

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Jung Yuey Mah (CPSO# 28785)
(the Respondent)**

INTRODUCTION

The Patient broke his leg and underwent open reduction internal fixation (ORIF) surgery by the Respondent, an orthopaedic surgeon. The Respondent was the Patient's Most Responsible Physician (MRP). The Patient developed ischemia. The Respondent did not arrange for a vascular surgery consultation until about 15 hours after surgery, even when a CT angiogram showed no vascular flow distal to the fracture site. The Patient's foot was later amputated. The Complainant, a family member of the Patient, contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care of the Patient.

COMPLAINANT'S CONCERNS

The Complainant is concerned about:

- 1. Lack of proper medical care to identify, diagnose and treat a post-surgery orthopaedic emergency (care)**
- 2. Ignore/disregard results of tests/radiologist advice to urgently treat the emergency (care/behaviour)**
- 3. Wrong decision to wait all night long instead of the urgent treatment (care/knowledge/behaviour)**

COMMITTEE'S DECISION

A Surgical Panel of the Committee considered this matter at its meeting of June 21, 2019. The Committee required the Respondent to attend at the College to be cautioned in person with respect to his failure to involve vascular surgery early on in this case. Further, the Committee wished the Respondent to undertake a literature review on the management of vascular insufficiency following tibial fracture in adolescents and adults, including comment on his judgment in this case, following literature review

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in orthopaedic surgery. The Assessor opined that the Respondent's care of the Patient did not meet the standard of practice. The standard would have been to initiate a vascular surgery consultation immediately when informed of the concerning CT angiogram results.

Early vascular surgical consultation and intervention was certainly required by the time the CT angiogram results were available or even earlier, when the orthopaedic resident informed the Respondent of concerns about vascularization. Yet the Respondent failed to arrange promptly for a vascular surgical consultation.

Revascularization in ischemia is a limb-saving intervention. The Respondent is an experienced orthopedic surgeon who recognized the concern related to ischemia. It appears that he simply underestimated the degree of ischemia, in spite of the CT angiogram results.

The Committee was of the view that it would be beneficial for the Respondent, in addition to attending the College to be cautioned, to review medical literature on the management of vascular insufficiency following tibial fracture, and to provide a written report on this, including comment on his judgment in this case, following literature review.