

1 Q Okay, but when a patient develops a collection of  
2 blood in the space where the surgery was performed that can  
3 cause injury to the femoral nerve or to the lumbar plexus,  
4 isn't that right?  
5 A The way you phrased the question I cannot answer the  
6 question with a yes or no.  
7 I can answer that question with an explanation.  
8 Q Okay. How about if I ask you this question, then?  
9 Even after surgery is over a patient like this one  
10 is still subject to a risk that a blood collection in the  
11 area of the surgery will damage the nerve, is that correct?  
12 A Can it?  
13 Anything is possible.  
14 Q Okay.  
15 A Should it?  
16 Q Even a small --  
17 MR. SCHMEIZER: May he finish?  
18 A Anything is possible, but should it?  
19 No, it should not.  
20 Q Okay, well, how much amount of blood collection  
21 after surgery is allowable in your estimation?  
22 A In the form of a hematoma or in the form of a bleed  
23 during the surgical procedure?  
24 Q What I'm talking about is if a patient has surgery  
25 in the pelvis like this she can get a postoperative

1 collection of blood in the deep pelvic area and a hematoma  
2 can form, but that usually resolves itself, am I correct?  
3 A If the hematoma collection is less than 50 cc's it  
4 usually resolves.  
5 If it's more than 50 cc's you may have to go back in  
6 and evacuate it because that can cause an infection.  
7 Q So you say 50, 5-0, cc, correct?  
8 A Yes.  
9 Q And it's fairly common for a patient to get a  
10 collection up to 50 cc's of blood and it's not unusual,  
11 right?  
12 A That's correct.  
13 Q And basically the doctors just allow that to resolve  
14 by itself usually, correct?  
15 A They have to watch it and monitor it and make sure  
16 it dissolves -- resolves and does not get bigger because if  
17 it gets bigger they'll have more problems and if it  
18 doesn't -- I'm not finished.  
19 If it doesn't dissolve or gets bigger you have to go  
20 back in and surgically take care of it.  
21 Q This patient didn't have a problem that had to be  
22 gone back in and taken care of, correct?  
23 A To my knowledge, no.  
24 Q So we're talking about if there was any  
25 postoperative bleeding it was a small amount of bleeding,

1 under 50 cc's, correct?  
2 A Based on the records, that's correct.  
3 Q Okay, but even if they have that amount of bleeding  
4 after the surgery when the collection of blood forms in the  
5 space where the surgery was performed that can injure the  
6 femoral nerve or the other nerves, isn't that right?  
7 MR. SCHMEIZER: Are we talking about under 50  
8 cc's now?  
9 THE COURT: You may answer.  
10 A If the hematoma is causing direct compression on the  
11 femoral nerve it can, but if it was just a femoral nerve it  
12 would not be causing traction on the plexus, it would not be  
13 affecting the obturator nerve, unless it was more than 50 cc,  
14 then it would be unacceptable.  
15 So less than 50 cc's should not be causing traction  
16 because it's a small amount.  
17 Q Well, even after surgery is over the patient can  
18 still be subjected to a risk that blood collection in the  
19 area would damage those nerves, right?  
20 A Again, that question, the way it's phrased, cannot  
21 be answered with a yes or no.  
22 Q Okay. Well, would you agree with me that a small  
23 amount of blood could cause nerve damage?  
24 Even 15 cc's could cause --  
25 A When you say nerve damage what nerve are you talking

1 about?  
2 Are you talking about a local nerve or are you  
3 talking about the entire plexus.  
4 Q Well, doctor, blood can be very toxic to the nerve.  
5 There can be chemical inflammation that can cause serious  
6 nerve damage with a small amount of blood, is that right?  
7 A It can cause local damage, but not the plexus. The  
8 plexus is way above it.  
9 For the plexus to get damaged you would have to  
10 be -- there has to be a traction or a pull on the nerve and a  
11 small amount does not qualify enough to cause that traction  
12 on the nerve to cause a plexus injury.  
13 Q Okay, so your statement to this jury is that in  
14 order to damage the lumbar plexus it could only be traction  
15 that causes that injury, is that right?  
16 A There has to be a significant amount of a pull so  
17 that it goes up above the level, not just local toxic  
18 abnormality from blood.  
19 Q Doctor, do you remember testifying in the case of  
20 Angela Cossolito against New York University Medical Center?  
21 A No.  
22 When was that?  
23 Q February 27, 2003?  
24 A Angela Cossolito.  
25 Q Just over a year ago?

1 THE COURT: Spell the last name.  
2 Q C-o-s-s-o-l-i-e-t-o?  
3 A Tell me more about the case.  
4 What was the injury?  
5 Q The injury was a lumbar plexus and femoral nerve  
6 injury, does that ring a bell, on the left side?  
7 A I don't recall.  
8 But ask me your question. Ask me your question.  
9 Q Do you remember going to Queens to testify in a case  
10 where a patient had a lumbar plexus injury and a femoral  
11 nerve injury on the left side of her body after pelvic  
12 surgery at New York University Medical Center?  
13 A I don't remember that case.  
14 Q Do you remember Mr. Schmeizer being there as the  
15 attorney that called you into court on that case?  
16 A If I don't remember the case I don't know who called  
17 me to testify on that case.  
18 But you can ask me a question, I'll tell you if I  
19 agree.  
20 Q Let me ask you if you gave these answers to these  
21 questions in the Cossolito case, okay?  
22 The question at Page 339, Line 14:  
23 "Question: Would you go on now and  
24 explain to us the basis of your opinion as to  
25 why Mrs. Cossolito sustained the left femoral

1 nerve injury, the left lumbosacral  
2 radiculopathy and the complex regional pain  
3 syndrome by explaining what those conditions  
4 are starting with the left femoral nerve injury  
5 and relating it to the surgical procedure  
6 performed?"  
7 Your answer:  
8 "Answer: The left femoral nerve is  
9 injured by the following mechanisms: By a  
10 tumor from the vertebrae of the femur."  
11 And then there's an interruption and you continue  
12 your answer:  
13 "Answer: Okay, in this case based on all  
14 the history and the facts it was caused by the  
15 surgical manipulation in the viscera of the  
16 deep pelvic area near the blood vessels in the  
17 area where the ureters were. And the second  
18 portion of the question is about the sacral  
19 radiculopathy. In my opinion was caused by the  
20 weakness in the left leg in the alteration of  
21 the normal biomechanics of the spine. The  
22 alignment was off, the left leg was weak, more  
23 pressure was placed on the spine and an  
24 irritation, an increased force, and loading on  
25 the nerve roots in the lower back, that's the

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1 mechanism which I believe was the cause of the  
2 lumbosacral radiculopathy."  
3 Now, does that restore some memory of the case?  
4 A It most definitely does.  
5 Now --  
6 Q Okay, that's an answer, okay.  
7 Now, the question at page 341:  
8 "Question: What do you mean by surgical  
9 manipulation?  
10 "Answer: You had a lot of instruments in  
11 that area. You had the surgeon's hands in that  
12 area. There were retractors, there was  
13 clamping in the area. The femoral nerve may  
14 have been pulled or stretched inadvertently and  
15 there may have been a hematoma, which is a  
16 collection of blood, in the vicinity. It was  
17 two possible mechanisms.  
18 "Question: When you say two possible  
19 mechanisms, is that an opinion with a  
20 reasonable degree of medical certainty it  
21 occurred in this case?  
22 "Answer: Yes, sir.  
23 "Question: Okay, you say, first of all,  
24 hematoma. What is the difference or relation,  
25 if any, between a thrombosis in a vessel and a

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1 hematoma outside a vessel?  
2 "Answer: Thrombosis means a blockage of a  
3 blood vessel. When a blood vessel has a  
4 blockage the distal portion or the proximal  
5 portion starts to balloon out, gets dilated and  
6 the blood flow becomes blocked and the area  
7 starts to swell up. That's what happens. A  
8 hematoma means a collection of blood within an  
9 area. It could be in the pelvic area, it could  
10 be around the vessel, it could be in the soft  
11 tissue."  
12 All right, now, are you starting to remember the  
13 case again?  
14 A Absolutely.  
15 Q So you said there were two possible mechanisms of  
16 the lumbar plexus injury and femoral nerve injury?  
17 MR. SCHMEIZER: No, no.  
18 A Lumbar radiculopathy.  
19 Read what you're asking me.  
20 Q Lumbar radiculopathy?  
21 A Big difference between the two.  
22 One is in the back.  
23 Q A huge difference, right?  
24 MR. SCHMEIZER: Objection.  
25 Can he just finish his answer, Judge?

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1 THE COURT: Did you finish your answer?  
2 THE WITNESS: No, Judge.  
3 THE COURT: You may finish.  
4 A There's a big, huge difference in you depicted the  
5 question inaccurately.  
6 The lumbosacral radiculopathy --  
7 MR. LYDDANE: I'll move to strike that, your  
8 Honor.  
9 THE COURT: Let him finish his answer.  
10 A The lumbar radiculopathy, which is what I was  
11 mentioning, this patient is in the lower back.  
12 The lumbar plexus is right near the surgical site in  
13 the front, not in the back.  
14 It's different in the lumbar radiculopathy and is  
15 completely different locations and it's different, the cases  
16 are completely different.  
17 Q Okay, all right, you're -- okay, did you give this  
18 answer to this question Page 343, Line 9:  
19 "Question: Doctor, let me stop you a  
20 moment and go back to the femoral nerve  
21 damage. You indicated that in your opinion as  
22 to injury -- the injury to the left femoral  
23 nerve occurred either by surgical manipulation  
24 or by the formation of a hematoma. But how  
25 does the injury to the femoral nerve, what does

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1 that do to the left femoral nerve?  
2 "Answer: It causes it to be injured."  
3 You did give those answers?  
4 A Absolutely correct. One hundred percent correct.  
5 Q "Question: In what manner is it injured?  
6 "Answer: When you have -- when you look  
7 around the area we know from the operative  
8 report there was a lot of scarring in that  
9 area, the area has scarred. The surgeon tries  
10 to look inside by moving, probing things  
11 around and the femoral nerve lies in that  
12 vicinity. By stretching, pulling and probing  
13 it around that's the most common way of it  
14 becoming damaged and injured. That's  
15 stretching. If this was a blood vessel, blood  
16 vessels are elastic, they give in some way to  
17 stretching and nerve does not. And a nerve  
18 does not have the ability to stretch. Once you  
19 pull on it it gets damaged."  
20 Correct?  
21 A I said the same thing.  
22 Q You still agree with that?  
23 A Absolutely correct.  
24 Q So it doesn't have to take any time, if you just  
25 pull on it with the right amount of force you can cause an

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1 injury to it regardless of how long you pull on it?  
2 A It could be a neuropraxia which usually resolves on  
3 its own or it could be a permanent nerve injury called  
4 axonotmesis.  
5 Q Okay, doctor, my question --  
6 MR. SCHMEIZER: Let him finish his answer.  
7 And?  
8 A Those tractions that are short and temporary is  
9 called a neuropraxia and they usually resolve themselves  
10 within 72 hours. They don't persist for longer than that.  
11 Q I see.  
12 A And there's --  
13 MR. SCHMEIZER: Let him finish.  
14 A There's a big difference between a local injury  
15 versus the plexus getting injured.  
16 If you have a hematoma the local nerve absolutely  
17 can become inflamed from the bleeding, the blood which is  
18 toxic to the local nerve.  
19 But the plexus, which is way above it, is not going  
20 to be in the vicinity of the hematoma, so therefore that  
21 cannot get injured by the hematoma, you need a traction for  
22 that to occur, a prolonged traction.  
23 Q Unless there's a hematoma up there too, right?  
24 A Unless there's a hematoma directly on the plexus.  
25 Q Okay, all right.

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1 So, okay, doctor, are you saying that -- let me ask  
2 you these questions.  
3 Did you give these answers to these questions at  
4 Page 368:  
5 "Question: Doctor, and wouldn't you  
6 expect, Dr. Guy, that the vascular surgeon  
7 would have picked up on the fact that this  
8 patient had a large hematoma stretching the  
9 femoral nerve if there was one there?  
10 "Answer: If there was a hematoma in the  
11 deep pelvis that will not be picked up in blood  
12 flow studies because these blood flow studies  
13 do not check the deep pelvic area. So whenever  
14 you have this type of surgery you can have a  
15 bleed inside the deep pelvic area and the  
16 hematoma resolves itself."  
17 A That's correct.  
18 Q That's correct, isn't it?  
19 A Yes.  
20 Q And then:  
21 "Question: And the point I am making is  
22 that what you're talking about, a hematoma, is  
23 not something that happens in the artery?  
24 "Answer: No.  
25 "Question: All right, so this is somebody

1 bleeding internally?  
 2 "Answer: Right.  
 3 "Question: And then there's a collection  
 4 of blood?  
 5 "Answer: Right, right.  
 6 "Question: Which is like a collection  
 7 that is then filling up an empty space?  
 8 "Answer: Correct.  
 9 "Question: And that can injure the  
 10 femoral nerve or any adjacent structures,  
 11 right?  
 12 "Answer: That's one mechanism, yes."  
 13 Is that correct?  
 14 A Absolutely correct.  
 15 Q Okay, so small amount of blood can cause nerve  
 16 damage if it's in the right place, right?  
 17 MR. SCHMEIZER: Objection, that didn't say  
 18 small.  
 19 THE COURT: You may answer.  
 20 A To the local structure that's in contact with the  
 21 blood, yes.  
 22 Q Okay, a small amount of blood can cause nerve injury  
 23 even if it's 15 cc's of blood, right?  
 24 A If it's directly on top of a nerve, that is correct,  
 25 it can.

1 Q Right, because blood can be very toxic to the nerve  
 2 and chemical inflammation can cause serious nerve damage,  
 3 right?  
 4 A That is correct.  
 5 Q Okay. So we don't have to read the rest of this,  
 6 right, okay?  
 7 A So far, what you said is exactly what I agree with.  
 8 I would say the same thing if you ask me that right now.  
 9 Q Okay, all right, well let me just ask you something  
 10 about this diagram, okay?  
 11 Could you just step down here for a minute?  
 12 Do you know -- before we go to that. You saw the  
 13 reports of Dr. Kulick who did the second EMG study?  
 14 A Yes, sir.  
 15 Q Did you know that Dr. Kulick gave the following  
 16 answer to the following question at Page 373:  
 17 "Question: Now, if this patient had a  
 18 problem caused by pressure on the psoas muscle,  
 19 referring to the femoral nerve, at the time of  
 20 surgery would that account for the findings  
 21 you had here?  
 22 "Answer: No."  
 23 Okay, did you know he gave that answer?  
 24 A No, I did not know, but I agree with him.  
 25 Q Okay, you agree with him?

1 A Yes.  
 2 Q Okay, so femoral nerve pressure on the -- pressure  
 3 on the femoral nerve through the psoas muscle doesn't cause  
 4 what he has there, right?  
 5 A Correct.  
 6 Q Because there's lots of things there that's not the  
 7 femoral nerve, right?  
 8 A Yes.  
 9 Q But what you're saying is that if you pull on the  
 10 femoral nerve hard enough you can damage all the rest of the  
 11 nerves too, right?  
 12 Is that what you said?  
 13 A The nerves that are in issue here, which is the  
 14 lumbosacral plexus, the L2 to L4 plexus, that's correct, I  
 15 did.  
 16 Q Now, there is a difference --  
 17 MR. SCHMEIZER: Let him finish his answer,  
 18 please?  
 19 A For the reasons I've given you.  
 20 This, the femoral nerve, is part of a branch of a  
 21 tree. If you pull on the branch of the tree does that little  
 22 segment pull the whole branch or does the whole entire branch  
 23 get pulled?  
 24 The answer is the whole entire branch can be pulled  
 25 if the force and traction is strong enough.

1 Q Um-hum, okay.  
 2 But do you know that these red marks are the marks  
 3 of the distribution of the nerves whose distribution were  
 4 damaged in this case?  
 5 A Let's see. This is the L2, L3, plexus.  
 6 Q This is the obturator. We know that was damaged.  
 7 A I'm coming to that. That's correct.  
 8 This is the femoral nerve, that's correct.  
 9 Lumbosacral trunk, the L5 trunk, this comes right off the L4  
 10 so if you pull on a nerve that pulls on this that also can  
 11 theoretically get affected.  
 12 S1, the breaks on the EMG, the S1 was not affected.  
 13 Q Dr. Kulick said the S1 and S2 were both showing  
 14 problems on the EMG?  
 15 A Let's flip the EMG back again. Let's take a look  
 16 and see if that's correct.  
 17 Okay, here's the L5-S1. It's normal.  
 18 Q The paraspinals are normal?  
 19 A I'm coming to that.  
 20 MR. SCHMEIZER: Let him finish, please.  
 21 MR. LYDDANE: Whose asking the questions?  
 22 I thought it was my examination.  
 23 A Ask your question.  
 24 THE COURT: The lawyer asks a question and the  
 25 witness answers.

1 One at a time.  
 2 Q There is an indication here that the peroneal nerve  
 3 is involved, right?  
 4 A No, it says that the peroneal was tested.  
 5 The answer is, it was normal.  
 6 Q No motor units, that's normal?  
 7 A Peroneal nerve -- okay, fine, all right.  
 8 Q -- right?  
 9 Extensor hallucis longus, peroneal nerve --  
 10 A Correct.  
 11 Q -- comes out L5-S1, right?  
 12 A Okay.  
 13 Q No motor units?  
 14 A Correct.  
 15 Q That indicates there's damage there, right?  
 16 A Right.  
 17 Q Medial gastrocnemius?  
 18 A Right.  
 19 Q Sciatic nerve?  
 20 A Right.  
 21 Q The route is S1-S2?  
 22 A Right.  
 23 Q No motor units?  
 24 A Right.  
 25 Q So that's what Dr. Kulick was talking about when he

1 said this couldn't account for this -- this injury is not  
 2 explained by traction on the femoral nerve?  
 3 Isn't that what he's talking about?  
 4 A If that's what he said I respectfully disagree  
 5 because the sciatic nerve consists of the combination of L4,  
 6 L5 and S1 nerve roots combined and if you have --  
 7 Q I see?  
 8 A And if you have a traction injury on the sciatic  
 9 nerve which is a branch of L4, L5, S1 nerve root, the  
 10 peroneal and the tibial divisions are branches of the sciatic  
 11 nerve.  
 12 Q I see. All right so your testimony is that you can  
 13 pull on this femoral nerve hard enough to damage all these  
 14 other nerves - the obturator nerve, the lumbosacral trunk,  
 15 the sciatic nerve - you can damage all these nerves and  
 16 still have function in that femoral nerve, is that your  
 17 testimony?  
 18 A First of all --  
 19 Q Is that your testimony?  
 20 A No.  
 21 THE COURT: You may finish your answer.  
 22 A My testimony is that there was a partial damage to  
 23 the femoral nerve, not a complete damage to the femoral  
 24 nerve.  
 25 If there was a complete damage to the femoral nerve

1 this patient would not have any hip flexion and knee  
2 extension whatsoever.  
3 She obviously has some.  
4 And if -- why is it hard for you to understand that  
5 these --  
6 MR. LYDDANE: I move to strike that, your  
7 Honor. That's not an answer to my question.  
8 MR. SCHMEIZER: Can we have his answer without  
9 interruption?  
10 THE COURT: You may complete your answer.  
11 A I don't know why it's hard to understand that all  
12 these nerves are attached to one another. They're all  
13 attached.  
14 What's so hard to understand?  
15 You pull on this you're pulling on everything that's  
16 attached to this. It's a very common basic understanding of  
17 the normal anatomy of the structures. It's not unusual.  
18 Q Okay. Well, perhaps I'm not the only one that  
19 doesn't understand because I would like to read you from Dr.  
20 Kulick's testimony and the question to him was at Page 375,  
21 Line 89:  
22 "Question: But, in any event, regardless of  
23 when it happened it didn't happen because somebody  
24 pulled on this femoral nerve with a retractor,  
25 right?"

1 "Answer: No, right."  
2 Do you know that the neurologist said that about  
3 this injury?  
4 A That's his opinion.  
5 Q And it's different from yours?  
6 MR. SCHMEIZER: Excuse me, can he please --  
7 A I'm saying there was some sort of a pull on this  
8 nerve --  
9 MR. LYDDANE: Your Honor, my question to him is  
10 did he know the neurologist said that.  
11 He is not answering that question.  
12 A I did not know what the neurologist said.  
13 Q That's an answer to the question.  
14 THE COURT: Continue talking.  
15 MR. LYDDANE: He answered the question.  
16 THE COURT: He can complete the sentence.  
17 A I am not saying that that nerve was damaged directly  
18 or solely by the retractors.  
19 Some sort of a pull must have occurred to damage  
20 this. This does not get damaged out of nowhere. Something  
21 must have damaged.  
22 If you see footprints on the beach, but you don't  
23 see anybody walking do you have to see somebody walking to  
24 know somebody walked there?  
25 No, you see the footprints.

1 If this nerve, the whole plexus, gets damaged you  
2 don't have to know exactly what happened, you know by common  
3 medical understanding that some pull or some force, some  
4 stretching, must have occurred to have damaged this otherwise  
5 this would not have been damaged within the first 24 hours  
6 after the surgery. It's common sense.  
7 Q Are you finished?  
8 A I'm finished.  
9 Q It's common sense.  
10 So Dr. Kulick can't see the footprints on the beach,  
11 is that what you're saying?  
12 A I'm not here to read Dr. Kulick's mind. I am not  
13 here to comment on what Dr. Kulick's opinion is.  
14 I'm simply stating a fact that I believe to be  
15 correct.  
16 Q Okay, when he says at Page 375:  
17 "Question: But, in any event, regardless  
18 of when it happened it didn't happen because  
19 somebody pulled on this femoral nerve with a  
20 retractor, right?"  
21 "Answer: No, right."  
22 What you're saying is that's true, it didn't  
23 necessarily happen because somebody pulled on a retractor it  
24 could have happened by any one of these other means, right?  
25 A It can. Usually, usually, a traction force must

1 have occurred. Whether it was by hand manipulation, or  
2 whether it was by retraction mechanism, a traction force must  
3 have occurred to cause damage to this plexus.  
4 Q Okay. So it could have been something that was  
5 moving the organs with the patient's -- with the doctor's  
6 hands, right?  
7 A If the force was severe enough and prolonged enough  
8 the answer is yes.  
9 Q It could have been the consequence of this resection  
10 of the nodes, right?  
11 A Again, if the traction was strong enough the answer  
12 is yes, that is also possible.  
13 Q It could have been when he was removing the ovary on  
14 that side, right?  
15 A Again, if there was enough traction on the  
16 lumbosacral plexus that is also possible.  
17 Q It could have been when he was moving the organs  
18 around to see if cancer was in any other area in that pelvis,  
19 right?  
20 A Again, if the traction was severe enough and  
21 prolonged enough to stretch and pull on the lumbosacral  
22 plexus that is also possible.  
23 Q Oh, okay, and it may have been entirely independent  
24 of the retractors, right?  
25 A That's also possible.

1 Q Thank you, I have no further questions.  
2 THE COURT: Redirect?  
3 REDIRECT EXAMINATION  
4 BY MR. SCHMEIZER:  
5 Q Doctor, you were asked questions referring to an  
6 earlier case where there was a radiculopathy involving a  
7 blood clot -- involving a radiculopathy of the femoral nerve  
8 and blood clot?  
9 A Yes, sir.  
10 Q And asked questions regarding it as if it was the  
11 same surgery and same medicine that is involved in this  
12 case.  
13 Is it the same medicine?  
14 Is it the same surgery?  
15 A No, sir, it's completely different.  
16 Q Would you tell this court and jury why it's so  
17 different?  
18 THE COURT: Didn't you already answer that?  
19 THE WITNESS: I did.  
20 THE COURT: Next question.  
21 Q You've been asked over and over again how to explain  
22 the fact that several nerves - the femoral nerve, the sciatic  
23 nerve, the obturator nerve - have been injured in this case  
24 and been asked several times to explain how can that happen  
25 by way of an injury to the femoral nerve.

1 Has that opinion changed?  
2 A No.  
3 Q When you talk about manipulating of organs you're --  
4 is it your testimony that -- to cause injury to the femoral  
5 nerve or lumbar plexus you would have to have a severe  
6 unreasonable force applied during surgery?  
7 MR. LYDDANE: Objection. Objection.  
8 THE COURT: This is a leading question and  
9 it's --  
10 Q What kind of force -- when you talk about severe,  
11 what kind of force are you describing?  
12 Are you talking about a surgical -- are you talking  
13 about good and accepted surgical practice?  
14 MR. LYDDANE: I object to that. I object to  
15 the line of questioning.  
16 THE COURT: Sustained.  
17 Next question.  
18 MR. SCHMEIZER: I think he opened the door to  
19 this whole issue.  
20 THE COURT: Next question.  
21 Q When you talk about severe tension or traction what  
22 are you referring to?  
23 A A pull on one of those nerves that belongs to the  
24 lumbosacral plexus. Any nerve that belongs to that  
25 lumbosacral plexus can cause that damage.

1 And it has to be strong enough force and prolonged,  
 2 not a simple pull like this. It has to be prolonged on a  
 3 sustained basis. Just a simple touch alone is not  
 4 sufficient. It has to be prolonged.  
 5 Q And when you say severe and prolonged can you put a  
 6 time on it or is it difficult to put a time limit on it?  
 7 A It's very difficult to put a time on it. I cannot  
 8 put a time on it.  
 9 Q Are we talking about a force that's extraordinary  
 10 insofar as manipulating tissue in the context of colorectal  
 11 surgery?  
 12 MR. LYDDANE: Objection.  
 13 THE COURT: Sustained.  
 14 Next question.  
 15 Q You were asked questions about a hematoma.  
 16 Incidentally, postoperative formation of a hematoma  
 17 under 50 cc's is not uncommon, is that correct?  
 18 A That's correct.  
 19 Q And those hematomas go away, is that correct?  
 20 A They usually dissolve and go away, yes, usually.  
 21 Q To have the kind of hematoma that could denervate,  
 22 that could cause some toxic reaction or some injury to the  
 23 plexus, would have to be more than 50 cc's, am I correct?  
 24 MR. LYDDANE: Objection, objection, every  
 25 question is a leading question.

1 THE COURT: Sustained.  
 2 Next question.  
 3 Q What size hematoma, hypothetically, are we talking  
 4 about that can cause the degree of injury that occurred in  
 5 this case?  
 6 A If you're talking about a size of a hematoma that's  
 7 on the femoral nerve it has to be big enough to cause a  
 8 significant pull.  
 9 Fifty cc's is not big enough to cause a pull.  
 10 Fifty cc's is enough to cause a toxic reaction to  
 11 the local area where the blood is touching it, but not to the  
 12 whole plexus.  
 13 If you're going to pull on the whole plexus it has  
 14 to be a big hematoma, big enough, something like 200 or 500  
 15 cc's to pull on the entire branch of a tree and certainly  
 16 there's nothing in the records to indicate there was a 500 cc  
 17 hematoma.  
 18 Q If there was a hematoma that size you would see an  
 19 attempt postoperatively to evacuate that in the record?  
 20 MR. LYDDANE: Objection, it's leading.  
 21 THE COURT: You may answer.  
 22 A Yes, that would have to be corrected. That would  
 23 have to be done.  
 24 MR. SCHMEIZER: I have nothing further, thank  
 25 you.

1 THE COURT: Recross?  
 2 RECROSS-EXAMINATION  
 3 BY MR. LYDDANE:  
 4 Q Doctor, you did read the Lenox Hill Hospital record,  
 5 isn't that right?  
 6 A Yes, sir.  
 7 Q Okay, and did you see there that they did some  
 8 investigation to determine whether there was a hematoma,  
 9 isn't that right?  
 10 A Yes, sir.  
 11 Q And you did see the CAT scan report of January the  
 12 12th, 1999, didn't you?  
 13 A I did.  
 14 Q And do you remember that that said that under the  
 15 impression a heterogenous density in the pelvis at the  
 16 surgical site, this could represent a postoperative hematoma  
 17 or possibly an abscess.  
 18 Do you remember that?  
 19 A Yes.  
 20 MR. SCHMEIZER: Page number?  
 21 Q And that's on Page 93 and they didn't say how big it  
 22 was at that time, did they?  
 23 A That's the part I don't remember.  
 24 If you have it handy --  
 25 Q They didn't say how big it was at that time, did

1 they?  
 2 A I don't remember if they did or if they didn't.  
 3 If you show me --  
 4 Q And you didn't see the films, did you?  
 5 A If you show me the report I can answer your  
 6 question.  
 7 Q Okay.  
 8 MR. LYDDANE: May I approach, your Honor?  
 9 (Shown to witness.)  
 10 Q Page --  
 11 (Shown to witness.)  
 12 Q Page 93 is the CT report of January the 12th, '99?  
 13 A Just give me a second.  
 14 (Pause.)  
 15 A Does not say.  
 16 Just says a large heterogenous density, does not  
 17 indicate the size.  
 18 And you're correct, it says there's a catheter there  
 19 to drain it. A drainage catheter is in place.  
 20 Q So this patient had a postoperative hematoma  
 21 demonstrated on her films, but nobody said how large it was,  
 22 right?  
 23 A That's correct, yes.  
 24 MR. LYDDANE: Thank you. I have no further  
 25 questions.

1 THE COURT: Thank you. You may step down.  
 2 (Witness excused.)  
 3 THE COURT: Members of the jury, we'll recess  
 4 for lunch until 2 o'clock. Have a pleasant lunch.  
 5 Thank you very much.  
 6 (Jury exits.)  
 7 (The luncheon recess was taken at this time.)  
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