

**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. Ahmed Almamar (CPSO #101543)
(General Surgery)
(the Respondent)**

INTRODUCTION

The Complainant's family physician referred him to the Respondent for treatment of hemorrhoids. The Respondent performed both a sigmoidoscopy and a colonoscopy on the Complainant. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent:

- **inappropriately performed a colonoscopy, when the appointment was for a sigmoidoscopy procedure only;**
- **failed to end the appointment at the conclusion of the sigmoidoscopy, instead moving into performing a colonoscopy despite knowing that the Complainant was not sedated and had not been appropriately prepped for a colonoscopy;**
- **began performing the colonoscopy despite failing to first obtain the Complainant's consent;**
- **showed a lack of concern or care for the Complainant's wellbeing, when he dismissed and disregarded the Complainant's repeated assertions during the colonoscopy that he was in pain and to stop;**
- **advised the Complainant that he did it [the colonoscopy] for his own good, and that it helped the Respondent to "take out the second polyp, which the sigmoidoscopy would have never found";**
- **caused the Complainant unnecessary pain and suffering, mental anguish and months of rectal bleeding; and**
- **exposed the Complainant to unnecessary risk and put him through unnecessary suffering; the Respondent knew or should have known that the colonoscopy would be unsuccessful since the Complainant was not properly prepared.**

COMMITTEE'S DECISION

A Surgical Panel of the Committee considered this matter at its meeting of May 21, 2021.*

The Committee required the Respondent to appear before the Committee to be cautioned that he should have: followed the proper approach to obtaining consent and documentation of the same; terminated the procedure when an unsedated patient expressed discomfort and wished to discontinue; followed guidelines for screening colonoscopies; and not proceeded with colonoscopy in an unprepped bowel.

The Committee also accepted an undertaking from the Respondent.

COMMITTEE'S ANALYSIS

Concerns regarding:

- *inappropriately performing the colonoscopy*
- *failing to end the appointment at the conclusion of the sigmoidoscopy*
- *performing the colonoscopy despite failing to first obtain the Complainant's consent*
- *exposing the Complainant to unnecessary risk and putting him through unnecessary suffering*

The Respondent should have been aware of and followed current guidelines for screening colonoscopy, given that in the clinical circumstances of this case a colonoscopy would not be a routine recommendation.

The records show there was confusion and lack of clarity around the issue of consent, including that changes were made to the consent form without initialling by the parties and there was a lack of documentation about discussions of the proposed procedures. The Committee had concerns about the consent form (in a checklist format, which was not ideal), and the consent process and documentation overall.

The Respondent's decision to proceed with colonoscopy in an unsedated patient, when there was no apparent benefit, was difficult to understand. Furthermore, performing the procedure on an unprepped bowel had the potential for unnecessary risk.

Concerns regarding lack of concern or care for Complainant's wellbeing, and causing the Complainant unnecessary pain and suffering

Records from the Complainant's family physician show the Complainant was very dissatisfied with what had taken place. This information did not, in the Committee's opinion, indicate a patient who had provided consent to a procedure after a thorough discussion.

While some studies show colonoscopy can be performed safely and with reasonable patient satisfaction without sedation, many other studies demonstrate that patients who experience a painful colonoscopy are less likely to return for necessary follow-up procedures. The Respondent should have terminated the procedure when the unsedated patient expressed discomfort and wished to discontinue.

Concerns regarding comment from Respondent

This comment could be regarded as reasonable in a certain context, but the Committee also noted (as set out immediately below) that the professional education the Respondent agreed to undergo included the subject of communications.

Overall, the Committee determined that it was appropriate to caution the Respondent as set out above, and to accept an undertaking from the Respondent, which would include professional education on certain clinical issues arising from this case, consent to treatment, medical record-keeping and communications.

**This complaint was first considered by the Committee in February 2019. The Complainant appealed the Committee's original decision to the Health Professions Appeal and Review Board (HPARB), which returned the matter to the Committee on the basis of an inadequate investigation. The Committee reconsidered the matter following further investigation, as directed by HPARB.*