IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED

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OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA
EX REL. THE OKLAHOMA BOARD
OF MEDICAL LICENSURE
AND SUPERVISION,

Plaintiff,

v.

Case No. 08-10-3594

WALTER WILLIS BELL, M.D.,
LICENSE NO. 13877,

Defendant.

COMPLAINT

COMES NOW the Plaintiff, the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General, and for its Complaint against the Defendant, Walter Willis Bell, M.D., alleges and states as follows:

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq.*

2. Defendant, Walter Willis Bell, M.D., holds Oklahoma license no. 13877 and at the time of the events in questions, practiced as a general surgeon in Oklahoma City, Oklahoma.

SURGERIES INVOLVING UNSAFE SURGIGAL TECHNIQUE DIRECT BLIND INITIAL TROCAR PLACEMENT

3. On or about September 19, 2005, Defendant performed a laparoscopic appendectomy on Patient ACM, an 11 year old female. During the procedure, Defendant placed a 10mm trocar as the initial trocar for insufflation for the laparoscopy. The trocar injured the iliac artery, resulting in massive bleeding. The laparoscopic procedure was converted to an open procedure and the child recovered.

4. On or about October 31, 2007, Defendant performed a laparoscopic cholecystectomy on Patient BHM, a 19 year old female. One (1) day later, on November 1, 2007, the patient went to the emergency department complaining of abdominal pain. The patient was treated by the ER physician, who consulted with Defendant by telephone. The patient was

released and was advised to follow-up with Defendant that day, but she did not do so. **The patient died** the next day on November 2, 2007 due to peritonitis due to thermal injury, which caused the intestine to perforate subsequent to surgery. An autopsy performed on the patient revealed multiple holes in the small intestine, duodenum and mesentery, which likely occurred when Defendant inserted the trocar by "direct blind initial trocar placement". Patient BHM's family sued Defendant for failing to recognize a complication of surgery and settled for a payment of **$350,000.00.**

5. On or about September 9, 2008, Defendant performed a laparoscopic appendectomy on Patient HHM, a 16 year old female. During the surgery, Defendant inserted the trocar by "direct blind initial trocar placement". During this process, Defendant punctured the iliac artery. Defendant converted the surgery to an open procedure in an attempt to control the bleeding. The patient arrested and resuscitation efforts were unsuccessful. **The patient died.** Patient HHM's family sued Defendant for utilizing an improper technique and settled for a payment of **$690,000.00.**

OTHER SURGERIES INVOLVING IMPROPER TECHNIQUES AND SURGICAL COMPLICATIONS NOT RECOGNIZED

6. On or about March 12, 2004, Defendant performed a laparoscopic cholecystectomy on Patient GHM, a 35 year old female. During the surgery, Defendant injured both the common bile duct as well as the right hepatic artery. Another surgeon assisting during the surgery noted that a large segment of the hepatic artery was missing. However, Defendant's Operative Report mentions nothing of the injuries. Patient DHM continued to suffer problems and subsequently required a second surgery to repair the hepatic artery and the common bile duct. Patient GHM subsequently sued Defendant for utilizing an improper technique during surgery and settled for a payment of **$237,500.00.**

7. On or about December 27, 2005, Defendant performed a laparoscopic cholecystectomy on Patient LGM, a 32 year old female. Two days later, on December 29, 2005, the patient went to the emergency department complaining of abdominal pain. An ultrasound revealed an early or partial bowel obstruction and a CT revealed a midline ventral hernia containing small bowel. Surgery was scheduled for the next day, but **the patient died** before the subsequent surgery. Defendant's Operative Note appears to be incomplete, in that his description of the size of the fascia defect near the umbilicus that caused the bowel obstruction was contrary to that reported on the autopsy. Patient LGM's family sued Defendant for failing to recognize a surgical complication and settled for a payment of **$310,000.00.**

8. On or about April 19, 2006, Defendant performed a colon resection on Patient SHM, a 49 year old female. During the surgery, Defendant stapled the patient's colon to her vagina. The patient required a subsequent surgery to remove the staples from her vagina. Patient LGM sued Defendant for utilizing an improper technique during surgery and settled for a payment of **$350,000.00.**

9. Defendant is guilty of unprofessional conduct in that he:

A. Engaged in conduct which is likely to deceive, defraud or harm the public in violation of OAC 435:10-7-4(11).

B. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(13) and OAC 435:10-7-4(39).

C. Engaged in gross or repeated negligence in the practice of medicine and surgery in violation of OAC 435:10-7-4(15).

D. Engaged in practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18).

E. Failed to maintain an office record for each patient which accurately reflects the evaluation, treatment, and medical necessity of treatment of the patient in violation of 59 O.S. §509(18) and OAC 435:10-7-4(41).

Conclusion

WHEREFORE, the Plaintiff respectfully requests that the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation and any other appropriate action with respect to Defendant's medical license, and an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,

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