BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **LASZLO J. CSERNAK, M.D.** Holder of License No. 32531 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-22-0769A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Laszlo J. Csernak, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; 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 32531 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-22-0769A after receiving notification from a Hospital that Respondent was asked and agreed to refrain from exercising his anesthesiology privileges after clinical care concerns were raised following a case to which he administered medication to a patient with a known allergy.

4. Based on the complaint, Board staff requested Medical Consultant ("MC") review of Respondent's care and treatment of three patients (CS, JW and FQ).

Patient CS

5. On August 5, 2022, CS presented to the Hospital for an elective right floor of mouth mucocele excision with possible reimplantation of the right submandibular gland duct. CS was a 56-year-old female with a medical history of Sjogren's syndrome, hyperlipidemia, chronic back pain, hypothyroidism and seasonal allergies. Respondent

discussed CS's allergy to lidocaine in detail, CS reported that she had a dystonic reaction and seizures after receiving the medication.

6. According to the anesthesia record, CS received versed, lidocaine 100mg IV, fentanyl, propofol, rocuronium, ondansetron, dexamethasone, metoclopramide, cefazolin, and suggamadex. CS's intraoperative course was uneventful; however, in the PACU a nurse noted seizure like activity. Respondent was unavailable, so another anesthesiologist administered medications to stop the seizures. CS was admitted for further workup and a neurology consultation. CS was monitored overnight and discharged.

7. On August 7, 2022, CS was readmitted to the Hospital for seizure activity and treated with Keppra and Ativan. CS's work-up included a normal head CT, negative EEG, and normal MRI of the head and neck. CS reported that after receiving lidocaine, the seizure like episodes/dystonic reactions usually lasted about three days. On August 14, 2022, CS was discharged home on anticonvulsant medication and instructed to follow up as an outpatient.

Patient JW

8. On July 21, 2022, JW presented to the Hospital Surgery Center for an excision of an approximate 10cm left upper back lipoma. According to his pre anesthesia evaluation, JW was an ASA class III with a history of hypertension, obesity (BMI 45), depression, panic attacks and obstructive sleep apnea requiring CPAP. JW was placed in the right lateral decubitus position. JW's preoperative oxygen ("O2") saturation was 97% on room air. Respondent noted that after midazolam 2mg IV for anxiolysis and preoxygenation with 100% O2, the highest O2 saturation was 94%.

9. At 1631, JW was administered IV propofol 250mg and a laryngeal mask airway ("LMA") #5 was placed. JW was breathing spontaneously. JW's O2 saturation dropped to the high 80s with poor gas exchange. There were efforts made to improve

JW's gas exchange by manual assistance. JW's O2 saturation did not improve and Respondent removed the LMA and placed a #10 oropharyngeal airway ("OPA") and began to manually assist the patient's breathing. JW's O2 saturations began to improve slightly. Respondent then replaced the LMA; however, the O2 saturation stayed at 88%, despite the addition of pressure support from the ventilator.

10. At 1645, Respondent removed the LMA for the second time and then inserted a #11 OPA, which he felt was a better fit, but while the gas exchange continued to improve, JW's O2 saturations continued to decrease. Respondent placed a nasopharyngeal airway; however, that created some bleeding from the nose. Respondent then removed the nasal airway. During this time, the surgery was underway, and the surgeon had injected 30ml of 0.25% bupivacaine with epinephrine to the skin and deeper tissues. During the dissection of the deeper tissues, Respondent informed the surgeon that JW was experiencing laryngospasm. The surgeon reported that he asked Respondent multiple times whether the airway was okay and if the patient should be turned from the lateral to supine position to secure the airway.

11. At 1655, approximately 25 minutes after the surgery began, JW's heart rate and blood pressure began to drop. Respondent attempted intubation with a glidescope in a lateral position but was unsuccessful.

12. At 1706, a code was called and CPR/ACLS was initiated, and EMS was called for transfer. JW was turned to the supine position and intubated by Respondent with a glidescope. Multiple rounds of epinephrine were administered with CPR ongoing. The rhythm noted on the records ranged from junctional to asystole.

13. At 1716, EMS arrived and JW was transported via ambulance to the emergency room at the Hospital. At 1743, JW returned to spontaneous circulation ("ROSC"). JW was still hypotensive but stabilized on a norepinephrine drip and transferred

to the ICU. JW remained unresponsive and on life support. On July 31, 2022, life support was removed and JW expired.

Patient FQ

14. On July 16, 2021, FQ presented to the Hospital with methicillin-susceptible Staphylococcus aureus ("MSSA") sepsis, psoas abscess, and leg weakness. FQ was diagnosed with a lumbar epidural abscess and was scheduled for an L2-4 laminectomy by neurosurgery. FQ had an uneventful intraoperative course and was extubated; however, a muscle relaxant reversal was not administered. A twitch monitor was not utilized throughout the surgery or at the end prior to extubation. Approximately 15 minutes after extubation, FQ's oxygen saturation dropped to 88%. Rescue maneuvers were started including jaw thrust and a muscle relaxant reversal, suggamadex IV was administered. FQ recovered and was safely transferred out of the PACU.

Deviations from the Standard of Care

15. The standard of care prohibits a physician from administering a medication to a patient with a known allergy. Respondent deviated from the standard of care for Patient CS by administering lidocaine to a patient with a known allergy resulting in seizure activity.

16. The standard of care requires a patient to have a minimum preoperative oxygen saturation of 97% on room air prior to anesthetization. Respondent deviated from this standard of care for Patient JW by proceeding to anesthetize the patient despite a preoperative oxygen saturation of 94% on room air.

17. The standard of care requires a physician to timely recognize and address an inadequate airway. Respondent deviated from the standard of care by failing to timely reposition the patient from lateral to supine for intubation.

18. The standard of care requires a physician to administer a muscle relaxant reversal prior to extubation. Respondent deviated from the standard of care for Patient FQ by failing to administer a muscle relaxant reversal prior to extubation without a documented clinical rationale

19. Actual patient harm was identified in that Patient CS experienced seizure like episodes after being administered lidocaine that required hospital admissions. Patient JW experienced cardiopulmonary collapse from hypoxia and never regained consciousness resulting in death.

20. There was the potential for patient harm in that FQ could have experienced more significantly reduced oxygen saturation.

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.

2. Respondent is placed on Probation for a period of two years with the following terms and conditions:

a. Continuing Medical Education

Respondent shall within 6 months of the effective date of this Order obtain no less than 10 hours of Board staff pre-approved Category I CME in the recognition and treatment of anesthesia complications. Respondent shall within **thirty days** of the effective date of this Order submit his request for CME to the Board for pre-approval. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure.

b. Chart Reviews

Within 30 days of completion of the CME, Respondent shall enter into a contract with a Board-approved monitoring company to perform periodic chart reviews at Respondent's expense. The chart reviews shall involve current patients' charts for care rendered after the date Respondent completed the CME as stated herein. Based upon the chart review, the Board retains jurisdiction to take additional disciplinary or remedial action.

c. 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.

d. 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. N on-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

e. Probation Termination

After three consecutive favorable chart reviews, Respondent may petition the Board to terminate the Probation. Respondent may not request termination without satisfaction of the chart review requirements as stated in this Order.

Prior to any Board consideration for termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order.

The Probation shall not terminate except upon affirmative request of Respondent and approval by the Board.

The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 8th day of August, 2024.

ARIZONA MEDICAL BOARD

By Patricia 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 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 any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. 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.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[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.***

L. Csernak, MD

LASZLO J. CSERNAK, M.D.

DATED: 7-15-24

EXECUTED COPY of the foregoing mailed this 8th day of August, 2024 to:

Gary Fadell, Esq.
Fadell, Cheney, and Burt, PLLC
1601 North 7th Street, Suite 400
Phoenix, Arizona 85006-2296
Attorney for Respondent

ORIGINAL of the foregoing filed this 8th day of August, 2024 with:

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

Board staff