

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY :
PROCEEDINGS AGAINST :
: **FINAL DECISION AND ORDER**
SEAN M. YETMAN, M.D., :
RESPONDENT. :

Division of Legal Services and Compliance Case No. 13 MED 061

The parties to this action for the purpose of Wis. Stat. § 227.53 are:

Sean M. Yetman, M.D.
64 Woodstock Avenue, Apt. 14
Brighton, MA 021356

Wisconsin Medical Examining Board
P.O. Box 8366
Madison, WI 53708-8366

Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 7190
Madison, WI 53707-7190

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Medical Examining Board (Board). The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

1. Respondent Sean M. Yetman, M.D., (dob June 2, 1974), is licensed in the State of Wisconsin to practice medicine and surgery, having license number 55706-20, first issued on May 3, 2011, with registration having expired on October 31, 2013. Respondent's most recent address on file with the Wisconsin Department of Safety and Professional Services (Department) is Executive Business Group, 6666 Odana Road, Madison, Wisconsin 53719-2736. Respondent's actual current address is 64 Woodstock Avenue, Apartment 14, Brighton, Massachusetts 02135.

2. Patient A was a 77 year old man who was admitted to the hospital in August, 2011, with congestive heart failure. The patient had been having progressive shortness of breath

and exertional dyspnea over the past year and presently was limited to walking one block or climbing one flight of stairs. After his admission, the patient was diuresed and a repeat echocardiogram demonstrated more severe mitral insufficiency as compared to an echocardiogram performed six months previously. A coronary angiogram was also done which demonstrated moderate coronary disease. Because of these findings, the patient was seen in consultation by the cardiac surgeon who recommended mitral valve repair or replacement and aorto-coronary bypass surgery. The patient agreed to proceed with the operation; consequently he was discharged and readmitted for surgery on a later date. Comorbidities were hypertension, hyperlipidemia, chronic obstructive pulmonary disease, obesity and a history of congestive heart failure.

3. Patient A was then readmitted to the hospital on August 16, 2011 and was taken to the operating room by Respondent on that date; Respondent was responsible for all surgical decisions and technique on this date.

4. At the beginning of the operation, while harvesting the left internal mammary artery for the bypass procedure, exposure was difficult because of the considerable mediastinal fat; considerable bleeding was encountered, apparently from the subclavian vein. This was difficult to control and Patient A was eventually placed on cardiopulmonary bypass to stabilize him and for better exposure. The bleeding from the vein was finally controlled with a pericardial patch graft. The harvesting, and subsequent repair of the problems encountered, took three hours.

5. Following this, Patient A underwent mitral valve replacement with a tissue prosthesis after which the left internal mammary artery was used to bypass the left anterior descending coronary artery. The length of cardiopulmonary bypass time was over eight hours with four hours of aortic cross clamp time. After these procedures were completed, attempts were made to wean the patient from cardiopulmonary bypass. Diffuse bleeding was encountered from all the surgical areas, including the chest wall and subclavian vein. The patient was transfused with multiple units of packed cells, platelets, and fresh frozen plasma, two doses of factor VII, and cryoprecipitate.

6. Patient A was eventually weaned from cardiopulmonary bypass and transferred to the intensive care unit on multiple vasopressors. He continued to bleed from all areas and died a short time later.

7. In July 2011, Respondent Provided Surgical Care to Patient B, a 61 year old woman.

8. Patient B had a history of chronic atrial fibrillation and had attempted catheter ablation which was unsuccessful. Following this, she had AV nodal ablation with implantation of a permanent pacemaker. These procedures had been done at another institution. Patient B was seen in late June of 2011 at another institution complaining of chest, jaw and left arm pain. She was transferred to the hospital at which Respondent practiced for treatment of an acute coronary syndrome. After admission, she underwent cardiac catheterization and coronary angiography which demonstrated significant coronary disease and moderate to severe mitral insufficiency.

9. Patient B was seen by the cardiac surgeon on July 1, 2011 and it was his recommendation that the patient undergo mitral valve repair or replacement along with bypass surgery. The patient was discharged and maintained on warfarin and clopidogrel which was discontinued one week prior to her hospital admission. She was readmitted on July 18, 2011, two days before surgery, and started on bridge therapy with heparin. Her comorbidities also included hypertension, dyslipidemia, COPD, nicotine abuse, sleep apnea, chronic renal insufficiency, obesity and a history of peripheral arterial disease.

10. Patient B was taken to the operating room on July 20, 2011 by Respondent; Respondent was responsible for all surgical decisions and technique on this date. Mitral valve repair was attempted along with bypass of the left anterior descending coronary artery with the left internal mammary artery. This was a very long procedure with over ten hours of pump time and almost eight hours of aortic cross clamp time. She was very difficult to wean from cardiopulmonary bypass, requiring placement of an intra-aortic balloon pump and the use of multiple vasopressors. Because of myocardial edema, it was elected to leave the chest open.

11. Patient B was returned to the operating room on July 25, 2011 for closure of the chest and removal of the intra-aortic balloon pump. Post-operative echocardiograms demonstrated severe mitral insufficiency with reversal of flow in the pulmonary veins. Following this, she developed renal failure and her overall condition deteriorated with development of acute respiratory distress syndrome and liver failure. The family requested DNR status and later requested withdrawal of supportive measures. The patient died on August 15, 2011.

12. Respondent denies any unprofessional conduct with respect to the care of either Patient A or Patient B. However, because Respondent has left the State of Wisconsin and allowed his registration to lapse, in resolution of this matter, Respondent consents to the entry of the following Conclusion of Law and Order.

CONCLUSION OF LAW

The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to Wis. Stat. § 448.02(3), and is authorized to enter into the attached Stipulation pursuant to Wis. Stat. § 227.44(5).

ORDER

1. The attached Stipulation is accepted.
2. The SURRENDER of the license by Sean M. Yetman, M.D., (license no. 55706-20) to practice medicine and surgery in the State of Wisconsin and the right to renew the registration of that license is hereby ACCEPTED, effective the date of this Order.
3. If Respondent ever seeks any credential under Wis. Stats. chs. 440-480, Sean M. Yetman, M.D., shall pay COSTS of this matter in the amount of \$650.00.
4. Payment of costs shall be made payable to the Wisconsin Department of Safety and Professional Services and sent to the Department Monitor at the address below:

Department Monitor
Division of Legal Services and Compliance
Department of Safety and Professional Services
P.O. Box 8935, Madison, WI 53708-8935
Telephone (608) 267-3817; Fax (608) 266-2264
DSPSMonitoring@wisconsin.gov

5. This Order is effective on the date of its signing.

WISCONSIN MEDICAL EXAMINING BOARD

by:

A Member of the Board

Date

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