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

In the Matter of the Accusation Against: Myron Colin Mariano, M.D. Physician's and Surgeon's Certificate No. G 79760 Respondent.	Case No.: 800-2022-092725

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 December 1, 2025.

IT IS SO ORDERED: October 30, 2025.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
Deputy Attorney General
State Bar No. 285973
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6198
Facsimile: (916) 731-2117
E-mail: latrice.hemphill@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **MYRON COLIN MARIANO, M.D.** **23451 Madison Street, Suite 340** **Torrance, CA 90505-4763** **Physician's and Surgeon's Certificate No. G 79760,** Respondent.	Case No. 800-2022-092725 OAH No. 2025041020 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Latrice R. Hemphill, Deputy Attorney General.

2. Respondent Myron Colin Mariano, M.D. (Respondent) is represented in this proceeding by attorney Brenda Ligorsky, whose address is: 111 West Ocean Blvd., 14th Floor Long Beach, CA 90801-5636.

///

3. On or about August 31, 1994, the Board issued Physician's and Surgeon's Certificate No. G 79760 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-092725, and will expire on May 31, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-092725 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 January 27, 2025. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-092725 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. 800-2022-092725. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his 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 him; the right to present evidence and to testify on his 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. 800-2022-092725, if proven at a hearing, constitute cause for imposing discipline upon his 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. 800-2022-092725, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 79760 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order 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 his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-092725 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

///

///

15. 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.

16. 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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 79760 issued to Respondent Myron Colin Mariano, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, 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 40 hours per year, for each year of probation. 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing

Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent shall notify the Board or its designee within five (5) calendar days of the practice setting change. If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume practice until an appropriate practice setting is established.

///

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

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

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

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

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $13,585.80 (thirteen thousand five hundred eighty-five dollars and eighty scents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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

///

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-092725 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Brenda Ligorsky, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. 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: 25 September 2025

MYRON COLIN MARIANO, M.D.
Respondent

I have read and fully discussed with Respondent Myron Colin Mariano, 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: 9/25/25

BRENDA LIGORSKY
Attorney for Respondent

///

///

///

///

///

///

ENDORSEMENT

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

DATED: September 26, 2025

Respectfully submitted,

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

LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

LA2024605167
67908317.docx

Exhibit A

Accusation No. 800-2022-092725

LH ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
Deputy Attorney General
State Bar No. 285973
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6198
Facsimile: (916) 731-2117
E-mail: latrice.hemphill@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **MYRON COLIN MARIANO, M.D.** **23451 Madison Street, Suite 340** **Torrance, CA 90505-4763** **Physician's and Surgeon's Certificate No. G 79760,** Respondent.	Case No. 800-2022-092725 **ACCUSATION**

PARTIES

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

2. On or about August 31, 1994, the Medical Board issued Physician's and Surgeon's Certificate Number G 79760 to Myron Colin Mariano, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2026, unless renewed.

///

///

///

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.

(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.

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

STATUTORY PROVISIONS

6. Section 2234 of the Code states:

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.

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

7. Section 2266 of the Code states:

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

COST RECOVERY

8. Section 125.3 of the Code states:

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

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

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

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

(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.

(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.

DEFINITIONS

9. The sigmoid colon is the part of the large intestine (colon) closest to the rectum. It absorbs water from stool and pushes the stool to the rectum and anus until it is ready to be expelled.

10. A sigmoid colectomy, also known as a sigmoid resection, is a surgical procedure to remove all or part of the sigmoid colon. A laparoscopic colectomy involves the use of several small incisions instead of one large incision, making it minimally invasive.

11. An enterectomy is a surgical procedure used to remove a portion of the intestine. The procedure is performed to treat various conditions affecting the small intestine, such as cancer.

12. A colostomy is surgery to create an opening for the colon through the belly.

13. An anastomosis is a surgical connection between two structures, usually tubular, such as blood vessels or loops of intestine. An anastomotic leak occurs when a surgical anastomosis fails and contents of a reconnected body channel leak from the surgical connection.

FACTUAL ALLEGATIONS

14. Respondent is a board-certified surgeon, who works for the Association of South Bay Surgeons in Torrance, California.

15. In or about April 2019, Patient A,[1] a then seventy-eight-year-old man, presented to his gastroenterologist complaining of sporadic diarrhea and intermittent incontinence. Patient A had a history of Parkinson's disease and hypertension, among other maladies.

///

///

///

[1] The patient is designated as "Patient A" to protect his privacy.

16. On or about April 2, 2019, Patient A underwent a colonoscopy and colon biopsy. Subsequently, Patient A was diagnosed with malignant neoplasm of the colon,[2] and was referred to Respondent for a possible colectomy and enterectomy.

17. On or about April 17, 2019, Patient A presented to Respondent. Respondent evaluated Patient A and reviewed the records provided to him after the referral. Respondent recommended Patient A to undergo a robotic-assisted laparoscopic colectomy. The surgery was scheduled for May 17, 2019.

18. On or about May 17, 2019, Patient A was admitted to Foothill Presbyterian Hospital (Foothill), in Glendora, California, to undergo surgery with Respondent.

19. During the laparoscopic phase of the surgery, Respondent found that Patient A had a large redundant sigmoid colon and the mesenteric vessels[3] were unable to be seen safely. As a result, Respondent determined that he could not safely proceed with laparoscopy and needed to convert the procedure from robotic-assisted to an open procedure.

20. Respondent proceeded with the open procedure. Upon completion, Respondent noted that Patient A tolerated the procedure well.

21. Over the next few days, Respondent evaluated Patient A, who indicated that he was feeling better, but still had some pain. On or about May 21, 2019, Patient A was found to be short of breath, slightly confused, and agitated. It was also noted that Patient A had a distended abdomen. Patient A was assessed by a cardiologist and a pulmonologist, who found that Patient A suffered from ileus.[4]

22. On or about May 23, 2019, a computed tomography (CT) scan was ordered, which demonstrated a bowel perforation and free air and fluid in the peritoneal cavity.

23. On or about May 24, 2019, in his immediate post-operative notes, Respondent indicated that Patient A was suffering from an anastomotic leak and free intraperitoneal air.

---

[2] Malignant neoplasm of the colon, also known as colorectal carcinoma, is a cancer, or malignant tumor, of the large intestine, which may affect the colon or rectum.

[3] Mesenteric vessels are the arteries that supply blood from the aorta and distribute it to a large portion of the gastrointestinal tract.

[4] Ileus is a condition in which the bowel does not work correctly, but there is no structural problem causing the obstruction.

Consequently, on or about May 24, 2019, Respondent performed an exploratory laparotomy on Patient A. Respondent also performed a partial bowel resection, a colostomy, a peritoneal lavage[5] and drainage of abscess. Respondent repaired the leak in the abdomen and placed Jackson-Pratt drains[6] in Patient A. Following the procedures, Patient A was left intubated and was taken to the postoperative care unit. Patient A was later transferred to the intensive care unit.

24. Following the procedures, Respondent continued to exam and assess Patient A's condition. It was found that Patient A developed sepsis, which caused an acute kidney injury and would require dialysis. Consequently, on or about May 31, 2019, Respondent performed another procedure on Patient A, placing a central venous catheter for dialysis.

25. Patient A continued to have a plethora of medical issues, including infections, pneumonia, and respiratory failure, among other things.

26. On or about June 11, 2019, Patient A underwent another exploratory laparotomy, and a copious amount of fluid was drained. Patient A developed an infection and was given antibiotics. Additionally, on or about June 11, 2019, Patient A underwent a tracheostomy due to the continued respiratory failure.

27. On or about July 1, 2019, Patient A was noted to have wound dehiscence, and he underwent a wound irrigation and closure.

28. On or about July 3, 2019, Patient A was transferred to a long-term care facility.

29. On or about July 31, 2022, Patient A expired due to end stage renal disease.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

30. Respondent Myron Colin Mariano, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that he was negligent in the care and treatment of Patient A. The circumstances are as follows:

///

[5] Peritoneal lavage is a surgical diagnostic procedure to determine if there is free floating fluid in the abdominal cavity.

[6] Jackson-Pratt drains are surgical suction drains that gently draw fluid from a wound to help an individual recover after surgery.

31. The facts and allegations set forth in paragraphs 14 through 29 are incorporated herein by reference as if fully set forth.

32. Anastomotic leaks and bowel perforation are inherited risks of a sigmoid colectomy. Appropriate surgical techniques and evaluation of the bowel, after completion of an anastomosis, is paramount to avoiding such complications.

33. Respondent's operative report of the May 17, 2019, surgery, which was signed on August 10, 2019, indicated that a stapled side-to-side colonic anastomosis was performed as the descending colon was brought down to the front of the distal rectum. Respondent does not note any evaluation of the viability of the bowel ends or their blood supply. Respondent also failed to include an evaluation of the anastomosis with air insufflation to detect a possible leak. As such, Patient A's eventual complications were not unexpected. During an interview with the Board, Respondent stated that he did inspect the anastomosis, although there is no documentation that this was done. Respondent's acts and omissions constitute a simple departure from the standard of care.

34. On or about May 21, 2019, Patient A became ill and confused. This should have alerted Respondent that Patient A was possibly suffering from an intra-abdominal infection. On or about May 23, 2019, a CT scan was ordered and performed on Patient A, which led to Respondent performing an additional surgery on or about May 24, 2019. The surgery was delayed at least four days, despite Patient A exhibiting signs of a complication. Delaying the surgery with the perforated colon and fecal contamination was a contributing factor to the major complications Patient A endured, including sepsis, multi-organ failure, and abdominal abscesses.

35. Following the May 24, 2019, surgery, Respondent closed the abdomen after the last irrigation and suction of the peritoneal cavity. While closing the abdomen can be an option when dealing with major intra-abdominal contamination, wound infection and dehiscence of the wound should have been expected with such massive contamination. Respondent's delay in performing an additional surgery and his decision to close the abdomen constitute a simple departure from the standard of care.

36. Respondent failed to document a preoperative evaluation of labs for Patient A.

37. Respondent's operative report for the May 17, 2019, surgery was dictated on July 10, 2019, and signed by Respondent on August 10, 2019, months after the actual procedure. The operative report does not include a full and accurate recording of the procedure, as explained by Respondent during his interview with the Board. Respondent's failures to document constitute simple departures from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Medical Records)

38. Respondent Myron Colin Mariano, M.D. is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate medical records for Patient A. The circumstances are as follows:

39. Complainant hereby re-alleges the facts and allegations in the First Cause for Discipline, which are incorporated herein by reference as if fully set forth.

40. Respondent's failures to properly document his care and treatment of Patient A, as noted in the First Cause for Discipline, above, constitute the failure to maintain adequate and accurate medical records and unprofessional conduct, pursuant to Code section 2266.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

41. Respondent Myron Colin Mariano, M.D. is subject to disciplinary action under Code section 2234 in that he engaged in unprofessional conduct in his care and treatment of Patient A. The circumstances are as follows:

42. The facts and allegations set forth in the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

///

///

///

///

///

///

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 Number G 79760, issued to Respondent Myron Colin Mariano, M.D.;

2. Revoking, suspending or denying approval of Respondent Myron Colin Mariano, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Myron Colin Mariano, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: JAN 2 7 2025

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

LA2024605167
67248006.docx