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Case : JUDYHICKMAN, et al., vs. JOSE NORBERTO, M.D., et al.  
Testimony Date : June 09, 2005  
Expert Witness : PETER SMITH M.D  
Expert Type : Surgery - General  
Court : State: Ohio County: Fairfield  
Pages : 93

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State of Ohio,            )  
County of Fairfield ) SS:

IN THE COURT OF COMMON PLEAS

JUDY HICKMAN, et al.,    )  
                                  )  
                                  ) Plaintiffs, )  
                                  )  
vs.                            )Case No. 2003CV01000  
                                  )Judge Martin  
JOSE NORBERTO, M.D., et al.,)  
                                  )  
                                  ) Defendants. )  
                                  ) -----

THE VIDEO TELECONFERENCE OF PETER K. SMITH, M.D.  
Thursday, June 9, 2005  
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The video teleconference of PETER K. SMITH, M.D., called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned, Michelle M. Lewis, a Registered Professional Reporter and Notary Public within and for the State of Ohio, taken at the offices of Cady Reporting Services, Inc., 1225 Illuminating Building, 55 Public Square, Cleveland, Ohio, commencing at 3:21 p.m., the day and date above set forth.

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1                            PETER K. SMITH, M.D.  
2 of lawful age, called by the Plaintiffs for  
3 examination pursuant by the Ohio Rules of Civil  
4 Procedure, having been first duly sworn, as  
5 hereinafter certified, was examined and testified  
6 as follows:  
7                            EXAMINATION OF PETER K. SMITH, M.D.  
8 BY MR. TRACI:  
9 Q Doctor, my name is Bob Traci and I, of course,  
10 represent the Plaintiffs, the Hickmans, in  
11 this case. Would you state your name and  
12 address for the record, please?  
13 A Peter K. Smith, 201 Ukiah Lane, that's  
14 U-K-I-A-H Lane, Chapel Hill, North Carolina.  
15 Q That's your residence address; is that  
16 correct?  
17 A That's correct.  
18 Q Your professional address is at Duke  
19 University Medical Center?  
20 A That's correct.  
21 Q Okay. I was provided via e-mail with -- by  
22 Jerry with a 22 page CV for you that has in  
23 the upper left-hand corner updated June 2nd,  
24 2005. Are you familiar with that document?  
25 A I believe so.

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APPEARANCES:

On behalf of the Plaintiffs:  
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1 Q Okay. Is there anything -- it was updated  
2 June 2nd, as I said. Is there anything that  
3 we need to add to this or that you would like  
4 to add to it that might not be included on it?  
5 A No.  
6 Q Okay. You are board certified in what  
7 specialties, Doctor?  
8 A I'm board certified in surgery and in thoracic  
9 surgery.  
10 Q General surgery?  
11 A Well, it's actually surgery, but most people  
12 say general surgery.  
13 Q Okay. And you got your surgical board when  
14 approximately? Is that on here?  
15 A 1980 -- 88 maybe.  
16 Q Oh, I'm sorry. Certifications, actually 87,  
17 December 87.  
18 A 87.  
19 Q And you've been recertified in thoracic  
20 surgery. You were certified in 89 and  
21 recertified in 99. Does that sound right?  
22 A That's correct. And I recertified in general  
23 surgery as well.  
24 Q That's different than just surgery?  
25 A You got me back. Yeah, it's surgery.

<p style="text-align: right;">5</p> <p>1 Q Okay.</p> <p>2 A I recertified in surgery as well.</p> <p>3 Q Okay. What is the primary -- what is your</p> <p>4 primary practice currently?</p> <p>5 A Fellow of cardiac surgery.</p> <p>6 Q And you perform CABG procedures?</p> <p>7 A Yes.</p> <p>8 Q How frequently?</p> <p>9 A About 150 a year.</p> <p>10 Q Do you have any administrative</p> <p>11 responsibilities?</p> <p>12 A Yes.</p> <p>13 Q And you're the director of the department at</p> <p>14 Duke; is that correct?</p> <p>15 A No, I'm the chief of the division is the term.</p> <p>16 Q Chief of the division?</p> <p>17 A Of the division.</p> <p>18 Q Of what?</p> <p>19 A Thoracic surgery, which encompasses cardiac</p> <p>20 surgery and general thoracic surgery, surgery</p> <p>21 of the heart -- I mean of the lungs and the</p> <p>22 esophagus.</p> <p>23 Q Do you focus primarily on bypass procedures or</p> <p>24 tell me what percentage breakdown there is</p> <p>25 with your personal surgeries?</p>	<p style="text-align: right;">7</p> <p>1 have a number of -- there are a number of good</p> <p>2 texts that are reliable and can be helpful for</p> <p>3 residents. I don't usually use textbooks.</p> <p>4 Q Can you tell me what textbooks you think would</p> <p>5 be useful and reliable for residents in your</p> <p>6 field?</p> <p>7 A Oh, Sabiston's Surgery of the Chest, although</p> <p>8 that's just being updated now; Kirkland;</p> <p>9 Glenn; Hank Edmonds I think has one out now.</p> <p>10 Q Okay. What is the -- very briefly, what's the</p> <p>11 function of the coronary arteries?</p> <p>12 A They supply oxygenated blood to the heart</p> <p>13 muscle.</p> <p>14 Q And what's the -- what is the purpose -- the</p> <p>15 primary purpose of performing a coronary</p> <p>16 artery bypass graft?</p> <p>17 A Improve the blood supply of the heart.</p> <p>18 Q And is that to prevent MIs?</p> <p>19 A That's a side impact of bypass grafting, but</p> <p>20 not the actual purpose.</p> <p>21 Q The actual purpose is just to improve the</p> <p>22 circulation?</p> <p>23 A Improve the blood supply to the heart. And</p> <p>24 the things that we know result from that are</p> <p>25 prolongation of life and usually relief of</p>
<p style="text-align: right;">6</p> <p>1 A It's about 85 percent bypass surgery and the</p> <p>2 remainder is valve surgery.</p> <p>3 Q Okay. How much of your professional time is</p> <p>4 spent in an administrative capacity?</p> <p>5 A About 25 percent.</p> <p>6 Q On your CV, which as we just discussed it</p> <p>7 rather extensively, are there any particular</p> <p>8 articles or publications that you have that</p> <p>9 have particular relevance to the issues in</p> <p>10 this case?</p> <p>11 A Not really.</p> <p>12 Q Are there any of your publications that</p> <p>13 address specifically the risks of redo CABG</p> <p>14 procedures?</p> <p>15 A Not that I recall, but I wouldn't be surprised</p> <p>16 if it's in there somewhere.</p> <p>17 Q But you can't recollect any specific one?</p> <p>18 A No. It would have been maybe the subtext of a</p> <p>19 general article on coronary disease outcome,</p> <p>20 something like that.</p> <p>21 Q Fair enough.</p> <p>22 Do you recognize any particular</p> <p>23 publications or texts as authoritative in your</p> <p>24 field of practice?</p> <p>25 A I don't think anything's authoritative. We</p>	<p style="text-align: right;">8</p> <p>1 symptoms. But reducing MIs is not -- not</p> <p>2 something that I ever tell a patient is the</p> <p>3 reason we're doing it.</p> <p>4 Q That would be a side benefit?</p> <p>5 A It can be, although MIs can be associated with</p> <p>6 the surgery that we do. So if you actually</p> <p>7 study the subject you find that reducing MIs</p> <p>8 is not one of the principal outcomes of this</p> <p>9 surgery.</p> <p>10 Q And a CABG procedure is specifically to bypass</p> <p>11 blockages in coronary arteries by using some</p> <p>12 type of a graft upstream from the blockage and</p> <p>13 reattaching downstream from the blockage to</p> <p>14 get around or avoid the blockage?</p> <p>15 A That's right.</p> <p>16 Q Under what circumstances do surgeons in CABG</p> <p>17 procedures hook a bypass coronary artery to a</p> <p>18 downstream vein?</p> <p>19 A That would be a very rare intent.</p> <p>20 Q And why is that?</p> <p>21 A Well, the only reason that you would do that,</p> <p>22 you would ligate the coronary vein and attempt</p> <p>23 to perfuse the heart retrograde. And there</p> <p>24 have been some, I should say, fringe interests</p> <p>25 in doing something like that, but generally</p>