

BEFORE THE BOARD OF MEDICAL EXAMINERS  
IN THE STATE OF ARIZONA

In the Matter of

**RALPH W. COLLA, M.D.**

Holder of License No. **26814**  
For the Practice of Medicine  
In the State of Arizona.

**CASE NO. MD-00-0792  
MD-01-0623**

**INTERIM FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER  
FOR RESTRICTION OF LICENSE**

**INTRODUCTION**

The above-captioned matter came on for discussion before the Arizona Board of Medical Examiners ("Board") at an emergency teleconference meeting on December 10, 2001. After reviewing relevant information and deliberating, the Board voted to consider proceedings to restrict Respondent's license. The Board considered restricting Respondent's license and following the review of information obtained, pursuant to A.R.S. § 32-1451, and having considered the information in the matter and being fully advised, the Board enters the following Interim Findings of Fact, Conclusions of Law and Order for Restriction of License, pending formal hearings or other Board action.

**INTERIM 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. Ralph W. Colla, M.D. ("Respondent") is the holder of License No. 26814, for the practice of medicine in the State of Arizona.

**Case Number MD-00-0792**

3. The Board initiated case number MD-00-0792 after receiving a complaint regarding Respondent's care and treatment of patients.

1       4. According to the complainants, two physicians who had originally agreed to  
2 preceptor Respondent declined to continue their preceptor role because of Respondent's  
3 clinical practices.

4       5. The complainants also informed the Board that other physicians began noticing  
5 Respondent's unconventional obstetric and gynecological ("OB/GYN") practice methods.  
6 The concerns voiced by complainants included dishonesty with patients, excessive  
7 percentage of patients that required surgery, performing unwarranted laparoscopy in  
8 addition to hysteroscopy and dilation and curettage ("D&C"), and performing unnecessary  
9 surgeries.

10       6. Respondent relocated to Arizona from Ohio and joined the practice of another  
11 Arizona physician in 1999. Respondent applied for privileges at Havasu Regional Medical  
12 Center ("Medical Center") in November 1998. Respondent was granted provisional  
13 privileges at Medical Center. The provisional privileges required that, in order for  
14 Respondent to practice at Medical Center, another Medical Center physician must  
15 preceptor Respondent.

16       7. When Respondent applied for privileges at Medical Center there were five  
17 malpractice cases filed against him. One case was settled and four were dismissed.  
18 Respondent reported the settled case to Medical Center and provided a copy of the  
19 National Practitioner Databank Report. Shortly thereafter, two additional cases were filed  
20 in Ohio. Although required to do so by the Medical Center application, Respondent did not  
21 supplement his application for privileges by reporting the additional malpractice case  
22 filings.

23       8. In March 1999, Respondent applied for malpractice insurance through an Arizona  
24 company and provided a narrative of the malpractice cases to the insurer. Subsequently,  
25 three malpractice cases were filed in Ohio.

1       9. Respondent's patient charts were obtained by subpoena and a chart review was  
2 conducted. The chart review revealed the following in regard to twelve of Respondent's  
3 patients:

4       (a) Patient LL ("LL"): Age 35. Procedure: Cesarean Section Delivery. Respondent's  
5 inducing of labor at term was inappropriate. The stated reason for the induction was that  
6 Respondent would be unavailable for the next few days. However, the claimed induction  
7 was not done; only cervical ripening was attempted. This attempt was unsuccessful and,  
8 instead of sending LL home to await the onset of spontaneous labor, Respondent decided  
9 to proceed with surgery. There is no admission note, and there are no progress notes in  
10 the chart, either before or after surgery. The delivery record is incomplete and the dictated  
11 operative note is inadequate. Respondent used prophylactic antibiotics in a way known to  
12 be ineffective. The discharge summary, dictated by a certified nurse midwife is inaccurate  
13 and misleading.

14       (b) Patient ED ("ED"): Age 44. Complaint: Abnormal Uterine Bleeding. First  
15 Hospitalization: Respondent performed a hysteroscopy, a laparoscopy, and peritoneal  
16 washings. None of these procedures is appropriate for the initial workup of  
17 perimenopausal abnormal uterine bleeding. A simple office procedure, an endometrial  
18 biopsy is indicated. The admitting history and physical examination are inadequate.  
19 There are no progress notes in the chart and the dictated operative report is adequate, but  
20 there is no discharge summary. Respondent's office record documented a discussion of  
21 leiomyolysis and uterosacral nerve ablation – both of which are inappropriate procedures  
22 for ED and should not have been offered.

23       (c) Patient ED ("ED"): Age 44. Complaint: Abnormal Uterine Bleeding. Second  
24 Hospitalization: Respondent performed a total abdominal hysterectomy and bilateral  
25 salpingo-oophorectomy. These surgeries were proper and indicated, but should have

1 been done during ED's first hospitalization. The admitting history and physical  
2 examination are inadequate. There is an adequate dictated operative note.

3 (d) Patient AmS: Age 26. Complaint: Abnormal Uterine Bleeding. Respondent  
4 performed a D&C, hysteroscopy, laparoscopy, ovarian cystectomy, and uterosacral nerve  
5 ablation. None of these procedures was indicated. Respondent should have performed  
6 an endometrial biopsy, followed by an appropriate endocrine workup. Respondent never  
7 performed the endocrine workup. Admission history and physical examination are  
8 inadequate. The dictated operative report is well done, however, the procedures were  
9 unnecessary.

10 (e) Patient AnS: Age 38. Complaint: Abdominal Pain. Respondent performed a D&C,  
11 hysteroscopy and laparoscopy. The diagnostic laparoscopy may have been appropriate,  
12 but there is no indication for D&C and hysteroscopy. Also, Respondent may have avoided  
13 performing even the laparoscopy if a proper history had been taken. The admission  
14 history and physical examination are inadequate. The operative report is well done, but  
15 there are three inadequate and illegible progress notes.

16 (f) Patient VC ("VC"): Age 32. Complaint: Possible Ectopic Pregnancy. Respondent  
17 performed a D&C, hysteroscopy and laparoscopy. A D&C with a frozen section, to be  
18 followed by a laparoscopy if indicated, is an acceptable practice with a stable patient who  
19 may have an ectopic pregnancy. Treatment with I.M. Methotrexate is proper if the  
20 pregnancy is very early in its course. However, planning a D&C, hysteroscopy and  
21 laparoscopy regardless of what is found is inappropriate and wasteful. The admission  
22 history and physical examination are adequate. Although VC was hospitalized for three  
23 days there are no progress notes written.

24 (g) Patient LS: Age 16. Complaint: Pelvic Pain. Respondent performed a  
25 hysteroscopy, laparoscopy, uterosacral nerve ablation. A laparoscopy is appropriate after

1 conservative therapy fails, but a hysteroscopy is not indicated in this case. The  
2 uterosacral nerve ablation is contraindicated as a useless procedure that is potentially  
3 harmful. There is no admission history, no physical examination recorded and no progress  
4 notes for the day of surgery. A dictated operative note is well done and there is a dictated  
5 discharge summary.

6 (h) Patient TY: Age 12. Complaint: Abnormal Uterine Bleeding. Respondent performed  
7 a hysteroscopy, laparoscopy, and a D&C. The records reveal an examination under  
8 anesthesia, as well as a pregnancy test and an attempt at appropriate hormone therapy.  
9 A D&C is indicated only when certain therapies fail. Neither hysteroscopy nor laparoscopy  
10 are indicated for this patient. Respondent did not perform essential evaluations for Von  
11 Willebrand's Disease and other coagulopathies, including leukemia. The history and  
12 physical examination are inadequate. A dictated operative report is well done, however,  
13 the procedures were unnecessary. Respondent stated that the endometrium was  
14 hyperplastic, but the pathology report stated it was proliferative. This difference is  
15 important because the treatment for each is different.

16 (i) Patient CS: Age 25. Procedure: Vaginal Delivery. The prenatal record is  
17 incomplete and in part is illegible. A dictated delivery note contains inadequate information  
18 and there are no labor management progress notes. There is an adequate dictated  
19 discharge summary.

20 (j) Patient CD: Age 33. Procedure: Vaginal Delivery. There are no labor management  
21 progress notes and no postpartum progress notes. There is an adequate dictated delivery  
22 note and an inadequate dictated discharge summary.

23 (k) Patient RB: Age 29. Procedure: Vaginal Delivery. The prenatal record is in part  
24 illegible and there are no labor management progress notes. The dictated delivery note is  
25 inadequate. There are no postpartum progress notes.

1 (I) Patient JH: Age 32. Procedure: Vaginal Delivery. The prenatal record is incomplete  
2 and illegible in part. There are no labor management progress notes and an inadequate  
3 dictated delivery note. There are no postpartum progress notes and an inadequate  
4 dictated discharge summary.

5 10. Respondent's conduct falls below the standard of care because he performs  
6 uterine curettage after every obstetric delivery, without indication, exposing his patients to  
7 risk of intrauterine adhesions and subsequent infertility (Asherman's syndrome); he  
8 approaches all gynecologic complaints surgically (D&C, hysteroscopy, laparoscopy,  
9 uterosacral nerve ablation) regardless of indication and necessity; he performs  
10 inappropriate, unnecessary and potentially harmful procedures; the histories and  
11 physicals, when present in his patient charts, lack detail and rarely support the admitting  
12 diagnoses; he does not do admission notes or progress notes; and he uses prophylactic  
13 antibiotics for surgery in an inappropriate manner.

14 **Case Number MD-01-0623**

15 11. The Board initiated case number MD-01-0623 after receiving information  
16 regarding a medical malpractice case brought against Respondent by a former patient  
17 ("Patient").

18 12. Patient, who had been treated by Respondent since 1988, presented to  
19 Respondent in October of 1997 after preoperative testing for gallbladder surgery revealed  
20 a hemoglobin level of 7.

21 13. Respondent's physical examination of Patient revealed a 14-week sized tender  
22 uterus. Respondent recommended a pelvic ultrasound. The ultrasound revealed a large,  
23 very irregular, anteverted uterus. There were also multiple fibroids distorting the  
24 visualization, and probable adenomyosis. The ovaries appeared normal.

1        14. Based on the ultrasound findings, Respondent prescribed oral contraceptives and  
2 told Patient to return for repeat blood work in 3 weeks. Respondent planned to evaluate  
3 Patient endoscopically (once her hemoglobin returned to 9) and then to start Lupron Depo  
4 in a 3-month dosage. Respondent also planned to consider bilateral salpingo-  
5 oophorectomy with leiomyolysis and endometrial ablation.

6        15. Patient continued to complain of heavy bleeding and persistent pelvic pain and  
7 cramping.

8        16. During the period of November 1997 through July 1998, Patient was subjected to  
9 the following surgical procedures, all performed by Respondent: two hysteroscopies; three  
10 diagnostic laparoscopies; two endometrial curettage; bilateral salpingo-oophorectomy;  
11 leiomyolysis; endometrial ablation; lysis of adhesions; myomectomy; and uterosacral nerve  
12 ablation. None of these procedures alleviated Patient's pain.

13       17. In November 1998, Patient sought a second opinion and, after seeing the second  
14 physician, underwent an immediate hysterectomy. Thereafter, Patient's pain ceased.

15       18. A hysterectomy should have been the first and only surgery performed by  
16 Respondent. The two diagnostic laparoscopies, the bilateral salpingo-oophorectomy, the  
17 leiomyolysis and endometrial ablation were not indicated and were not helpful. Another  
18 laparoscopy with myomectomy was not indicated for Patient because she was no longer  
19 interested in childbearing and she had experienced months of continuing pelvic pain.

20       19. Respondent failed to treat in the usual and customary manner Patient's fibroid  
21 uterus and the severe anemia caused by the uterine bleeding. Leiomyolysis is an  
22 unaccepted procedure because it does not solve the patient's problem and always results  
23 in adhesive disease. This procedure is not appropriate to treat a patient who is past her  
24 reproductive age.

1       20. Respondent fell below the standard of care because he repeatedly performed  
2 unnecessary surgical procedures of no value to Patient; he performed an inappropriate  
3 and experimental procedure not associated with a research protocol; and his treatment of  
4 Patient was inappropriate and fell below the standard of care for an obstetrician-  
5 gynecologist.

6       21. Based upon the foregoing paragraphs 4-20, the Board finds that it has been  
7 presented with sufficient substantial and reliable information concerning Respondent's  
8 professional conduct to conclude that, pending formal administrative hearing, the public  
9 health, safety and welfare imperatively requires emergency action by the Board against  
10 Respondent's license to practice medicine in the State of Arizona.

11                               **INTERIM CONCLUSIONS OF LAW**

12       1. The Board possesses jurisdiction over the subject matter hereof and over Ralph W.  
13 Colla, M.D., holder of License No. 26814, for the practice of allopathic medicine in the  
14 State of Arizona.

15       2. The conduct and circumstances described above constitute unprofessional conduct  
16 pursuant to A.R.S. § 32-1401(25)(e) "[f]ailing or refusing to maintain adequate records on  
17 a patient;" 32-1401(25)(q) "[a]ny conduct or practice that is or might be harmful or  
18 dangerous to the health of the patient or public;" 32-1401(25)(t) "[k]nowingly making any  
19 false or fraudulent statement, written or oral, in connection with the practice of medicine or  
20 if applying for privileges or renewing an application for privileges at a health care  
21 institution;" and 32-1401(25)(ll) "[c]onduct that the board determines is gross negligence,  
22 repeated negligence or negligence resulting in harm to or the death of a patient."

23       3. Based on the conduct described above, Respondent's conduct fell below the  
24 standard of care for an obstetrician-gynecologist.

25       4. Pursuant to A.R.S. § 32-1451(D), and based on the foregoing Interim Findings of



1 Fact and Conclusions of Law, the public health, safety or welfare imperatively requires  
2 emergency action.

3 **ORDER**

4 Based on the foregoing Interim Findings of Fact and Conclusions of Law, set forth  
5 above,

6 IT IS HEREBY ORDERED THAT:

7 1. Respondent's license to practice allopathic medicine in the State of Arizona,  
8 License No. 26814, is restricted in that Respondent may not perform gynecological  
9 surgery requiring conscious or unconscious sedation of the patient pending a formal  
10 hearing before a hearing officer from the Office of Administrative Hearings. Respondent is  
11 not prohibited from "first assisting" at gynecological surgery.

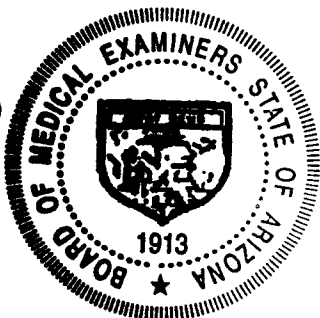
12 2. The Interim Findings of Fact and Conclusions of Law constitute written notice  
13 to Respondent of the charges of unprofessional conduct made by the Board against him.  
14 Respondent is entitled to a formal hearing to defend these charges within sixty (60) days  
15 of the issuance of this order.

16 3. The Board's Executive Director is instructed to refer this matter to the Office  
17 of Administrative Hearings for scheduling of an administrative hearing to be commenced  
18 no later than sixty (60) days from the date of the issuance of this order, unless stipulated  
19 and agreed otherwise by Respondent.

20 DATED this 10<sup>th</sup> day of December, 2001.

21 BOARD OF MEDICAL EXAMINERS  
22 OF THE STATE OF ARIZONA

23 (SEAL)



24 By: Claudia Foutz  
25 CLAUDIA FOUTZ  
Executive Director

1 ORIGINAL of the foregoing filed this  
2 10 day of December, 2001, with:

3 The Arizona Board of Medical Examiners  
4 9545 E. Doubletree Ranch Road  
5 Scottsdale, AZ 85258

6 Executed copy of the foregoing mailed by Certified  
7 Mail this 10 day of December, 2001, to:

8 Calvin L. Raup  
9 Goodwin Raup, PC  
10 3636 North Central  
11 Suite 1200  
12 Phoenix, Arizona 85012-1998

13 Stephen Myers  
14 Myers & Jenkins  
15 3003 North Central, Suite 1900  
16 Phoenix, Arizona 85012-2910

17 Executed copy of the foregoing delivered by  
18 Certified Mail this 10 day of December, 2001,  
19 to:

20 Ralph W. Colla, M.D.  
21 2035 Mesquite Avenue  
22 Suite D  
23 Lake Havasu City, Arizona 86403-5894

24 Executed copy of the foregoing delivered via  
25 interoffice mail this 10 day of December, 2001,  
to:

Roberto Pulver  
Assistant Attorney General  
Arizona Attorney General's Office  
1275 West Washington  
Phoenix, Arizona 85007

Christine Cassetta  
Assistant Attorney General  
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