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

In the Matter of the Accusation Against: Alexander Arkadievich Krakovsky, M.D. Physician's and Surgeon's License No. A81711 Respondent.	Case No. 800-2019-051847

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 24, 2021.

IT IS SO ORDERED: January 25, 2021.

MEDICAL BOARD OF CALIFORNIA

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

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
JASON J. AHN
Deputy Attorney General
State Bar No. 253172
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9433
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the Accusation Against:	Case No. 800-2019-051847
ALEXANDER ARKADIEVICH KRAKOVSKY, M.D. **P.O. Box 724** **La Jolla, CA 92038-0724**	OAH No. 2020030812
Physician's and Surgeon's Certificate No. A 81711	**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**
Respondent.	

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

PARTIES

1. William Prasifka (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 Xavier Becerra, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

///

2. Respondent Alexander Arkadievich Krakovsky, M.D. (Respondent) is represented in this proceeding by attorney Malcolm D. Schick, Esq., whose address is: 3170 Fourth Avenue, Suite 400, San Diego, CA 92103.

3. On or about January 24, 2003, the Board issued Physician's and Surgeon's Certificate No. A 81711 to Alexander Arkadievich Krakovsky, M.D. (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. 800-2019-051847, and will expire on June 30, 2022, unless renewed.

JURISDICTION

4. On January 9, 2020, Accusation No. 800-2019-051847 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 9, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-051847 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2019-051847. Respondent has also carefully read, fully discussed with his counsel, and fully 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 admits the truth of each and every charge and allegation in Accusation No. 800-2019-051847.

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

CONTINGENCY

11. 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.

12. 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. 800-2019-051847 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.

ADDITIONAL PROVISIONS

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 agreements of the parties in the above-entitled matter.

///

///

14. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 81711 issued to Respondent Alexander Arkadievich Krakovsky, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for seven (7) 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. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

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

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

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

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

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program 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 after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

4. 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.

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

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

6. 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.

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

8. 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.

9. 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.

10. 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.

11. 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.

12. 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 Board's 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

13. 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. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. 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.

15. 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.

16. 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.

17. 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. 800-2019-051847 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, Malcolm D. Schick, Esq. I fully 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 fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11/13/2020

ALEXANDER ARKADIEVICH KRAKOVSKY, M.D.
Respondent

I have read and fully discussed with Respondent Alexander Arkadievich Krakovsky, 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: 11/13/20

MALCOLM D. SCHICK, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: November 13, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

Jason Ahn

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

SD2020700147
82558624.docx

Exhibit A

Accusation No. 800-2019-051847

XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General
JASON J. AHN
Deputy Attorney General
State Bar No. 253172
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9433
Facsimile: (619) 645-2061

Attorneys for Complainant

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

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

In the Matter of the Accusation Against:	Case No. 800-2019-051847
Alexander Arkadievich Krakovsky, M.D. **P.O. Box 724** **La Jolla, CA 92038-0724** **Physician's and Surgeon's Certificate No. A 81711,** Respondent.	**A C C U S A T I O N**

PARTIES

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

2. On or about January 24, 2003, the Medical Board issued Physician's and Surgeon's Certificate No. A 81711 to Alexander Arkadievich Krakovsky, 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 June 30, 2020, 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 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.

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:
>
> ...
>
> (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.

...

6. 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.

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 81711 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A[1], as more particularly alleged hereinafter:

Patient A

9. Patient A presented to Respondent in 2011[2] for a penile lengthening procedure. On or about May 8, 2013, Patient A returned to Respondent for penile augmentation surgery. At that time, Patient A was a thirty-six (36) year-old dentist from Canada. There are no consent forms

---

[1] References to "Patient A" are used to protect patient privacy.

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

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

10. On or about May 23, 2013, Patient A returned to Respondent with a partial wound dehiscence[4].

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

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

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

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

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

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

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

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

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

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

18. On or about August 10, 2013, Patient A sent an e-mail to Respondent stating, among other things, "is it possible that I have torsion[5] of the testicle?" In response, Respondent sent an e-mail to Patient A, stating, among other things, "if you don't have pain there is no torsion."

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

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

testicle supply and upon scar tissue removal the supply to the testicle unfortunately was compromised."

20. Thereafter, Patient A underwent left orchiectomy[6] to remove his dead left testicle.

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

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

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

22. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 81711 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A[7], B, C, and D, as more particularly alleged hereinafter:

Patient A

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

Patient B

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

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

[7] References to "Patients A, B, C, and D" are used to protect patient privacy.

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

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

Patient C

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

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

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

28. On or about April 22, 2013, Patient C called Respondent's office complaining of a problem with the skin on the shaft of his penis. Respondent received a picture from Patient C and discovered that an area below Patient C's subcoronal[8] incision had turned black. Through a telephonic discussion with Patient C, Respondent determined that Patient C inability to control erections and overuse of Betadine[9] during dressing change "burned" Patient C's skin.

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

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

Patient D

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

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

---

[8] Subcoronal refers to the area near the head of the penis.

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

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

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

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

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

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

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

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

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

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

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

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

///

///

///

///

///

///

///

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

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

Patient A

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

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

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

Patient B

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

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

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

Patient C

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

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

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

///

Patient D

41. Paragraphs 31 through 32 above, are incorporated by reference and realleged as if fully set forth herein.

42. Respondent was incompetent, in his care and treatment of Patient D, including, but not limited to, the following:

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

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and/or Accurate Records)

43. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 81711 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and/or accurate records regarding his care and treatment of Patients A, B, C, and D, as more particularly alleged in paragraphs 9 through 32, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

///

///

///

///

///

///

///

///

///

///

///

///

///

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 81711, issued to Alexander Arkadievich Krakovsky, M.D.;

2. Revoking, suspending or denying approval of Alexander Arkadievich Krakovsky, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Alexander Arkadievich Krakovsky, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JAN 29 2020

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

SD2020700147
72114994.docx