also noted as having
17 received Pitocin and Methergine. Patient 1 did not receive tranexamic acid (TXA)⁶ or blood
18 products in the operating room.

19 13. At approximately 10:45 a.m., Patient 1 was transferred to the recovery room where
20 she continued to bleed. At that time, Respondent requested that interventional radiology be
21 contacted to perform a uterine artery embolization.⁷ In addition, Respondent ordered blood
22 products.⁸ The blood transfusion began in the recovery room at approximately 11:15 a.m.
23 Patient 1 was tachycardic with pulse of 140 and blood pressure of 60/30. Respondent noted that
24 the patient had a boggy uterus and blood clots. Thereafter, Respondent recommended proceeding
25 with a hysterectomy "due to ongoing severe bleeding that was unlikely to be controlled by uterine
26 artery embolization." Respondent estimated that the patient had lost an additional approximate
27

28 ⁶ TXA is an antifibrinolytic agent that can decrease postpartum hemorrhage.

⁷ At the time of Respondent's interview with the Board, she stated that the anesthesiologist was not managing Patient 1 in the recovery room so Respondent was the one ordering tests and managing the patient.

⁸ At the time of Respondent's interview with the Board, she stated that she requested blood products from the blood bank and was told that the blood products would be ready in fifteen minutes.

1 2.5 liters of blood in the recovery room [for a total of 5.5 liters of blood loss].

2 14. Laboratory studies performed at 12:25 p.m. reflected a hemoglobin of 7.4, hematocrit
3 of 23, partial thromboplastin time (PTT) of 36.6,⁹ and fibrinogen of 118,¹⁰ all of which were
4 consistent with blood loss anemia and disseminated intravascular coagulation (DIC). Laboratory
5 studies performed during the total abdominal hysterectomy surgery, at 1:37 p.m., revealed a
6 fibrinogen of 50, PTT of 73.8, and hemoglobin 6.8, consistent with DIC. Respondent noted that
7 there were no complications during the hysterectomy procedure. Following the procedure,
8 Patient 1 remained intubated and was transferred to the intensive care unit (ICU) in critical
9 condition. The blood loss during the hysterectomy procedure was another 1.5 liters.

10 15. Pathology of the uterus revealed fibrin and chorionic villi and trophoblastic cells in
11 contact with the myometrium consistent with placenta accreta syndrome with a placenta increta.

12 16. The total blood loss from the cesarean section, recovery room and hysterectomy was
13 approximately 7 liters.¹¹

14 17. Postoperatively, Patient 1 continued to bleed and was under the massive blood
15 transfusion protocol in the ICU. Later that evening, Patient 1 developed abdominal distention.
16 An abdominal ultrasound revealed a significant amount of blood in the abdomen. Patient 1's
17 hemoglobin dropped from a low value of 9 to a critically low value of 2 within a three-hour
18 period. At approximately 11:00 p.m., Patient 1 also had a drop in her blood pressure. At 12:00
19 a.m. on March 8, 2018, Patient 1 became unresponsive. At that time, Respondent took the patient
20 back to the operating room for an exploratory laparotomy. Respondent was assisted by
21 gynecological oncologist, Dr. S.E. Large blood clots were noted in the abdomen. Dr. S.E.
22 performed an evacuation of the hematomas and a bilateral hypogastric ligation and ureteral
23 dissection.

24 18. Following the exploratory laparotomy, Patient 1 was assessed as being
25 hemodynamically stable; however, she never regained consciousness. Diagnostic studies,

26 ⁹ Normal PTT reference range is 25 to 35.

27 ¹⁰ Normal fibrinogen reference range is 200 to 400.

28 ¹¹ Total circulating blood volume of the average pregnant woman is 6.5 liters.

1 including CT scan, MRI, and EEG, were consistent with global diffuse anoxic brain injury.
2 Patient 1's neurologic condition did not improve. She remains in a persistent vegetative state and
3 was transferred from the hospital to a long-term subacute facility on June 16, 2018 for long-term
4 care.

5 Proper Management of Postpartum Hemorrhage

6 19. Postpartum hemorrhage is defined as accumulated blood loss of equal to or greater
7 than 1 liter of blood loss or blood loss accompanied with signs and symptoms of hypovolemia
8 within 24 hours after the birth process. Stage III hemorrhage is when combined bleeding is
9 greater than 1500 cc's, suspicion of DIC, or abnormal vital signs. The standard of care requires
10 that obstetricians recognize, rapidly assess, and manage postpartum hemorrhage. Step wise
11 management of a stage three hemorrhage involves medications, fluid resuscitation, tamponade of
12 the uterus with mechanical devices, uterine compression sutures, surgical control of bleeding,
13 uterine artery embolization, and finally, hysterectomy.

14 20. Medical management includes uterotonic agents such as oxytocin (Pitocin),
15 Methergine, and TXA. As maternal tachycardia and hypotension may not present in postpartum
16 women until significant blood loss has occurred, the recognition and swift management with fluid
17 resuscitation and initiation of the massive transfusion protocols is necessary to avoid irreversible
18 shock and DIC. If the screened blood is not available, the physician should begin transfusion
19 with O negative blood. Surgical management can be temporizing with techniques such as
20 O'Leary sutures, compression sutures such as B-lynch, or use of the Bakri balloon. These
21 techniques can help control bleeding while blood is ordered and transfused. If the patient is
22 severely hypotensive, uterine or aortic compression can be applied. If the patient has responded
23 to fluid resuscitation and continues to bleed but is stable, then a uterine artery embolization can be
24 considered. If the medications and mechanical attempts are not successful then a peripartum
25 hysterectomy is necessary. The patient should remain in the operating room while fluid and
26 blood resuscitation are performed until she is stable enough for transfer to the recovery area.

27 21. During the elective cesarean section, Patient 1 developed stage III postpartum
28 hemorrhage, with bleeding of 3 liters, hypotension and tachycardia. Respondent ordered the

1 administration of Pitocin and Methergine (uterotonics), but failed to order TXA. Respondent was
2 suspicious of placenta accreta syndrome as she had difficulties removing the placenta and Patient
3 1 continued to ooze. The patient's vital signs reflected the large blood loss with hypotension and
4 tachycardia. The blood pressure was recorded in the operating room to be 70/40 with
5 tachycardia. The anesthesia record documents that both ephedrine and phenylephrine were
6 administered to control the severe hypotension. Respondent's failure to transfuse Patient 1 in the
7 operating room is an extreme departure from the standard of care.

8 Proper Management of Placenta Accreta Syndrome

9 22. Placenta accreta is defined as abnormal trophoblast invasion of the placenta into the
10 myometrium or the uterine wall. The spectrum includes placenta accreta, increta and percreta
11 depending on the depth of invasion. Placenta accreta spectrum or morbidly adherent placenta can
12 be a life threatening condition. Antenatal diagnosis of placenta accreta spectrum by prenatal
13 ultrasound is ideal for planning the delivery. Although ultrasound evaluation is important, the
14 absence of ultrasound findings does not preclude the diagnosis of placenta accreta spectrum.

15 23. In cases of unexpected placenta accreta spectrum, the standard of care requires that
16 the obstetrician recognize and manage the condition with blood products, as well as communicate
17 with the operating room personnel regarding additional personnel to facilitate a higher level of
18 care. If uncontrollable hemorrhage with hypotension is encountered, TXA and blood products
19 should be given and temporizing maneuvers such as O'Leary sutures, B-Lynch compression
20 sutures, abdominal packing, or Bakri balloons should be employed. These techniques can be
21 temporizing while the O negative blood or screened blood is brought to the operating room. If
22 the patient is not clinically responding and continues to bleed then a rapid movement to
23 hysterectomy is necessary. Keeping the patient in the operating room while resuscitation efforts
24 are performed will give the greatest flexibility to moving to hysterectomy if necessary if
25 temporizing methods are unsuccessful.

26 24. Patient 1 presented with an unexpected finding of placenta accreta syndrome in the
27 setting of a previous cesarean section. Respondent recognized the condition but failed to follow a
28 step wise approach in the management and treatment of the hemorrhage associated with the

1 placenta accreta syndrome. As the patient had hypotension, tachycardia in the setting of
2 suspicion for placenta accreta, blood transfusion, medications, and mechanical methods should
3 have been used in the operating room. The operating personnel should have been alerted and
4 additional staff requested. Temporizing methods should have been employed to stabilize the
5 patient and if unsuccessful, rapid movement to hysterectomy should have been performed.
6 Respondent's failure to follow a step wise approach with temporizing techniques in the operating
7 room while stabilizing Patient 1 with blood transfusions is an extreme departure from the
8 standard of care.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts)**

11 25. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),
12 in that she engaged in repeated acts of negligence in her obstetrical care and treatment of Patient

13 1. The circumstances are as follows:

14 26. The allegations of the First Cause for Discipline are incorporated herein by reference
15 as if fully set forth.

16 27. Each of the alleged acts of gross negligence set forth above in the First Cause for
17 Discipline is also a negligent act.

18 **PRAYER**

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

21 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 76345,
22 issued to Respondent Arus Zograbyan, M.D.;

23 2. Revoking, suspending or denying approval of Respondent Arus Zograbyan, M.D.'s
24 authority to supervise physician assistants and advanced practice nurses;

25 3. Ordering Respondent Arus Zograbyan, M.D., to pay the Board the costs of the
26 investigation and enforcement of this case, and if placed on probation, the costs of probation
27 monitoring; and

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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

DATED: DEC 27 2023.

JENNA JONES FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

LA2023603350/66382982.docx