

SUMMARY

DR. SARAH HEW-MING WONG (CPSO# 77681)

1. Disposition

On March 16, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required Plastic Surgeon Dr. Wong to appear before a panel of the Committee to be cautioned with respect to achieving and confirming definitive management of phalanx fractures.

The Committee also required Dr. Wong to submit a written summary regarding the management of unstable phalanx fractures.

2. Introduction

The patient complained to the College that Dr. Wong did not perform a thorough assessment at the first visit after his surgery, waited 17 days post-operatively before assessing the fracture to see if it had shifted, did not remove the second of two pins from his finger, and suggested immobilization for three weeks. After Dr. Wong suggested immobilization, the patient saw another physician who immediately operated and inserted screws and a plate.

Dr. Wong responded by providing details of how she treated the fracture, indicated that she did examine the finger post-operatively, and that the patient was appropriately assessed. She stated that it was too early to remove the second pin, as it was still needed for stability. Dr. Wong told the College that she recommended two additional weeks of immobilization to give the fracture time to heal, followed by physiotherapy. She expressed her regret that the patient was unhappy with her care.

3. Committee Process

A Surgical Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee noted that it is reasonable for a surgeon not to remove a pin if it is not causing issues for the patient, which appeared to be the case here. However, the Committee did have concerns about Dr. Wong's general management of the fracture.

The Committee noted that K-wires are not ideal to treat an unstable phalanx fracture, but that they are justifiable. However, particularly since Dr. Wong decided to use K-wires instead of plates to fixate the fracture, she should have taken more action to ensure the finger had the appropriate reduction. For example, she should have taken x-ray images far earlier post-operatively to confirm the finger's condition. Those x-rays would have shown that there was almost no change in the finger's alignment pre- and post-operatively.

Further, the Committee was of the view that it was not reasonable to recommend the patient's finger be immobilized for three weeks, as the key management principle for phalanx fractures is early mobilization. Immobilizing the finger could contribute to ongoing stiffness and use limitations for the patient.

The Committee was also concerned that Dr. Wong did not appear to recognize the deficiencies in her care. As a result, the Committee determined that it was necessary for Dr. Wong to have further education regarding the treatment of unstable phalanx fractures, which could be

achieved through the completion of a summary report and attending to speak with the Committee in person.