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. Sarah Hew-Ming Wong (CPSO #77681)
(the Respondent)

INTRODUCTION

In 2021, the Respondent, who is a plastic surgeon, performed a second surgery on the Complainant to replace breast implants originally implanted in 2010.

According to the Complainant, after the surgery the Respondent told her one of the original implants was deflated and, as there was a lifetime warranty, she (the Respondent) would contact the manufacturer to make a claim on the Complainant's behalf. The Complainant is concerned that the Respondent did not do this.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent failed to:

- **provide her with complete copies of her medical record for both surgeries;**
- **provide confirmation that her implant was not defective;**
- **provide either a refund on the defect covered under warranty, or, if not, the Respondent provided unnecessary surgery.**

COMMITTEE'S DECISION

A Surgical Panel of the Committee considered this matter at its meeting of June 23, 2023. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned to ensure thorough and accurate documentation in the medical record. This includes documenting the indications for surgery and all patient interactions, (e.g., patient administrative matters, such as assisting patients seeking a warranty, should form part of the medical record).

COMMITTEE'S ANALYSIS

- The Committee noted several miscommunications, resulting in significant delay in the Complainant seeking compensation for the defective implant from the manufacturer. It seems there was confusion about the manufacturer of the implant; the Respondent told the College that her office submitted additional information to one manufacturer in May 2022 after the Complainant had started

a claim. It was unclear to the Committee why this was done if the Respondent knew the 2010 implant had been made by a different manufacturer.

- The Committee is limited to a documentary review of information. When the parties disagree about their communications, and lack independent information to support either side, the Committee is unable to conclude which version of events is correct. In these situations, the Committee looks to the medical record as a reliable source of information as to what occurred.

- Unfortunately, in this case, the Respondent's records are deficient and lack details of the indications for surgery as well as documentation of the Respondent's discussions with the Complainant, including with regard to the warranty and claim for the defective implant. The information the Respondent documented in the medical record is also inconsistent with what she describes in her response to the College.

- The Respondent's records are not consistent with the expectations set out in the College's *Medical Records Documentation* policy:

    - First, the Respondent should have documented the indications for surgery as well as operative findings. This would include noting before the procedure that the implant appeared to be deflated and then confirming that it was deflated once removed, and thus considered defective.

    - Second, the Respondent should have documented all her interactions with the Complainant, as well as with the manufacturer on the Complainant's behalf. The Committee disagrees that this was solely an administrative matter which the Respondent had no obligation to document. In order to access the warranty, the Respondent needed to confirm with the manufacturer that the implant was removed because it was defective. The clinical and administrative needs in this case are interconnected. The name of the implant manufacturer also forms part of the clinical record for the surgery, and, while the actual claim under the warranty itself may be administrative, the information required to lodge a claim includes providing the explant and the operative record. The Respondent should have documented any discussions advising the Complainant about who manufactured the 2010 implant, allowing for the application to be made to the correct company.

- Patients have a right to access their medical records. The Committee accepts that the Respondent was unable to obtain or provide the hospital and clinic records without the Complainant's consent, and it was reasonable for the Respondent to explain to the Complainant how to obtain the records herself. However, the Respondent should have documented in the chart that she had provided this information to the Complainant.

- The Respondent has a history of prior College complaints, including matters in which concerns were raised about her communications and documentation. Though the dispositions were not significant in those cases, the fact that these issues have been brought to the Respondent's attention in the past elevates the Committee's concern in this case such that it believes a caution is required.