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

In the Matter of the First Amended Accusation Against: Peter Lap Wong, M.D. Physician's & Surgeon's Certificate No. A 112472 Respondent.	Case No. 800-2016-026090

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 March 4, 2021.

IT IS SO ORDERED: February 2, 2021.

MEDICAL BOARD OF CALIFORNIA

Kristina Lawson

Kristina D. Lawson, J.D., Chair
Panel B

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

In the Matter of the First Amended Accusation Against: **PETER LAP WONG, M.D.** **807 Illinois Avenue** **Los Banos, CA 93635-3512** **Physician's and Surgeon's Certificate No. A 112472** Respondent.	Case No. 800-2016-026090 OAH No. 2019110292 **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. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Megan R. O'Carroll, Deputy Attorney General.

2. Respondent Peter Lap Wong, M.D. (Respondent) is represented in this proceeding by attorney Gregory Abrams, whose address is: 6045 Shirley Drive Oakland, CA 94611.

3. On or about May 19, 2010, the Board issued Physician's and Surgeon's Certificate No. A 112472 to Peter Lap Wong, 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 First Amended Accusation No. 800-2016-026090, and will expire on November 30, 2021, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2016-026090 was filed before the Board, and is currently pending against Respondent. The Original Accusation and all other statutorily required documents were properly served on Respondent on September 6, 2019. Respondent timely filed his Notice of Defense contesting the Accusation. The First Amended Accusation was filed on January 21, 2020.

5. A copy of First Amended Accusation No. 800-2016-026090 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 First Amended Accusation No. 800-2016-026090. 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 First Amended 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 First Amended Accusation No. 800-2016-026090, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2016-026090, 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. A 112472 to disciplinary action.

12. 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

13. 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.

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 First Amended Accusation No. 800-2016-026090 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. A 112472 issued to Respondent Peter Lap Wong, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months 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 25 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 to the Board or its designee of satisfaction of this requirement.

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. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have

been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and First Amended Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), First Amended Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and First Amended Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor 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. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, 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. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

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

7. 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.

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'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..

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. 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 First Amended Accusation No. 800-2016-026090 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, Gregory Abrams. 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: 5/4/2020

PETER LAP WONG, M.D.
Respondent

I have read and fully discussed with Respondent Peter Lap Wong, 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: 5/4/20

GREGORY ABRAMS
Attorney for Respondent

ENDORSEMENT

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

DATED: 5-4-2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

Megan R. O'Carroll

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-026090

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 21 2020
Anna Regan ANALYST

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

In the Matter of the First Amended Accusation Against: **Peter Lap Wong, M.D.** **807 Illinois Ave,** **LOS BANOS, CA 93635-3512** **Physician's and Surgeon's Certificate No. A 112472,** Respondent.	Case No. 800-2016-026090 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. Christine J. Lally (Complainant) brings this First Amended 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 May 19, 2010, the Board issued Physician's and Surgeon's Certificate Number A 112472 to Peter Lap Wong, 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 November 30, 2021, unless renewed.

JURISDICTION

3. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

4. 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 which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
>
> (f) Any action or conduct which would have warranted the denial of a certificate.
>
> (g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.
>
> (h) The repeated failure by a certificate holder, in the absence of good cause, to attend 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.

5. Unprofessional conduct under section 2234 of the Code 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. Bd. of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FACTS

6. Respondent is Board-certified in General Surgery. Respondent was employed as a general surgeon at Mercy Medical Center in Merced between 2010 and 2016.

Patient 1

7. Patient 1 was a 53-year old man with a history of alcohol abuse when he was transferred, on a ventilator, to Mercy Hospital on or about November 25, 2012.[1] He had presented to Madera Community Hospital before the transfer, with altered mental status, vomiting, abdominal pain, diarrhea for five days, abnormal heart rate (150), and possible alcohol withdrawal. He had been intubated at Madera following respiratory failure, likely due to necrotic bowel and septic shock. He was given Levaquin and Flagyl. A computerized tomography scan, (CT), performed at Madera showed pneumatosis coli, and likely necrotic bowel in the ascending right colon, with gas extending to the right kidney, along with retroperitoneal fluid and air tracking towards the diaphragm.

8. Patient 1's physical examination showed a mass present in his flank. He had a white blood cell count of 25, bilirubin of 1.7, and a lactate of 5. Patient 1 was hepatitis C negative. On or about November 25, 2012, Respondent wrote an initial consultation note, timed at 10:23 a.m., documenting that Patient 1 was experiencing septic shock and coagulopathy, and required vasopressors. Respondent noted Patient 1's International Normalized Ratio was 2 and that he needed to have this corrected before surgery could take place.

9. Patient 1 consented to an exploratory laparotomy, which Respondent performed later in the day, on or about November 25, 2012. Respondent found that Patient 1 likely had a gangrenous or ischemic intestine. Respondent's dictated operative note stated that Patient 1 had a perforated right colon and extension to the colic gutter, and that one liter of blood was evacuated.

[1] The patients in this Accusation are referred to by numbers to protect their privacy.

To treat this, Respondent performed a right hemicolectomy and end ileostomy and a left Jackson Pratt drain. The operative note further suggests, "Invasion of peritoneum and subcutaneous space of right abdominal wall." It also noted that the liver was non-cirrhotic.

10. The pathology report stated that the right colon had serositis and mesenteric abscess. There was inflammation, but the pathologist reported that the colon appeared viable. The pathologist did not note gangrene or perforation, and the resected specimen had viable margins. There was a mesenteric abscess, periappendicitis, and adherent clot.

11. Postoperatively, by November 27, 2012, the nurses noted a high bilious dark green output from the Jackson Pratt drain. At this point, Respondent considered possible necrosis extending into the duodenum. Patient 1's family consented to a repeat exploration surgery to wash out the abdomen and exclude a missed injury.

12. On or about November 27, 2012, Respondent performed a second exploratory surgery wand mobilization of the duodenum and found no evidence of a missed perforation. The intra-abdominal fluid was drained and the abdomen was washed out as planned. Patient 1 did well for the next ten days, but on or about December 6, 2012, Respondent became concerned that stool may be draining into the Jackson Pratt drain, so he ordered a gastrograffin study.

13. The gastrograffin small bowel series study was determined to be normal. On or about December 8, 2012, a gastrograffin enema was ordered for further study. That was also found to be normal, and the new surgery plan was to do a hepatobiliary iminodiacetic acid (HIDA) scan. An abdominal ultrasound done on or about December 9, 2012, was relatively normal, with edematous gallbladder, and possible fluid or blood adjacent to the kidney. The HIDA scan, done on or about December 10, 2012, showed a small biliary leak from the gallbladder fossa in the right upper quadrant, possibly from the liver or the gallbladder. Respondent made a note on or about December 11, 2012, at 11:00 a.m. that there was a small bile leak, and recommended and consented Patient 1 for a third exploratory surgery.

14. On or about December 12, 2012, Respondent took Patient 1 to surgery for the third time. He had difficulty entering the abdomen, and he was unable to visualize the gallbladder due

to adhesions. He aborted the procedure, replaced a drain, and started Patient 1 on octreotide. On or about December 17, 2012 Respondent stopped the octreotide.

15. On or about December 25, 2012, a CT of Patient 1 showed the drain was dislodged. It also showed Patient 1 had a 10 x 3 x 6 parapsoas abscess, and a right pararenal abscess. The gallbladder was normal. There was also a parastomal abscess. On or about December 26, 2012, the plan was to proceed with an interventional radiology drainage of the two abscesses. Two drains were placed, one in the parastomal abscess and the other in the right 8 centimeter retroperitoneal abscess. On or about December 30, 2012, microbiology analysis of the culture revealed Enterobacter. On or about December 31, 2012, a CT scan from interventional radiology showed that the parastomal abscess was resolved, and the paraspinal abscess was now smaller. Patient 1 improved, and was discharged. His main diagnoses on discharge were right psoas abscess and right pararenal abscess

Patient 2

16. Patient 2 was a 55-year old man when he was admitted to Mercy Medical Center on or about January 3, 2013, with acute cholecystitis, dehydration, and hypokalemia. Patient 2 had a history of hypertension and was taking Diovan. He had no fever, but he reported severe abdominal pain. His heart rate was 120, and his other vital signs were normal. A CT scan showed a thickened gallbladder wall and fluid around the gallbladder suggesting cholecystitis. His platelet count was abnormally low, at 28. Upon recheck it was even lower, at 14, and later went back up to 30. His bilirubin was 1.4. A hematology consultation was ordered for him.

17. An ultrasound performed on January 3, 2012 confirmed gallstones, possibly at the neck of the gallbladder, a possible stone in the common bile duct, and a possible thrombus in the left portal vein. Respondent evaluated Patient 2 on or about January 4, 2013, and recommended a laparoscopic cholecystectomy be performed when Patient 2's platelet level rose to at least 100. On or about January 5, 2013, Respondent saw Patient 2 in the evening and wrote a note indicating that Patient 2's platelets were at 23, and he may consider an Interventional Radiology cholecystostomy tube as a possible alternative if Patient 2's platelet count remains unsafe for surgery.

18. Patient 2 saw both a gastroenterologist and a hematologist. The hematologist ordered intravenous immunoglobulin and steroids for Patient 2 and planned for a possible bone marrow biopsy. On or about January 6, 2013, Patient 2's platelet count rose to 118. His white blood cell count was down from 18 to 13, as he was being treated with antibiotics. On or about January 6, 2013, Respondent prepared a surgical plan and obtained informed consent from Patient 2.

19. During the surgery, Respondent found Patient 2's gallbladder to be very inflamed. An intraoperative cholangiogram showed what Respondent believed to be a filling defect[2] in the proximal common bile duct. Respondent noted that when taking the gallbladder off the gallbladder wall, he took off a small portion of the right hepatic branch, which caused bleeding from the right hepatic vein, ehich required him to place two clips to stop the bleeding. Because of the presumed bile duct stone, Respondent requested a gastroenterology consultation for extraction by Endoscopic Retrograde Cholangio-Pancreatograph (ERCP).

20. The operative cholangiogram was read as normal distally by radiology. The radiologist did not visualize the proximal biliary tree. The pathologist report found no acute cholecystitis and no evidence of a common bile duct structure. On or about January 7, 2013, at postoperative day 1, Patient 2's bilirubin was 5.8. The surgery progress note confirms that there was no visualization of hepatic ducts, and the plan was to do an ERCP.

21. An ERCP was performed on or about January 7, 2013, and showed non-visualization of the common hepatic or intrahepatic ductal structures. There was a possible extravasation of contrast into the periductal tissues at the level of the cystic duct. There were no intraluminal filling defects, and the duct appeared to taper to occlusion just inferior to the surgical clips. The plan was now to perform a Magnetic Resonance Cholangio-Pancreatograph (MRCP).

22. On or about January 8, 2013, Patient 2's abnormal laboratory results included bilirubin at 9.1, alkaline phosphatase of 489, abnormal liver enzymes with AST at 104, and an ALT of 66. Respondent's progress note questioned a possible "hepatic duct blockage." The ERCP findings were reviewed with a note of "blockage in proximal common bile duct." Patient 2

[2] A filling defect is a term of art in radiological terminology, intended to indicate an interruption in the surface being imaged. Filling defects in the common bile duct may indicate the presence of a stone or a cyst.

was then consented for "open common bile duct exploration," due to the blockage of the common bile duct, which was also noted on the cholangiogram.

23. On or about January 8, 2013, Respondent attempted to repair the common bile duct and perform a primary reanastomosis, but a t-tube could not be inserted. The Roux-en-Y reconstruction was not done. On or about January 9, 2013, Patient 2's blood cultures showed the presence of Klebsiella. Patient 2 had a high output of bile in the Jackson Pratt drain, and a repeat MRCP was considered and ordered. The repeat MRCP was not performed, however, because Patient 2's family intervened and requested a transfer to another hospital for further treatment. On or about January 10, 2013, while awaiting transfer to a higher level of care, Patient 2's drain showed 450 cc output. Possible Mirizzi's syndrome was considered. By January 11, 2013, Patient 2's laboratory results had improved to bilirubin of 1.8, alkaline phosphatase of 270, with normal liver enzymes and mild hyponatremia. Patient 2 was receiving platelets and partial parenteral nutrition.

24. On or about January 13, 2013, Patient 2 was transferred to a higher level of care. His documented discharge diagnoses included common bile duct injury, Mirrizi's syndrome, and thrombocytopenia. There was no radiologic evidence to support the diagnosis of Mirrizi's syndrome, which is a very rare condition.

25. Respondent failed to stop the laparoscopic procedure on or about January 6, 2013, and to convert to an open procedure when the intraoperative cholangiogram did not show the biliary tree to verify flow both distally into the duodenum and proximally into the liver. He misinterpreted the abnormal findings of the biliary anatomy and misinterpreted the abnormal cholangiogram as a bile duct stone, rather than an occluded common bile duct just below the hepatic bifurcation. The conversion would have decreased the risk of damage to the common bile duct, made it easier to diagnose, and could have facilitated a simple t-tube repair during the initial surgery. Patient 2 had a common bile duct injury high at the level of the right and left hepatic ducts. This type of injury may require a hepaticojejunostomy and biliary stenting to reconstruct the biliary tree.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

26. Respondent is subject to disciplinary action under section under section 2234, subdivision (b), in that he committed gross negligence in his care and treatment. The circumstances are as follows:

27. Paragraphs 6, and 16 through 25 above are incorporated by reference as if fully set forth herein.

28. Respondent was grossly negligent in his care and treatment of Patient 2 for his acts and omissions including, but not limited to, the following:

(a) Failing to convert the laparoscopic procedure on Patient 2 on or about January 6, 2013, into an open procedure when the cholangiogram did not demonstrate flow both distally into the duodenum and proximally into the liver; and

(b) Failing to refer Patient 2 to a higher level of care or to a surgeon with expertise in performing more extensive repair procedures like a hepaticojejunostomy once the injury to the common bile duct was apparent.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

29. Respondent is subject to disciplinary action under section 2234, subdivision (c), in that he was repeatedly negligent. The circumstances are as follows:

30. Paragraphs 6 through 28 above are incorporated by reference as if fully set forth herein.

31. Respondent was repeatedly negligent in his care and treatment of Patients 1 and 2, for his acts and omissions including, but not limited to, the following:

(a) Deciding on or about December 11, 2012, to reenter Patient 1's abdomen, despite the recent, previous laparotomy and in the absence of uncontrolled intra-abdominal sepsis;

(b) Failing to convert the laparoscopic procedure on Patient 2 on or about January 6, 2013, into an open procedure when the cholangiogram did not demonstrate flow both distally into the duodenum and proximally into the liver; and

(c) Failing to refer Patient 2 to a higher level of care or to a surgeon with expertise in performing more extensive repair procedures like a hepaticojejunostomy once the injury to the common bile duct was apparent.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

32. Respondent is subject to disciplinary action under section 2234 of the code in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 6 through 31, above, which are hereby incorporated by reference and re-alleged 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 Number A 112472, issued to Peter Lap Wong, M.D.;

2. Revoking, suspending or denying approval of Peter Lap Wong, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Peter Lap Wong, 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 21 2020

Christine J. Lally
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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