BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **RAQUEL M. SEPULVEDA, M.D.** Holder of License No. 46371 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-18-0388A** **ORDER FOR LETTER OF REPRIMAND; AND CONSENT TO THE SAME**

Raquel M. Sepulveda, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for a Letter of Reprimand; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 46371 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-18-0388A after receiving notification that Respondent's privileges had been limited at a Hospital. Based on the report, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of five patients (AS, AS2, GB, MH, and SE).

Patient Care Summary

4. AS was a 41 year-old female patient with a history of abnormal uterine bleeding ("AUB") as well as two previous caesarean sections (c/section) and two umbilical hernia repairs with mesh. AS elected to have a hysterectomy. Respondent elected to carry out a robotic total laparoscopic hysterectomy ("TLH") through the umbilicus at which time dense adhesions were identified and small bowel injury occurred. A general surgeon was contacted and repair was carried out successfully.

5. AS2 was a 29 year-old female patient who presented to the Hospital in labor and progressed rapidly to delivery. A laborist delivered the baby, and Respondent arrived to deliver the placenta and repair a perineal tear. Respondent also performed a curettage, although the estimated blood loss ("EBL") was noted at 200 cc, which did not appear to have been indicated. When the patient did have post-partum bleeding and a different laceration was noted by the nursing staff, Respondent was asked to return and the nurse reported that Respondent initially declined to respond. Respondent did arrive later, repaired the labial laceration, and performed another curettage when a minimal amount of bleeding was documented after uterotonics had been administered.

6. GB was a 29 year-old female at 37 weeks gestation who presented to the Hospital with contractions. GB had numerous medical complications during her pregnancy including cholelithiasis, kidney stones, hyperemesis and nausea/vomiting later in the pregnancy, premature labor with treatment, vaginal bleeding, and decreased fetal movement, many of which had required hospitalization. Respondent admitted GB and performed artificial rupture of membranes ("AROM"). GB did not progress, and Pitocin augmentation was undertaken numerous hours later with eventual delivery.

7. MH was a 35 year-old female at 37.5 weeks gestation who presented to the Hospital with contractions. MH was admitted, and Respondent performed an AROM. Pitocin augmentation was needed, and the patient received an epidural, resulting in a spontaneous vaginal delivery ("SVD"). Pitocin was administered at 10 units for the "fourth stage" of labor and uterine atony was identified. Respondent used curettage initially and Pitocin IM, Cytotec and eventually, Methergine as well as Hemabate to resolve the problem. During the post-partum course, MH was seen by neurology with hip pain, back pain, and left leg weakness. MH was diagnosed with a lumbo-sacral plexus stretch injury and a fractured coccyx.

8. SE was a 59 year-old female with post-menopausal bleeding ("PMB") for two years. Respondent performed an endometrial biopsy which was negative for malignancy. SE returned one year later with continuing problems. Respondent ordered an ultrasound that showed fibroids and a thickened endometrium. SE did not desire hysterectomy due to her schedule, and further evaluation with hysteroscopy, dilation and curettage ("D&C") and MyoSure was recommended and undertaken. At the time of the procedure, Respondent performed curettage and fibroid excision. Respondent found a notable fluid deficit along with significant bleeding, and elected to proceed to robotic laparoscopic hysterectomy. This was initiated, but the uterus was perforated by the manipulator and bleeding continued. Respondent converted to an open procedure and performed a total abdominal hysterectomy and bilateral salpingo-oophorectomy ("TAH-BSO"). SE required blood transfusions. The pathology report revealed grade 3 endometrioid adenocarcinoma arising in a polyp with minimal invasion. SE was referred to oncology for further evaluation. Subsequently, a lesion was identified in the vaginal apex consistent with recurrence of the malignancy and the patient underwent radiation, vaginal brachytherapy and chemotherapy.

Deviations from the Standard of Care

9. The standard of care requires a physician to discuss and elect the appropriate hysterectomy procedure to limit potential complications in a patient with previous umbilical hernia repair. Respondent deviated from the standard of care for Patient AS by performing a TLH through the mesh of a repaired umbilical hernia.

10. The standard of care requires a physician to timely evaluate and treat a patient post-labor and delivery. Respondent deviated from the standard of care for Patient AS2 by failing to timely evaluate and treat a labial laceration post-labor and delivery.

11. The standard of care requires a physician to utilize adequate medical options for treating atony prior to performing curettage and administering IV Methergine. Respondent deviated from the standard of care for Patient MH by failing to utilize adequate medical options for treating atony prior to performing curettage and administering IV Methergine.

12. The standard of care requires a physician to convert from a laparoscopy to an open procedure when active bleeding is present. Respondent deviated from the standard of care for Patient SE by failing to timely convert from a laparoscopy to an open procedure when active bleeding was present.

13. There was actual patient harm in that Patient AS experienced a bowel injury at the time of the laparoscopy. Patient MH experienced blood loss due to atony and Patient SE experienced excessive bleeding requiring transfusions and contributing to a delay in completing the procedure in a timely manner.

14. There was potential for patient harm in that AS was at risk from the complications from an unrecognized bowel injury, Patients AS2 and MH are at increased risk for Asherman's syndrome from the use of curettage, Patient GB's neonate was at risk of complications due to the early delivery and patient ME was at risk for the complications from the use of IV Methergine including sudden hypertensive event or CVA.

Procedural History

15. Additionally, Respondent reported changes in her practice, such as improvements in medical recordkeeping, limiting her practice hours, on-call availability and patient load, as well as obtaining privileges at a different Hospital where her privileges were reappointed in January, 2020 for two years without limitation.

16. On June 26 and December 8-9, 2020 Respondent completed a competency evaluation at a Board-approved facility. Based on the evaluation findings and results, the

Facility reported that Respondent's performance was satisfactory noting that she performed very well on oral examination in obstetrics and gynecology, demonstrating excellent medical knowledge. Additionally, the Facility noted that Respondent responded well to four different clinical emergency scenarios. The Facility evaluators identified some deficiencies in medical recordkeeping and some issues with a wound repair simulation. The Facility opined that Respondent may benefit from use of a practice coach and proctoring of five to six wound closures. The Facility opined that Respondent was safe to practice medicine with minor deficiencies.

17. Respondent has reported her plan to implement the recommendations of the Facility.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(e)("Failing or refusing to maintain adequate records on a patient.").

c. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(r)("Committing any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

DATED AND EFFECTIVE this 10th day of June, 2021.

ARIZONA MEDICAL BOARD

By Patricia E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges she/he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or

federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

10. ***Respondent has read and understands the terms of this agreement.***

RAQUEL M. SEPULVEDA, M.D.

DATED: 5/13/2021

EXECUTED COPY of the foregoing mailed this 11th day of June, 2021 to:

Paul Giancola, Esq.
Snell & Willmer, L.L.P.
One Arizona Center
400 East Van Buren #1900
Phoenix, Arizona 85004-2202
Attorney for Respondent

ORIGINAL of the foregoing filed this 11th day of June, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Robles
Board staff