BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **ALEXANDER VILLARES, M.D.** Holder of License No. 32704 For the Practice of Allopathic Medicine In the State of Arizona.	Case No. MD-07-0986A **CONSENT AGREEMENT FOR DECREE OF CENSURE AND PROBATION**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and Alexander Villares, M.D. ("Respondent"), the parties agree to the following disposition of this matter.

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

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

3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.

5. This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any

waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

6. Respondent consents to the entry of the order set forth below as a compromise of a disputed matter between Respondent and the Board, and does so only for the purpose of terminating the disputed matter by agreement. The Consent Agreement has been entered by the parties for no other purpose other than this Board's proceedings. The Consent Agreement and its contents are not intended or made for any other use, including other state or federal government regulatory agency proceedings or any other court proceeding in the State of Arizona or any other state or federal court. Respondent acknowledges it is the Board's position that, if this matter proceeded to formal hearing, the Board could establish sufficient evidence to support a conclusion that certain aspects of Respondent's conduct constituted unprofessional conduct. Respondent agrees not to contest the validity of the Findings of Fact and Conclusions of Law contained in the Order in any present or future administrative proceedings before the Board (or any other state agency concerning the denial or issuance of any license or registration required by the state to engage in the practice or any business or profession.)

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. 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. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.

10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

11. Any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

ALEXANDER VILLARES, M.D.

DATED: 1/7/09

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 32704 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-07-0986A after receiving notification from a Medical Center of its ongoing investigation into Respondent's patient management. The Board obtained several patient charts and found deviations in five.

4. Respondent did not provide care and diagnose patient LS in a timely manner. Specifically, LS complained of abdominal pain and difficulty breathing; however, Respondent noted she had no complaints. LS's white blood count (WBC) was elevated and a computed tomography (CT) scan of her abdomen and pelvis showed dilated proximal loops suspicious of a small bowel obstruction. Rather than reoperate, Respondent recommended a follow up CT scan. LS subsequently suffered a cardiac arrest and died.

5. Patients SW, LB, and KP underwent laparoscopic Roux-en-Y gastric bypass performed by Respondent. Respondent reoperated on SW; however, there was no documented rationale that led to the operations. Additionally, Respondent did not document an operative note and he did not maintain any progress notes. In the case of LB, she presented to the emergency room following the procedure complaining of abdominal pain. A CT scan showed small sealed focal perforations and Respondent performed an exploratory laparoscopy. Postoperatively, CT scans consistently reported changes in the cecum and inflammatory tissue; however, there was no evidence that Respondent recognized these changes and conducted a rectal examination. In the case of KP, Respondent's operative report made no mention of operative findings of adhesions

and if adhesiolysis was necessary. Postoperatively, KP was transferred to telemetry. While there, Respondent did not inquire as to her condition and he did not reexamine her until the next day when he noted abdominal tenderness, metabolic acidosis and an elevated Serum amylase. A CT scan of the abdomen showed free air and fluid, indicating a bowel leak. Respondent performed an exploratory laparoscopy and found two perforations in the ilium which he repaired. Following the second surgery, KP's condition deteriorated. Respondent noted possible necrotizing fascitis and performed a biopsy of the fascia and muscle. The biopsy was not consistent with necrotizing fascitis; however, a second opinion by another physician noted a rapidly developing soft tissue infection. KP underwent a debridement of the involved tissue, but died hours later.

6. Patient MT presented to the hospital for a hernia repair consultation with Respondent. Respondent did not document the consultation or a history and physical. Respondent performed the hernia repair, but there were no postoperative notes for days 2, 3, 4, and 6. On operative day 5, Respondent performed an open repair of an incarcerated ventral hernia, but there was no postoperative note.

7. The standard of care requires a physician to reoperate on a patient with a deteriorating abdominal examination and rising WBC following a bowel resection. The standard of care following a Roux-en-Y gastric bypass requires a physician to inquire and reexamine the patient and identify changes in symptoms.

8. Respondent deviated from the standard of care because he did not reoperate on LS; he did not identify changes in the cecum and surrounding tissue and he did not conduct a rectal exam on LB; and he did not inquire about KP's condition or reexamine her after she was transferred to telemetry until the following day.

9. LS died, but it is undetermined that she would have survived had Respondent reoperated. KP's perforations of the ilium went undetected during the initial surgery.

10. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because he did not document a rationale that led to SW's operations and he did not document an operative and progress notes for SW; his operative report made no mention of operative findings for KP; and he did not document a consultation, history and physical and no postoperative notes for MT.

CONCLUSIONS OF LAW

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

2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) ("[f]ailing or refusing to maintain adequate records on a patient.") and A.R.S. § 32-1401(27)(q) ("[a]ny 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 Decree of Censure.

2. Respondent is placed on probation for **ten years** with the following terms and conditions:

a. Chart Reviews

Board Staff or its agents shall conduct periodic chart reviews. Based upon the chart reviews, the Board retains jurisdiction to take additional disciplinary or remedial action.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Tolling

In the event Respondent should leave Arizona to reside or practice outside the State or for any reason should Respondent stop practicing medicine in Arizona, Respondent shall notify the Executive Director in writing within ten days of departure and return or the dates of non-practice within Arizona. Non-practice is defined as any period of time exceeding thirty days during which Respondent is not engaging in the practice of medicine. Periods of temporary or permanent residence or practice outside Arizona or of non-practice within Arizona, will not apply to the reduction of the probationary period.

3. This Order is the final disposition of case number MD-07-0986A.

DATED AND EFFECTIVE this 5TH day of FEBRUARY, 2009.

ARIZONA MEDICAL BOARD

(SEAL)

By _____
Lisa S. Wynn
Executive Director

ORIGINAL of the foregoing filed this ____ day of _____, 2009 with:

Arizona Medical Board
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this 5th day of February, 2009 to:

Calvin L. Raup
Raup & Hergenroether PLLC
One Renaissance Square
Two N. Central Avenue, Suite 1100
Phoenix, Arizona 85004-0001

EXECUTED COPY of the foregoing mailed this 5th day of February, 2009 to:

Alexander Villares, M.D.
Address of Record

Kenyada Coles
Investigational Review