CASE INFORMATION SHEET
FLORIDA LEGAL PERIODICALS, INC.
P.O. Box 3370, Tallahassee, FL 32315-3730
(904) 224-6649/(800) 446-2998 * FAX (850) 222-6266

COUNTY AND COURT: Pinellas County – Circuit Civil

NAME OF CASE: James John Eichman v. Patrick Cambier, M.D. and Coastal Cardiology Consultants, P.A., d/b/a Heart & Vascular Institute Of Florida

PLAINTIFF(S) ATTORNEY(S)/TRIAL COUNSEL:

Devesh Tiwary, Esquire
TiMed Law
28870 US Highway 19 North
Suite 300
Clearwater, Florida 33761

Michael L. Walker, Esquire
Walker Law Group
2605 Enterprise Road East
Suite 168
Clearwater, Florida 33759

DEFENDANT(S) ATTORNEY(S)/TRIAL COUNSEL:

Richard B. Mangan, Jr., Esquire
R. Clifton Acord II, Esquire
Rissman, Barrett, Hurt, Donahue & McLain, P.A.
1 North Dale Mabry Highway
11th Floor
Tampa, FL 33609
Attorneys for Patrick Cambier, M.D. & Coastal Cardiology Consultants, P.A. d/b/a Heart & Vascular Institute of Florida

AGE/SEX/OCCUPATION OF PLAINTIFF OR DECEDENT:

61 year old retired male.

DATE, TIME AND PLACE OF ACCIDENT OR OCCURRENCE:

July 18, 2008 – Morton Plant Hospital, Clearwater, Florida.

CAUSE OF INJURY:

Mr. Eichman was diagnosed with an abdominal aortic aneurysm (AAA) below his renal arteries in June 2008. He was referred to a vascular surgeon, Alexander Balko, M.D., who scheduled Mr. Eichman for an endovascular aneurysm repair (EVAR) utilizing a Medtronic AneuRx Stent Graft. Dr. Balko consulted defendant Patrick Cambier, M.D., who is an interventional cardiologist, to assist in performing the endovascular portion of the procedure.

The EVAR was performed on July 18, 2008 utilizing cine-angiography. The stent graft was deployed by Dr. Balko and Dr. Cambier just below the renal arteries. Prior to deployment, an angiogram was obtained imaging the origin of the renal arteries. After the device was deployed, confirmatory selective angiograms of each renal artery were obtained by injecting contrast dye into the openings of each.

According to the operative reports of Dr. Balko and Dr. Cambier, the angiograms confirmed that both renal arteries were open and that each kidney was perfusing appropriately. The cine of the EVAR procedure was not maintained by the hospital. Only still images existed. Plaintiff contended that the stills demonstrated that the opening to right renal artery was completely occluded by the stent.

Mr. Eichman was discharged from the hospital on July 19, 2008. Two days later he presented to the emergency department complaining of a low pulse. Blood work was obtained which revealed that Mr. Eichman's BUN was 32 and his creatinine was elevated at 2.7. Mr. Eichman was admitted to the hospital with acute renal failure, chest pressure and pain, right and left flank pain.

An abdominal and pelvic CT scan was performed on July 22, 2008. The radiologist was unable to exclude that the stent graft was covering portions of the renal arteries. A nephrologist was consulted who felt that Mr. Eichman had either acute renal failure from contrast induced nephropathy, a renal artery occlusion, or heavy ibuprofen use.

On July 25, 2008, Dr. Cambier was reconsulted to perform a renal angiogram. Dr. Cambier was unable to visualize the opening of the right renal artery but did observe that the artery filled by way of collateral vessels. The opening to the

left renal artery was found to be patent. Dr. Cambier reported his findings to Dr. Balko and the other treating physicians.

Mr. Eichman was discharged on July 26, 2008. At that point it was felt that his acute renal failure and back pain were due to heavy ibuprofen use in the three days prior to his admission plus contrast during the EVAR procedure. At the time of discharge his creatinine and BUN had stabilized.

Mr. Eichman was readmitted to the hospital two days later on July 28, 2008 with a fever, urinary tract infection and acute renal failure. He also had accelerated hypertension. A nephrologist was consulted who felt that the acute renal failure was from contrast nephropathy and atheroemboli or migration of the stent graft after implantation causing an occlusion of the right renal artery. The nephrologist consulted Dr. Balko to determine whether or not the stent could be repositioned. Dr. Balko concluded that repositioning the stent presented too great of a risk of aortic injury. Mr. Eichman was discharged on July 31, 2008 with instructions to follow up with his nephrologist, Dr. Balko, and his primary care physician.

Ultimately Mr. Eichman was referred by his nephrologist to a vascular surgeon, Martin Back, M.D., due to continued kidney dysfunction. Dr. Back's assessment was that Mr. Eichman had newly diagnosed hypertension and acute renal failure most likely from a malpositioned stent graft causing either a fully or partially occluded right renal artery. Dr. Back recommended an extensive right aorto-renal bypass as soon as possible. The bypass surgery was performed on August 15, 2008. Subsequently the bypass closed down. Attempts to re-perfuse the vessel restored some but not all of the blood flow to the kidney.

At the time of trial, Mr. Eichman was under the care of his nephrologist for renal hypertension and stage III to IV chronic kidney disease. He was also continuing to see Dr. Back to monitor the status of his poorly perfusing right kidney. He is required to take medications for blood pressure control for the rest of his life due to kidney failure. There was evidence presented at trial suggesting that he may become a candidate for a kidney transplant in the future.

NATURE OF INJURY:

Renal hypertension, stage III chronic kidney disease, abdominal scarring, potential for dialysis or right kidney transplant, depression.

PLAINTIFF'S EXPERT WITNESSES:

Lawrence Kaelin, M.D. – Vascular surgeon – Tallahassee, Florida.

Dr. Kaelin testified that Dr. Balko complied with the standard of care but Dr. Cambier did not. He opined that still images that were saved at the conclusion of the procedure by Dr. Balko and the radiology technician showed that the stent graft was covering the right renal artery. He further opined that Dr. Cambier fell below the standard of care by failing to recognize that the right renal artery was covered and taking action to correct the problem.

Michael Blumenkrantz, M.D. – Nephrology - Los Angeles, California.

Dr. Blumenkrantz was a causation expert who testified that Mr. Eichman's hypertension and chronic kidney disease were related to coverage of his right renal artery. At trial, he also surprisingly testified that the cause of the covered right renal artery was migration of the stent after it was placed during the EVAR. This was consistent with the defense theory of the case and in direct conflict with the testimony of Dr. Kaelin.

DEFENDANT'S EXPERT WITNESSES:

Jeffrey Snell, M.D. – Interventional Cardiology – Rush University - Chicago, Illinois.

Dr. Snell testified that the saved still images clearly showed that the right renal artery was open at the conclusion of the EVAR. He testified that the stent most likely migrated sometime between July 18 and July 25, 2008, which was the day Dr. Cambier was consulted to perform the renal angiogram and was unable to visualize the right renal artery. He also explained to the jury how a still image might make it appear as if the right renal artery was covered by the stent when in fact it was due to the angle of the C-arm.

CHECK APPROPRIATE SPACE: _X_ Verdict

DATE OF VERDICT: August 26, 2010

VERDICT: For the defendants

JUDGMENT: Judgment for defendants (Cost Judgment pending).

DATE OF JUDGMENT: September 1, 2010

DEFENDANT'S OFFER: None

PLAINTIFF'S LAST DEMAND: $686,482.00.

ATTORNEY COMMENTS: Richard B. Mangan, Jr.

The unavailability of the cine imaging impaired the ability of the defense to demonstrate the patency of the renal arteries with direct evidence in motion picture form. The still images gave the appearance of occlusion of the vessel. Plaintiff suggested that, although the hospital was the custodian of the cines, it was "convenient" that they were not available for review.

The defense argued that the stills did not provide an accurate representation of the location of the stent. The two contemporaneous procedure notes dictated by Dr. Balko and Dr. Cambier documented patent renal arteries which the defense argued was the best evidence of what was seen during surgery.

Dr. Balko died after the Notice of Intent was served but prior to suit. His estate settled with Plaintiff prior to trial. The defense did not assert a Fabre defense, but rather argued the care by the two physicians, who worked as a team to deploy the stent, met the standard of care.

Submitted By: **Richard B. Mangan, Jr.**
R. Clifton Acord, II
Date: January 17, 2011

Firm: **Rissman, Barrett, Hurt, Donahue & McLain, P.A.**

Address: **1 North Dale Mabry Highway**
11th Floor
Tampa, FL 33609

Telephone: **(813) 221-3114**

Fax: **(813) 221-3033**

RCA/RBM/yas/96785/429