



IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

WAYNE POSTLES individually, and	:	
as the Executor of the Estate of	:	
REBA POSTLES, MICHAEL	:	C.A. No.
POSTLES, and CARLENA	:	
ALDRICH, heirs of REBA	:	Jury Demanded
POSTLES,	:	
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
KATHERINE A. SAHM, MD,	:	
and ADVANCED SURGICAL	:	
ASSOCIATES, LLC,	:	
	:	
Defendants.	:	

PLAINTIFF'S ANSWERS TO FORM 30 INTERROGATORIES

1. Give the name and present or last-known residential and employment address and telephone number of each eyewitness to the incident, which is the subject of the litigation.

**RESPONSE: Katherine A. Sahm, D.O., as well as various staff members contained in the medical records.**

2. Give the name and present or last-known residential and employment address and telephone number of each person who has knowledge of the facts relating to the litigation.

**RESPONSE: Plaintiffs and members of their family.**  
**Various medical staff members contained in the medical records.**

3. Give the names of all persons who have been interviewed in connection with the above litigation, including the names and present or last-known residential and employment addresses and telephone numbers of the persons who made said interviews and the names and present or last-known residential and employment addresses and telephone numbers of persons who have the original and copies of the interview.

**RESPONSE: Plaintiff's counsel interviewed Plaintiffs. These interviews and any notes or documents created in connection therewith are protected by the attorney-client privilege and/or the work product doctrine.**

4. Identify all photographs, diagrams, or other representations made in connection with the matter in litigation, giving the name and present or last-known residential and employment address and telephone number of the person having the original and copies thereof. (In lieu thereof, a copy can be attached.)

**RESPONSE: Copies of all such materials in Plaintiffs' possession will be produced when an appearance is entered or an answer is filed.**

5. Give the name, professional address, and telephone number of all expert witnesses presently retained by the party together with the dates of any written opinions prepared by said expert. If an expert is not presently retained, describe by type the experts whom the party expects to retain in connection with the litigation.

**RESPONSE: Jeffrey S. Freed, M.D.P.C.**  
**969 Park Avenue, #1D**  
**New York, NY 10028**  
**(212) 396-0050**  
**Date of Report: March 22, 2017**

6. Give a brief description of any insurance policy, including excess coverage, that is or may be applicable to the litigation, including:

- a. The name and address of all companies insuring the risk;
- b. The policy number(s);
- c. The type of insurance;
- d. The amounts of primary, secondary, and excess coverage.

**RESPONSE: Unknown.**

7. Give the name, professional address, and telephone number of all physicians, chiropractors, psychologists, and physical therapists who have examined or treated you at any time during the ten year period immediately prior to the date of the incident at issue in this litigation.

**RESPONSE:**

**Patrick Shanahan, MD**  
**Andrew Ferguson, MD**  
**Drs. Shanahan & Ferguson**  
**120 Speer Road, Bldg. B**  
**Chestertown, MD 21620**  
**(410) 778-9300**

**Paul Johnson, MD**  
**Chester River Hospital Center**  
**100 Brown Street**  
**Chestertown, MD 21620**  
**(410) 778-3300**

**Anthony Moorman, MD**  
**Chester River OB/GYN**  
**521 Washington Avenue**  
**Chestertown, MD 21620**  
**(410) 810-0767**

**Dr. Howland (ENT)**  
**[Address unknown]**  
**See medical records for further**  
**information**

**Muhammad Smith, MD**  
**(Endocrinology)**  
**[Address unknown]**  
**See medical records for further**  
**information**

**GRADY & HAMPTON, LLC**

/s/ Stephen A. Hampton  
Stephen A. Hampton (Bar ID# 2451)  
Anthony V. Panicola (Bar ID# 5787)  
6 North Bradford Street  
Dover, DE 19904  
(302) 678-1265  
Attorneys for Plaintiff

Dated: October 27, 2017

**SUPERIOR COURT** **EFiled: Oct 27 2017 03:43PM EDT**  
**CIVIL CASE INFORMATION STATEMENT (CIS)** **Transaction ID 61293133**

**Case No. S17C-10-021 ESB**



COUNTY: N K S

CIVIL ACTION NUMBER:

<p><b>CAPTION:</b></p> <p>WAYNE POSTLES individually, and as the Executor of the Estate of REBA POSTLES, MICHAEL POSTLES, and CARLENA ALDRICH, heirs of REBA POSTLES,</p> <p style="text-align: right;">Plaintiffs,</p> <p style="text-align: center;">v.</p> <p>KATHERINE A. SAHM, MD, and ADVANCED SURGICAL ASSOCIATES, LLC,</p> <p style="text-align: right;">Defendants.</p>	<p>Civil Case Code: <u>CMED</u></p> <p>Civil Case Type: <u>Medical Malpractice</u></p> <p>Name and Status of Person filing document:</p> <p>WAYNE POSTLES individually, and as the Executor of the Estate of REBA POSTLES. MICHAEL POSTLES, and CARLENA ALDRICH, heirs of REBA POSTLES, Plaintiffs</p> <hr/> <p><b>DOCUMENT TYPE:</b> (E.G., COMPLAINT, ANSWER WITH COUNTERCLAIM)</p> <p>Complaint</p> <p>JURY DEMAND YES <u>X</u> NO <u>  </u></p>
<p><b>ATTORNEY NAME(S):</b>  <b>Stephen A. Hampton</b> (Bar ID #2451)  <b>Anthony V. Panicola</b> (Bar ID #5787)</p> <p><b>FIRM NAME:</b>  <b>Grady &amp; Hampton, LLC</b></p>	<p>Identify any related cases now pending in the Superior Court by Caption and Civil Action number, including Judge's initials:</p> <p>N/A</p> <p>Explain the relationships:</p>
<p><b>ADDRESS:</b>          6 North Bradford Street          Dover, DE 19904</p>	<p><b>OTHER UNUSUAL ISSUES THAT AFFECT CASE MANAGEMENT</b></p> <p>N/A</p>
<p><b>TELEPHONE NUMBER:</b>          (302) 678-1265</p>	<p>(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH PAGES) N/A</p>
<p><b>FAX NUMBER:</b>          (302) 678-3544</p>	
<p><b>E-MAIL ADDRESS:</b>  <a href="mailto:sahampton@gradyhampton.com">sahampton@gradyhampton.com</a>  <a href="mailto:apanicola@gradyhampton.com">apanicola@gradyhampton.com</a></p>	

THE PROTHONOTARY WILL NOT PROCESS THE COMPLAINT, ANSWER OR FIRST RESPONSIVE PLEADING IN THIS MATTER FOR SERVICE UNTIL THE **CASE INFORMATION STATEMENT (CIS)** IS FILED. THE FAILURE TO FILE THE CIS AND TO **HAVE THE PLEADING PROCESSED** FOR SERVICE MAY RESULT IN THE DISMISSAL OF THE COMPLAINT OR MAY RESULT IN THE ANSWER OR FIRST RESPONSIVE PLEADING BEING STRICKEN.



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KATHERINE A. SAHM, MD,	:	
and ADVANCED SURGICAL	:	
ASSOCIATES, LLC,	:	
	:	
Defendants.	:	

COMPLAINT

Introduction

1. On October 5th, 2016, Reba Postles (Reba), a healthy 52-year-old wife, mother and grandmother went to Wilmington Hospital for laparoscopic repair of a ventral hernia by defendant, Katherine A. Sahm M.D. (Dr. Sahm). Dr. Sahm failed to discover or repair the 10cm laceration in the jejunum caused by the surgery, and for the next several days Reba suffered unimaginable pain as the contents of her bowel spilled out causing extensive tissue damage and peritonitis. Dr. Sahm performed an exploratory laparotomy on October 7th, 2016, but by then so much damage had occurred that it was too late to treat Reba's critical condition,

and she died of multiple organ failure, septic shock and bowel ischemia on October 8, 2016.

2. Dr. Sahm is a physician duly licensed to practice medicine in the State of Delaware and is Board Certified in Surgery. Dr. Sahm is a healthcare provider as defined in 18 *Del. C.* §6801(5) and is employed by Advanced Surgical Associates, LLC, 1401 Foulk Road, Suite 207, Wilmington, DE 19803.

3. Dr. Sahm was working on behalf of defendant Advanced Surgical Associates, LLC when she arranged for and performed surgery on Reba Postles, and Advanced Surgical Associates, LLC is liable for any act of medical negligence committed by Dr. Sahm under principles of respondent superior or agency.

#### Chronology

4. The chronology is based on Reba's medical records.

5. Reba's known surgical history included a hysterectomy--partial (10/2015), colon resection, colostomy, and colostomy reversal. She had difficult intubation with nausea/vomiting, and fiber-optic intubation was used secondary to difficult airway for the 10/15 hysterectomy.

6. There was no qualified resident at Wilmington Hospital available to assist Dr. Sahm with the hernia repair that began at 08:53 and ended at 10:18, on **10/5/16**.

7. At the outset, Dr. Sahm observed multiple small ventral incisional hernias, incarcerated incisional hernias and extensive intraabdominal adhesions.

She noted the following in her Operative Report:

... upon introduction of the 30 – degree 5 mm scope into the abdomen, there was a fair amount of adhesions to the abdominal wall present proximally. They appeared to be mostly omental. There were certainly some small bowel loops distal that were visualized. For that reason, I placed a 5mm trocar at this point rather than a 12 mm, about a hand breath beneath any left upper quadrant port. Using shears and no energy device, I carefully began to, in an avascular plane against the abdominal wall, take down some of these adhesions with the hope that pneumoperitoneum would assist separating them and indeed this was the case. The time to do this certainly was somewhat lengthy and took about 45 minutes near an hour to completely take down adhesions.

8. The post-surgical records reveal:

10:30--heartrate (HR) 91 beats per minute, respiration (RR) 11

breathes per minute, blood pressure (BP) 175/89, and pain at rest, 8

10:39— (fentanyl inj) 100 Mcg/2 ML. Pain was moderate, 1 – 6.

10:50—HR 76, RR 10, BP 160/84 PO 100. Pain at rest, 6

10:50--(fentanyl inj) 100 Mcg/2 ML. Pain Scale– Moderate 1 – 6

11:00—HR 71, R 10, BP 150/65, PO 100 11:07—pain at rest, 4

12:00—HR 71, RR 16, BP 128/72, PO 95

12:37—Vicodin 5/325-2 TAB given. Pain Scale– Moderate 4 – 6

12:45—HR 73, RR 16, BP 90/64, PO 96



13:12—Toradol 30Mg given.

15:15---HR 71, RR 18, BP 111/75, PO 99

16:01—Pt resting in bed C/O abd pain not relieved by pain meds earlier...

16:03—pain at rest 9, abdomen, upper right, aching, cramping, prescriber called.

16:43--Patient complaining of incisional pain...Vicodin was not helping and Toradol had been added so PA John P Ranonis Jr switched the Vicodin to Percocet. Percocet 325/5 2 TAB given, Pain Scale— Severe 7 – 10

17:30—Pt still writhing in pain in bed c/o R sided abd pain not touched by po Percocet.

17:43—pain at rest 10.

17:53—Dilaudid .5Mg given. Pain Scale—Severe, 7-10

17:54— Pain at rest 10, abdomen upper, right, aching, cramping, medicated

18:23 — Pain at rest 8.

18:58—Dilaudid .5Mg given. Pain Scale—Severe 7-10

19:15 —Toradol 30Mg given

19:20--Pain at rest 9, abdomen upper, right, aching, cramping, heat, medicated

19:28 —Pain at rest 9.

20:00 —HR 78, RR 14, BP 125/79, PO 93

20:44—Percocet 325/5 2 TAB given. Pain Scale— Severe 7 – 10

21:44 —Pain at rest 6.

23:20 —Pain present, cooperative, crying, pain at rest 10

23:33 —Dilaudid .5Mg given. Pain Breakthrough

**10/6/16---**00:19—HR 95, RR 14, BP 122/82, Pulse Ox 90

00:46—Toradol 30Mg given.

02:50—Percocet 325/5 2 TAB given. Pain Scale— Severe 7 – 10

03:31—Dilaudid .5Mg. Pain Breakthrough

03:35—HR 105, RR 18, BP 123/81, Pulse Ox 94

04:38—Pt medicated with Percocet at 0245, but requesting Dilaudid 40 minutes later. Pt with C/O pain in ribs and right shoulder. Pt's pulse ox 89% RA. Pt placed on 2L O2 via NC. Lungs clear. Abdomen soft and rounded with hypoactive bowel sounds.

06:17—Toradol 15Mg given.

06:19—Vitaly stable with one episode of mild tachycardia. Requiring 2 L nasal cannula to maintain oxygen saturations...abdomen soft, minimally distended, non-tympanic. Post Op day 1 recovering well.

Owen Glotzer MD (resident)

06:34—Dilaudid .5Mg given. Pain Scale—Severe 7-10

08:09—HR 121, RR 18, BP 119/81, PO 94

09:54—Percocet 325/5 2 TAB given. Pain Scale— Severe 7 – 10

10:54—pain at rest 3

12:00 —HR 107, RR 18, BP 101/70 Pulse Ox 96

13:00—Toradol 15Mg given.

14:45—Percocet 325/5 2 TAB given. Pain Scale— Severe 7 – 10

15:00—Pt still has severe pain to abdomen. No relief from oral pain meds.

15:15—Hypoactive bowel sounds, guarding, abdomen tender all quadrants, disheveled, pain 9.

15:45—pain rating 10.

16:00-- Systolic BP has ranged from 100 – 120 mmHg and there was an acute drop to 80s– 90s systolic. Now on 4LNC.

16:01--HR 96, RR 16, BP 111/77, Pulse Ox 96

17:21—pain rating 10, Dilaudid .5Mg given.

19:23—Toradol 15Mg given.

19:30--Repaged surgery, Dr. Wittmeyer. Order for fluid bolus. RN Tiffany J Intano.

20:05—HR 115, RR 17, BP 90/66, Pulse Ox 93

22:40—BP 83/60, held BP meds, HR 117, Pulse Ox 89 – 90 on 2L NC. Increased to 3L NC. Pt drowsy but arousable. Answers simple questions but slow to respond. Still complaining of pain to abdomen but not as loudly as earlier.

22:50--Dr. Wittmeyer here to evaluate pt. EKG and Labs at bedside. Increased O2 4L NC, sats only 91%.

23:15-- WBC 3.1(L); HGB 10.4(L); HCT 32.8(L).

23:27—Patient with oliguria. No respiratory distress, 4LNC. sinus tachycardia 120 BPM. ABDN: soft, appropriately tender, distended, tympanitic, no peritoneal signs. Eight-hour urine output 150 ml.

Concern for sepsis vs dehydration. CXR shows some LLL atelectasis and trace effusions. EKG shows sinus tach. Discussed with Dr.

Sahm. Will RRT patient and resuscitate at a higher level of care.

Richard Graham Wittmeyer III, DO, surgery resident.

23:32—HR 116, R 18, BP 73/56, Pulse Ox 91

23:40--RRT called per Dr. Wittmeyer's request.

23:57—HR 113, RR 20, Pulse Ox 94

**10/7/16**---00:01--HR 112, RR 20, Pulse Ox 90%, BP 79/57

00:05—Patient receiving continuous IV fluids and intermittent boluses. Her tachycardia increased to 120 BPM in the evening. Switched from room air, to 4L nasal cannula still saturating in the low 90% range. Systolic pressures in the 70s to 80s. Lab work shows signs of acute kidney injury. Atelectasis on the chest x-ray. Could be hypovolemia versus septic shock if there was a visceral injury in the operating room. No free air on chest x-ray. Nothing by mouth, continue IV fluids, IV medications. Discussed with Dr. Tinkoff. Richard Graham Wittmeyer III. DO. Surgery Resident PGY– 3

00:15—RRT called for hypertension, tachycardia and hypoxia. HR 117, RR 17, BP 77/55, PO 94. ABDN: soft, tender, distended, tympanic, no peritoneal signs, incisions no drainage, BS absent. Cool extremities. Hypotension, tachycardia, hypoxia—no fever, differential could be dehydration, developing sepsis, PE. Pt. will be transferred to MICU. Prakash Khanal MBBS

00:18--HR 112, RR 20, Pulse Ox 97%, BP 79/55. Patient to be transferred to the intensive care unit.

01:01—HR 115, RR 34, BP 91/57, Pulse Ox 92

01:18—Patient having intermittent chest pain and abdominal pain. Abdomen distended and diffusely tender to palpation. Hypoactive BS. Possibly septic. Peritonitis is high on differential but no peritoneal signs on examination. No adequate pain control despite receiving Vicodin, Percocet, Toradol, dilaudid, and fentanyl. AKI. 2/2 hypovolemia vs sepsis. Augustus M Sutera PA– C

01:31—HR 109, RR 25, BP 82/55, Pulse Ox 92, pain rating 10

03:35--HR 107, RR 24, Pulse Ox 96.

03:47 Patient hypotensive and tachycardic. Patient was c/o feeling weak and having SOB with chest pressure. Oxygen increased to 5L for decreased sats. Abdomen-soft, tender.

04:00— HR 121, RR 29, BP 79/65, Pulse Ox 94, Pupil Reaction Sluggish

05:03--WBC 2.9(L); RBC 3.67(L); HGB 10.0(L); HCT 31.5(L); CO2 21(L); BUN 43(H); Creatinine 1.80(L); Calcium 7.5(L); Total Bilirubin 1.4(H); Total Protein 4.3(L); Albumin Serum 2.2(L); ALT 140(H); AST 148(H).

06:03-- HR 132, RR 24, BP 96/61, Pulse Ox 95

06:34--(fentanyl inj) IV 12.5 MCG. Pain Scale— Moderate 4 – 6

08:00— HR 138, RR 39, BP 104/50, Pulse Ox 93

08:00-- Evaluated patient at bedside with WICU PA approximately 0800 hrs. Diffuse abdominal tenderness with rebound consistent with diffuse peritonitis. Findings are consistent with compromised bowel and possible perforated viscus. Contacted Dr. Sahm who concurred to return to the OR for an exploratory laparotomy. Patient posted as a class II emergency. I met and informed the family, including her husband, at bedside that patient's condition is critical and prognosis is guarded. Glen H Tinkoff MD

08:17--(fentanyl inj) IV 12.5 MCG Pain Scale-- Moderate 4 – 6

08:50-- I discussed the findings with Dr. Wittmeyer last evening and discussed a possible enterotomy given amount of adhesions. Manifested sepsis overnight needed resuscitation this a.m. Worsening abdominal pain peritonitic on exam. Recommended operative intervention. Dr. Tinkoff concurs. Katherine A. Sahm MD

08:58—Dilaudid .2Mg given.

09:00—HR 135, RR 33, BP 96/69, Pulse Ox 94.

EXPLORATORY LAPAROTOMY, patient has a hx of difficult intubation, nausea/vomiting, and 10/15 hysterectomy required fiber optic intubation second to difficult airway. Pt has letter from anesthesia. Susan M Wogan MD,

09:55—Intubation. Pt vomited during induction, also pt had limited neck movement. PSI planned with Glide scope intubation, circulator requested to apply cricoid during intubation which she did but removed prior to ETT placed. Patient vomited bilious material cricoid reapplied, suctioned, ETT placed, ETT suctioned prior to positive pressure and lavaged clear fluid.

10:04—Surgery Start

10:15-- Hemodynamic Acknowledgment: Intermittent decrease in oxygen sats despite 100% oxygen. Managed with hand ventilation and PEEP with improvement.

11:17—Hemodynamic Acknowledgment: Vital Signs Noted and Addressed. Managed with Adjustments in Fluids and/or Pressors. Manage with Adjustments in Anesthetic Depth. Neosynephrine given as charted.

11:51---Surgery Stop

12:02---Extubation

12:10--- Surgical Note. Immediately upon entering into the abdominal cavity, there was release of significant clot combined with abdominal contents, specifically succus, as a mixture of fluid. This was suctioned out and there were scattered inflammatory rinds throughout the



abdomen, most densely concentrated around the morula of adhered jejunum and within her pelvis. Relatively quickly, a 10cm perforation of her proximal jejunum was identified and some adhesions around this were taken down. The mesentery in this area was showing some signs of poor perfusion as well as potential tractional tears. We delineated an approximately 20 cm area of compromised bowel in the area surrounding the perforation...At the end of the case, it was determined to leave the patient intubated due to critical illness and she was subsequently transferred directly back to the Wilmington ICU. Dr. Sahm was present for all critical portions of that case. Dictated by: Richard G Wittmeyer DO. cc: ...Katherine A Sahm MD.

12:18— HR 91, RR 11, BP 175/89. Pain at rest, 8. pain location-- abdomen lower, bilateral, incisional.

12:41-- HR 122, RR 28, BP 82/55, Pulse Ox 89. Reba was intubated from the first exploratory surgery on, and her recorded vital signs remained mostly normal.

12:58—Portable AP chest radiograph... Impression: ... Bilateral substantial parenchymal opacities are new, which may be related to aspiration.

13:00—POC Arterial: ph 7.09(C); PCO2 72.5(H); PO2 37(C); BE -8.0(L); O2 Sat 50(C).

13:05-- HR 131, RR 28, BP 100/83, Pulse Ox 89. Lactic Acid 4.5(C);  
13:39; WBC 1.1(L); RBC 3.04(L); HGB 8.4(L); HCT 26.9(L).  
10.0(L); BUN 40(H); Creatinine 1.37(L)

15:43—POC Venous: ph 7.07(C); CO2 Content 21(L); Base Excess -11(L)

15:44—POC Arterial: ph 7.13(C); PCO2 48.2(H); PO2 68(C); Total CO2 17(L); BE -13(L); O2 Sat 86(C).

18:26—POC Arterial: ph 7.04(C); PCO2 44.6(H); PO2 68(C); Total CO2 13(L); HCO3 12.1(L); BE -19(L); O2 Sat 85(L).

19:00—Pulse Ox 86; WBC 2.8(L); RBC 2.98(L); HGB 8.0(L); HCT 26.5(L); Glucose 55(L); CO2 17(L); BUN 41(H); Creatinine 2.47(L); Anion Gap 15(H); Calcium ionized 0.96(L); ALT 356(H); AST 417(H);

21:23 Brief Operative Note: CONCERN FOR ABDOMINAL COMPARTMENT SYNDROME BOWEL ISCHEMIA. Bedside exploratory laparotomy performed; hemorrhagic ascites noted with foul smell; 35cm of jejunum noted to be ischemic and bowel resection performed with bind loops; Left in discontinuity; concern for

transverse colon viability; Lip of omentum also resected and abthera placed.

21:32—Lactic Acid 14.5(C).

10/7; RBC 2.63(L); HGB 7.1(L); HCT 23.5(L); CO2 16(L); BUN 40(H); Creatinine 2.30(H); Anion Gap 21(H)

22:28—POC Arterial: ph 7.08(C); PCO2 51.1(H); PO2 156(H); Total CO2 17(L); HCO3 15.2(L); BE -15(L)

23:53—Consult: acute kidney injury, Severe metabolic acidosis, oliguria in a patient with postoperative shock.... Recommendations: Emergent dialysis is indicated in this patient for severe metabolic acidosis, oliguria, and acute kidney injury. Patient is in excess of 10L positive balance. I will order SLED therapy given the hemodynamic instability.... Feroz Abubacker Kaniyamparambil MBBS

**10/08/16--12:10**—Re-exploration of the abdomen was conducted at bedside today. (Dr. Bradley discussed the patient's poor prognosis with the patient's husband and additional family. The husband wanted him to proceed with the bowel resection and supportive care, which he did.)

20:13-- Operative Findings: Necrotic bowel from Blind End of jejunum to ascending colon, hepatic flexure mobilized. Primary Surgeon: Katherine Sahm MD

21:27 —Patient's family reached a unanimous decision for comfort measures only. 22:53—Called to bedside after terminal extubation. Pronounced death at 22:53. Family present. William S Johnson (resident).

9. The Death Certificate causes of death are: 1) Multiorgan failure; 2 ) Septic Shock; 3) Bowel Ischemia.

10. The Autopsy Cause of Death is "Sepsis secondary to extensive bowel necrosis following hernia repair."

#### Liability of Plaintiffs

11. At all times relevant hereto, Dr. Sahm was acting as an employee or agent of Advanced Surgical Associates, LLC.

12. At all times of which plaintiffs complain, Dr. Sahm represented to Reba Postles and the public that she possessed the degree of skill, knowledge, and ability possessed by reasonably competent medical practitioners, practicing under the same or similar circumstances as those surrounding the surgery she performed on Reba Postles.

13. Dr. Sahm owed Reba Postles the duty to exercise the degree of skill, care and judgment expected of a competent medical practitioner acting in the same or similar circumstances, which duty required the employment of appropriate procedures, surgical care or treatment to correct conditions without injury to Reba Postles. Dr. Sahm failed to do so.

14. Dr. Sahm was medically negligent and breached the applicable standards of care during the laparoscopic repair surgery she performed on Reba Postles on 10/5/16, by:

a) Failing to consider conversion to an open procedure from a laparoscopic procedure early in the surgery despite seeing extensive intraabdominal adhesions in Reba's abdominal cavity resulting from three prior surgical procedures.

b) Failing to explore the abdominal cavity or examine the loops of intestine that had been involved in her dissection after she completed the extensive lysis of adhesions.

c) Terminating the laparoscopic procedure without exploring the abdominal cavity or examining the loops of intestine resulting in a missed opportunity to repair an obvious 10cm (4 inch) injury to the jejunum.

d) Failing to examine the operative field at the end of the procedure to identify any potential injury.

e) Failing in her obligation to avoid intestinal injury, or if an injury did occur to identify that injury at the time of the initial surgery and repair it, avoiding the consequences of leakage of contents into the abdominal cavity with its resulting peritonitis and sepsis.

15. Dr. Sahm's medical negligence and breaches of the applicable standards of care were the proximate causes of the subsequent peritonitis, sepsis and ultimately the death of Mrs. Postles. As a direct and proximate result of Dr. Sahm's medically negligent conduct, and her breaches of the applicable standards of care, Reba Postles, suffered the following injuries:

a) Excruciating pain worse than any pain she had during any of her prior surgeries. Pain so bad that she told her husband that she felt like she was dying.

b) Fear and extreme anxiety because of her terrible pain.

c) Severe mental anguish because of the perception that she was dying and would be leaving her loved ones behind.

d) A steadily worsening medical condition that eventually resulted in her premature, preventable death.

16. All the intense pain and suffering, and ultimately Reba's death, were preventable and occurred because of breaches of the standards of care by the very medical professionals in whom Reba had placed her trust. That trust was betrayed

by Dr. Sahm who ignored the red flags that should have caused her to convert to a laparotomy, and then compounded the betrayal by failing to properly examine the abdominal cavity and bowel for possible leaks before ending the surgery.

17. Wayne Postles knew that Reba was in extreme pain as soon as she awoke from the hernia surgery, and that pain medications were not relieving her pain like after previous surgeries. Reba's pain became so intense that Wayne left the room to find a nurse and insist that something be done about it. The agony of watching his wife deteriorate and die in front of him without being able to do something about it, will haunt him the rest of his life.

18. Michael Postles recalls his mom telling him after the surgery that she was in more pain than she had ever felt in her life. Michael and his sister Carlana both are suffering horribly from the trauma and grief surrounding their mother's death by medical negligence.

#### COUNT 1

19. Plaintiff Wayne Postles of behalf of the estate of Reba Postles, hereby incorporates by reference, as if fully set forth herein, every allegation contained in the preceding paragraphs.

20. As a direct and proximate result of the negligent actions of Dr. Sahm in rendering medical care and attention as described above and otherwise, the estate of Reba Postles is entitled to compensation for the following damages:

- a. Severe pain and suffering of body and mind sustained by Reba from the time of her laparoscopic surgery until her death;
- b. The loss of savings from her lifetime earnings; and
- c. Medical bills in an amount to be determined.

21. Had Dr. Sahm followed the appropriate and applicable standards of care as described above and otherwise, Reba would not have:

- a. Suffered the above-identified injuries and damages;
- b. Needed to spend extra days in the hospital;
- c. Undergone additional surgeries; and
- c. Died prematurely, but would have had a normal life expectancy.

22. The injuries and damages herein complained of were directly and proximately caused by Dr. Sahm with no negligence on the part of Reba Postles contributing thereto.

WHEREFORE, plaintiff Wayne Postles as Personal Representative of the Estate of Reba Postles demands judgment against the Defendants, such special damages as he can prove, compensatory damages, costs of this action, and such other relief as deemed appropriate by the Court.



## COUNT II

23. The foregoing paragraphs are incorporated herein as if fully set forth.

WHEREFORE, Wayne Postles individually, hereby incorporates all the allegations contained in the above paragraphs as if those allegations are set forth in this Count.

24. As a direct and proximate result of the negligent actions and breaches of the applicable standards of care by Dr. Sahm that resulted in the wrongful death of his wife, Reba Postles, Wayne Postles has suffered the following damages:

- a. Mental anguish from the grieving process associated with the loss of a beloved wife who brought out the best in him, managed their household including their finances, and was a devoted mother and grandmother to their children and grandchildren;
- b. The physical and emotional upheaval accompanying his continuing grieving process;
- c. The loss of financial contributions toward household expenses;
- d. The loss of marital and household services; and
- e. Funeral expenses of \$7,000 (max allowed)

WHEREFORE, Wayne Postles demands judgment against the defendants, special damages of \$7,000, such other special damages as he can prove,

compensatory damages, costs and such other relief as the Court deems appropriate.

### COUNT III

25. Michael Postles and Carlana Aldrich hereby incorporate all the allegations contained in the above paragraphs as if those allegations are set forth in this Count.

26. As a direct and proximate result of the negligent actions of Dr. Sahm that resulted in the wrongful death of their mother, Reba Postles, Michael Postles and Carlana Aldrich have suffered the following damages:

a. Mental anguish from the grieving process associated with the loss of their mother, the rock of their family, who lived nearby and regularly interacted with them and the grandchildren and whom they dearly loved.

b. The physical and emotional upheaval that has accompanied their continuing grieving process.

WHEREFORE, Michael Postles and Carlana Aldrich hereby demand judgment against defendants, compensatory damages, costs of this action, and such other relief as the Court deems appropriate.

GRADY & HAMPTON, LLC

/s/ Stephen A. Hampton

Stephen A. Hampton

(Bar ID# 2451)  
Anthony V. Panicola  
(Bar ID# 5787)  
6 North Bradford Street  
Dover, DE 19904  
(302) 678-1265

Dated: October 27, 2017

Attorneys for Plaintiffs



IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

WAYNE POSTLES individually, and  
as the Executor of the Estate of  
REBA POSTLES, MICHAEL  
POSTLES, and CARLENA  
ALDRICH, heirs of REBA  
POSTLES,

Plaintiffs,

v.

KATHERINE A. SAHM, MD,  
and ADVANCED SURGICAL  
ASSOCIATES, LLC,

Defendants.

C.A. No.  
Jury Demanded

PLAINTIFFS' RULE 3(h) RESPONSES

1. (i) Answers to Interrogatories appearing in Superior Court interim  
Civil Rule Form 30:

**ANSWER: Attached are the Answers to Interrogatories pursuant to  
Form 30.**

(ii) Photocopies of existing documentary evidence relating to  
special damages (or, in lieu thereof, a brief sworn statement as to any item not  
included as to the reason of its non-availability and a specific undertaking as to  
when it will be made available:

**ANSWER: To be provided when an entry of appearance is entered or an  
answer is filed.**

(iii) In any case in which lost wages or salary is claimed, photocopies of pertinent portions of the income tax returns of the Plaintiffs for the past 3 years either (a) as an exhibit to the Complaint, or (b) contained in a sealed envelope, or (c) a sworn statement that the copies of the returns are in the Plaintiffs' possession or have been applied for; and a specific undertaking to supply them forthwith and without further request when an appearance is made on behalf of the Defendants:

**ANSWER: To be provided when an appearance is entered or an answer is filed.**

2. If a counterclaim, cross-claim or third-party complaint for personal injuries is filed, the Claimant shall be required to file with his claim that discovery which is required of a Plaintiff in a claim for personal injuries.

**ANSWER: Not applicable.**

GRADY & HAMPTON, LLC

/s/ Stephen A. Hampton  
Stephen A. Hampton (#2451)  
Anthony V. Panicola (#5787)  
6 North Bradford Street  
Dover, Delaware 19904  
(302) 678-1265

Attorneys For Plaintiffs

Dated: October 27, 2017



IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

WAYNE POSTLES individually, and  
as the Executor of the Estate of  
REBA POSTLES, MICHAEL  
POSTLES, and CARLENA  
ALDRICH, heirs of REBA  
POSTLES,

Plaintiffs,

v.

KATHERINE A. SAHM, MD,  
and ADVANCED SURGICAL  
ASSOCIATES, LLC,

Defendants.

C.A. No.  
Jury Demanded

PRAECIPE

TO: Prothonotary  
Sussex County Superior Court  
One The Circle, Suite 1  
Georgetown, DE 19947-1504

PLEASE ISSUE A SUMMONS directing the Sheriff of New Castle County to serve upon the defendant, Katherine A. Sahm, MD, a copy of the Complaint and related pleadings by serving the defendant whose address is 1401 Faulk Road, Wilmington, Delaware, 19803.

PLEASE ALSO ISSUE A SUMMONS directing the Sheriff of New Castle County to serve upon the defendant, Advanced Surgical Associates, LLC, by serving its registered agent, Advanced Surgical Associates, LLC whose address is

906 W. 22<sup>nd</sup> Street, Wilmington, Delaware, 19801.

GRADY & HAMPTON, LLC

/s/ Stephen A. Hampton

Stephen A. Hampton (#2451)

Anthony V. Panicola (#5787)

6 North Bradford Street

Dover, Delaware 19904

(302) 678-1265

Attorneys for Plaintiffs

Dated: October 27, 2017



IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

WAYNE POSTLES individually, and  
as the Executor of the Estate of  
REBA POSTLES, MICHAEL  
POSTLES, and CARLENA  
ALDRICH, heirs of REBA  
POSTLES,

Plaintiffs,

v.

KATHERINE A. SAHM, MD,  
and ADVANCED SURGICAL  
ASSOCIATES, LLC,

Defendants.

C.A. No.  
Jury Demanded

**THE STATE OF DELAWARE,  
TO THE SHERIFF OF NEW CASTLE COUNTY,  
YOU ARE COMMANDED:**

To summon the above-named Defendant, Advanced Surgical Associates, LLC, so that, within 20 days after service hereof upon Defendant, exclusive of the day of service, Defendant shall serve upon STEPHEN A. HAMPTON and/or ANTHONHY V. PANICOLA, Plaintiff's attorneys, whose address is 6 North Bradford Street, Dover, Delaware 19904, an Answer to the Complaint (and, if the Complaint contains a specific notation requiring the Defendant to answer any or all allegations of the complaint by Affidavit, an Affidavit of Defense).

To serve upon Defendant a copy hereof and of the Complaint.

JOYCE COLLINS  
Prothonotary

\_\_\_\_\_  
Per Deputy

Dated: October 27, 2017



**TO THE ABOVE NAMED DEFENDANT:**

In case of your failure, within 20 days after service hereof upon you, exclusive of the day of service, to serve on Plaintiff's attorney named above an Answer to the Complaint (and, if the Complaint contains a specific notation requiring the Defendant to answer any or all allegations of the Complaint by Affidavit, an Affidavit of Defense), judgment by default will be rendered against you for the relief demanded in the Complaint.

JOYCE COLLINS  
Prothonotary

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Per Deputy



IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

WAYNE POSTLES individually, and  
as the Executor of the Estate of  
REBA POSTLES, MICHAEL  
POSTLES, and CARLENA  
ALDRICH, heirs of REBA  
POSTLES,

Plaintiffs,

v.

KATHERINE A. SAHM, MD,  
and ADVANCED SURGICAL  
ASSOCIATES, LLC,

Defendants.

C.A. No.  
Jury Demanded

**THE STATE OF DELAWARE,  
TO THE SHERIFF OF NEW CASTLE COUNTY,  
YOU ARE COMMANDED:**

To summon the above-named Defendant, Katherine A. Sahm, MD, so that, within 20 days after service hereof upon Defendant, exclusive of the day of service, Defendant shall serve upon STEPHEN A. HAMPTON and/or ANTHONHY V. PANICOLA, Plaintiff's attorneys, whose address is 6 North Bradford Street, Dover, Delaware 19904, an Answer to the Complaint (and, if the Complaint contains a specific notation requiring the Defendant to answer any or all allegations of the complaint by Affidavit, an Affidavit of Defense).

To serve upon Defendant a copy hereof and of the Complaint.

JOYCE COLLINS  
Prothonotary

\_\_\_\_\_  
Per Deputy

Dated: October 27, 2017

**TO THE ABOVE NAMED DEFENDANT:**

In case of your failure, within 20 days after service hereof upon you, exclusive of the day of service, to serve on Plaintiff's attorney named above an Answer to the Complaint (and, if the Complaint contains a specific notation requiring the Defendant to answer any or all allegations of the Complaint by Affidavit, an Affidavit of Defense), judgment by default will be rendered against you for the relief demanded in the Complaint.

JOYCE COLLINS  
Prothonotary

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Per Deputy



IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

WAYNE POSTLES individually, and	:	
as the Executor of the Estate of	:	
REBA POSTLES, MICHAEL	:	C.A. No. S17C-10-021 ESB
POSTLES, and CARLENA	:	
ALDRICH, heirs of REBA	:	
POSTLES,	:	Jury Demanded
	:	
Plaintiffs,	:	
	:	
v.	:	
	:	
KATHERINE A. SAHM, MD,	:	
and ADVANCED SURGICAL	:	
ASSOCIATES, LLC,	:	
	:	
Defendants.	:	

NOTICE OF CONVENTIONAL FILING

NOTICE is hereby given that the Affidavit of Merit and Curriculum Vitae of Plaintiffs' expert required by 18 *Del. C.* § 6853 has been filed with the Court conventionally in a sealed condition and so marked "Confidential, Subject to 18 *Del. C.* § 6853. The Contents of This Envelope May Only Be Viewed by a Judge of the Superior Court."

GRADY & HAMPTON, LLC

/s/ Stephen A. Hampton  
Stephen A. Hampton (#2451)  
Anthony V. Panicola (#5787)  
6 North Bradford Street  
Dover, Delaware 19904  
(302) 678-1265  
Attorneys for Plaintiffs

Dated: October 30, 2017