





1           11. Dr. Anil K. Batra also consulted this patient on or about October 24, 2006, in the  
2 intensive care unit. He identified the following pulmonary medical problems: status post  
3 exploratory laparotomy, postoperative on ventilator, diabetes mellitus, hypertension with  
4 hypertensive heart disease, and [that he wanted to] rule out any atelectasis postoperative  
5 and/or pneumonia.”

6           12. Dr. Richard Shehane also consulted on this patient on October 26, 2006. His  
7 impressions included paroxysmal atrial fibrillation and status post repair of perforated viscus.

8           13. Surgery was again performed on this patient; and in an operative report of October  
9 28, 2006, Dr. Wu noted the patient had previously presented herself with “acute abdomen and  
10 was diagnosed with gastric ulcer perforation. Also, some pneumatosis of the right colon was  
11 noted, likely due to her hypovolemic and septic shock state. The patient had gastric ulcer  
12 repair and the colon was examined at that time and appeared to be viable so no resection was  
13 done at that time.” The operative report indicates that the patient was returned to the  
14 operating room for resection of the bowel as repeated CT scans indicated “severe  
15 pneumatosis and a diagnosis of ischemic bowel.” The operative report notes no  
16 complications and that the patient was in stable condition. Throughout the reports generated  
17 by Dr. Wu, the major complications were addressed. The radiology reports on this patient  
18 revealed the complications.

19           14. The operative report of October 28, 2006, further indicates that Dr. Wu decided “to  
20 perform a right hemicolectomy.” The report continued that the “gallbladder was then  
21 inspected and appeared to be inflamed, likely due to irritation by the right colon. Therefore,  
22 the decision was made to perform cholecystectomy.” Allegedly, the gallbladder was dissected  
23 “away from the liver bed.”

24           15. According to the pathology report of specimens provided, dated October 30, 2006,  
25 the diagnoses were:

26           A-(Gallbladder), cholecystectomy;  
27           Acalculous chronic cholecystitis  
28           See Comment.

          Comment: There are moderate to focally marked numbers of eosinophils present  
          In the submucosa and wall of the gallbladder.

1 B-Colon (Hemicolectomy, Right);  
2 Portion of colon with focal full thickness ischemic necrosis and associated  
3 pneumatosis intestinalis, negative for malignancy.  
4 Portion of small bowel with serosal fibrinopurulent exudate.

5 Simple cyst of kidney with adjacent chronic interstitial nephritis and moderate  
6 To focally marked glomerulosclerosis.  
7 Moderate arteriolonephrosclerosis is also present. Negative for malignancy.  
8 Portion of ureter negative for dysplasia and negative for malignancy.  
9 Four benign peri-renal lymph nodes.

10 16. Within that pathology report, it is noted that within the "attached fat is a 9.5 x 4.5 x  
11 3.5 cm kidney with an attached 4.0 cm in length segment of ureter. . . . The kidney is bivalved  
12 and the parenchyma is pale tan-pink . . . No mass lesions are noted within the kidney  
13 parenchyma. . . ." This was not noted in the operative report, nor the progress report, by Dr.  
14 Wu.

15 17. The patient was also seen by Dr. M. Paul Singh on October 30, 2006, and his  
16 consultation report of that date indicated his impressions of: perforated viscus repair and  
17 evacuation of abscess on 10/22/2006, bowel ischemia, status post right hemicolectomy and  
18 cholecystectomy on 10/28/2006; leukocytosis, and rule out residual abdominal sepsis.

19 18. On November 17, 2006, the patient was seen by Dr. Wu for respiratory failure, and  
20 the procedure performed was a tracheostomy. Dr. Wu's operative report indicated that there  
21 were no complications.

22 19. On December 4, 2006, Dr. Wu saw the patient again for "dysphagia" and "failure to  
23 thrive." The report indicates that the procedures performed by Dr. Wu included percutaneous  
24 endoscopic gastrostomy and esophagogastroduodenoscopy. No complications were noted in  
25 this report.

26 20. Because of Respondent's failure to properly treat the Patient at issue herein, by  
27 removing a portion of the patient's kidney during a surgical procedure for the gallbladder,  
28 and/or implement appropriate and established medical procedures with respect to the  
treatment of Patient A.G., Respondent has violated NRS 633.041, gross negligence, and in

1 particular Subsection 3, willful disregard of established medical procedures.

2 21. Because of Respondent's failure to properly treat the Patient at issue herein, by  
3 removing the patient's kidney and ureter during a surgical procedure for the gallbladder,  
4 and/or implement appropriate and established medical procedures with respect to the  
5 treatment of Patient A.G., Respondent has violated NRS 633.111, professional incompetence,  
6 and in particular Subsection 1 thereof, i.e., apparent lack of knowledge and/or training.  
7 Failure to document this in his reports and progress notes constitutes unethical and  
8 unprofessional conduct.

9 **III.**

10 **UNPROFESSIONAL CONDUCT**

11 22. The allegations contained in paragraphs 1 through 7 of Section I, General  
12 Allegations, and Paragraphs 8 through 21, Count I pertaining to Patient A.G.'s care and  
13 treatment, inclusive, of this Complaint are incorporated herein by reference, as though each  
14 such allegation was more specifically set forth in full herein.

15 23. With respect to the treatment rendered by Respondent to the Patient at issue in  
16 this matter, said Respondent has failed to exhibit the professional competency required of an  
17 osteopathic physician and has failed to safely and skillfully practice osteopathic medicine in  
18 this community. NRS 633.111.

19 24. Pursuant to NRS 633.131(1)(f), discipline is warranted as the medical care  
20 rendered to the Patient at issue in this matter by Dr. Wu did not rise to the appropriate  
21 standard and/or established medical procedures, and such medical practice was harmful and  
22 detrimental to the public and its safety, especially to the Patient at issue in this matter.

23 **IV.**

24 **UNETHICAL CONDUCT**

25 25. The allegations contained in paragraphs 1 through 7 of Section I, General  
26 Allegations; Paragraphs 8 through 21 of Count I pertaining to the Patient's care and treatment;  
27 Paragraphs 22 through 24 of Count III, Unprofessional Conduct, all inclusive, of this complaint  
28 are incorporated herein by reference, as though each such allegation was more specifically

1 set forth in full herein.

2 26. With respect to the treatment rendered to the Patient at issue in this matter,  
3 rendered by Respondent, Respondent has engaged in conduct that constitutes an unfitness to  
4 practice osteopathic medicine in this community. NAC 633.350(9).

5 **V.**

6 **SUMMARY SUSPENSION**

7 27. The allegations set forth in paragraphs 1 through 26 of the foregoing complaint are  
8 incorporated herein as if they were repeated more fully in this Section.

9 28. That the public health, safety, and welfare imperatively require action and  
10 summary suspension of Respondent's license to practice medicine in the state of Nevada  
11 pending a hearing on the Complaint. That the continuing practice of medicine or the  
12 continuing ability to practice medicine by Respondent during the pendency of the time  
13 necessary for a hearing on this Complaint would endanger the health, safety, and welfare of  
14 his patients.

15 **VI.**

16 **PATTERN OF UNETHICAL & UNPROFESSIONAL CONDUCT WHICH**  
17 **CONSTITUTES AN UNFITNESS TO PRACTICE MEDICINE**

18 29. The allegations set forth in paragraphs 1 through 28, inclusive, of the foregoing  
19 complaint are incorporated herein as if they were more fully set forth in this count.

20 30. That the Respondent has engaged in a pattern of unethical and unprofessional  
21 conduct. That, taken as a whole, Respondent's conduct constitutes a pattern of conduct  
22 which renders Respondent unfit to practice Osteopathic medicine.

23 **VII.**

24 **PRAYER**

25 WHEREFORE, the Investigative Member of the Board of Osteopathic Medicine prays  
26 as follows:

27 1. That the Nevada State Board of Osteopathic Medicine schedule a hearing pursuant  
28 to the Board's authority found in NRS and NAC chapters 633, as well as NRS chapter 233B,

1 NRS chapter 622, and NRS chapter 622A, and affirmatively find that the public health, safety,  
2 and welfare require action against Respondent, Ming-Wei Wu, and his license to practice  
3 Osteopathic Medicine in the State of Nevada;

4 2. That, pursuant to NRS 633.651, Respondent, Ming-Wei Wu, D.O., be publicly  
5 reprimanded and/or the license of said Respondent be revoked, suspended, limited, or placed  
6 on probation with conditions and terms as the Nevada State Board of Osteopathic Medicine  
7 may deem just and proper and which are not inconsistent with law;

8 3. That Respondent Ming-Wei Wu, D.O., be ordered to pay reasonable attorney's fees  
9 and costs of the investigation and the administrative and disciplinary proceedings;

10 4. That the Board immediately conduct a summary suspension hearing concerning  
11 Respondents and summarily suspend his license to practice osteopathic medicine in the State  
12 of Nevada until a formal administrative hearing can be held; and

13 5. For such other and further relief that the Board deems appropriate under the  
14 circumstances of this case.

15 DATED this 3 day of March, 2009.

16 NEVADA STATE BOARD OF  
17 OSEOPATHIC MEDICINE

18 By: \_\_\_\_\_

19 DANIEL CURTIS, D.O.,  
20 Investigating Member of the  
21 Nevada Board of Osteopathic Medicine

22 Submitted by:  
23 CATHERINE COREZ MASTO  
24 Attorney General

25 By: \_\_\_\_\_

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