

Smith v. Southland Medical Center
Case No. BC488001
Summary of Deposition of Dr. Steven Lee, M.D.
January 19, 2006

| PAGES/LINES | TOPIC | SUMMARY |
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| 31:3-33:9 | Prior malpractice suits | <p><u>Examination by Mr. Diamond</u></p> <p>Since the deponent started practicing medicine in 1984, he has been involved in two malpractice suits. The first one occurred around 1991 – the deponent performed a routine pacemaker surgery that resulted in complications. The second lawsuit was in 1999, and although deponent did not perform any surgery in connection with this alleged malpractice, he was a named defendant due to his position on the Southland Medical Center’s Board of Directors.</p> |
| 33:10-34:10 | Typical workload | Deponent performs about 400 surgeries each year, including around 100 angioplasties. |
| 34:11-36-23 | Certification and professional affiliations | Deponent is Board certified in Internal Medicine. He has been licensed in California since 1986. His professional affiliations include the following: Fellow of the American College of Cardiology (FACC); Member of the American Heart Association (AHA); and Member of the North American Society of Pacing and Electrophysiology (NASPE). Deponent also has authored numerous academic publications and served as a visiting professor at the Johns Hopkins University School of Medicine. |
| 36:24-38:2 | Surgery at issue | On March 25, 2004, deponent performed a coronary angioplasty on Turner Smith, a 71-year old Caucasian male. During the procedure, Mr. Smith was administered pain medication, but remained conscious. The procedure went as anticipated, with a balloon-tipped catheter guided to the blocked region and inflated/deflated several times. Following the angioplasty, a “stent graft” was inserted into the artery. Mr. Smith reported mild discomfort when the balloon was inflated (due to arterial stretching), yet this pain is “nothing out of the ordinary.” |

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| 38:3-41:2 | Post-operative care in hospital | Following his angioplasty, Mr. Smith remained in a hospital recovery room for two days, where he was closely monitored, given ample fluids, and administered IV drugs to prevent blood clotting and arterial spasms. Before discharge, deponent examined Mr. Smith and read his test results – Mr. Smith’s blood work, electrocardiogram and blood pressure were normal. |
| 41:3-44:2 | Events following hospital discharge | About one week after the angioplasty, Mr. Smith called the hospital and complained of shortness of breath and acute leg pain. On April 1, 2004, Mr. Smith came to the hospital and was examined by deponent’s colleague, Dr. Brian Singer. Deponent was on a two-week vacation in Europe at the time. Dr. Singer noted that these side effects were relatively common, yet asked Mr. Smith to return in two days for an array of precautionary tests. However, Mr. Smith’s artery collapsed the following day (4-2-04), resulting in a massive heart attack and death. |

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