

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**

(Information about the complaints process and the Committee is available at:
<https://www.cpso.on.ca/Public-Information-Services/Learn-About-Our-Complaints-Process>)

**Dr. Olufemi Olugbenga Olufowobi (CPSO #89908)
(the Respondent)**

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent, with respect to care the Respondent (Obstetrics and Gynecology) provided to the Complainant's family member (the Patient).

The Respondent was involved in the Patient's care in May 2016, after an ultrasound suggested a right ovarian mass and possible ovarian torsion. The Respondent performed a laparoscopy, drainage of a right ovarian cyst, peritoneal lavage and drain placement on May 21. The Patient was diagnosed with a juvenile granulosa cell tumour in July 2016. In September 2016, her final diagnosis was changed to Ewing's sarcoma of the ovary. Sadly, the Patient passed away in October 2017.

COMPLAINANT'S CONCERNS

The Complainant is concerned about the care provided to the Patient by the Respondent, during the Patient's hospital admission in May 2016. The Complainant is specifically concerned that the Respondent:

- **drained the Patient's ovary despite a CA125 level (protein/tumour marker) of 480**
- **discharged the Patient prematurely**
- **failed to provide appropriate follow-up care following discharge.**

COMMITTEE'S DECISION

An Obstetrical Panel of the Committee considered this matter at its meeting of November 16, 2018. The Committee required the Respondent to attend at the College to be cautioned in person with respect to his surgical management of ovarian masses in young women, and inadequate consideration of CT imaging and ultrasound findings when considering operative management; and to complete homework on same.

COMMITTEE'S ANALYSIS

Concern regarding drainage of the Patient's ovary

- The record suggests that the Respondent was not aware of the CA 125 level at the time of the procedure, as the results of the relevant laboratory work were not available at

this time. However, the Committee had concerns regarding the Respondent's choice of initial surgical management of a large hemorrhagic mass.

- The Committee questioned the Respondent's decision to drain and derooft the ovarian mass and insert a drain, given the size of the mass (larger than 10 cm) and CT findings which showed a large complex mass with extensive internal irregular areas and which noted an ovarian neoplasm. Given the size of the mass, the Committee would have expected a prudent physician to proceed with definitive treatment such as cystectomy (removal of all or part of the bladder) or oophorectomy (removal of the entire ovary).
- In the Committee's view, the amount of bleeding at the time of drainage/un-roofing was more in keeping with a neoplasm. The Committee was concerned that the Respondent did not recognize the mass as such.
- The Committee also noted that if the Respondent was concerned about ovarian torsion, this concern should have been acted upon quickly. However, surgery was not commenced until two days after the CT scan results were available.

Concerns regarding premature discharge and inadequate follow-up

- The Committee was concerned that despite the fact that the Patient was still experiencing considerable drainage post-operatively, the Respondent chose to send the Patient home without any supports (other than a drain). The Committee was of the view that the Respondent should have involved the Community Care Access Centre (CCAC) upon discharge.
- The Committee was also concerned that at the May 26 follow-up appointment, the Respondent did not appear to be worried about a 10 cm presumably hemorrhagic cyst, and failed to recognize the mass as a neoplasm.