



December 28, 2023

Scott Matthew Killmer, M.D.

Dear Dr. Killmer:

The North Carolina Medical Board (“Board”) has concluded its investigation regarding your care of Patient A. It is the Board’s decision not to commence formal proceedings against your license. However, the Board voted to issue you this public letter of concern. The Board does not consider a public letter of concern to be a disciplinary action or a limitation or restriction on your license.

On September 21, 2018, a 40-year-old male (“Patient A”) was transported to an emergency department with right lower abdominal pain and a 102.8-degree fever. Laboratory findings showed an increase in white blood cells and a computerized tomography (“CT”) scan demonstrated extensive inflammatory changes and fluid in the right lower abdomen, consistent with acute appendicitis. Later that day, you performed an unremarkable laparoscopic appendectomy to remove the appendix. The appendix did not appear ruptured or contain pus and you documented that a cursory evaluation of the abdomen was otherwise negative.

Postoperatively, Patient A continued to experience abdominal pain and by post-operative day three, Patient A was experiencing worsening abdominal distension and pain. A kidney, ureter, and bladder (KUB) x-ray was performed, which demonstrated no evidence of acute intra-abdominal infection or free air. On September 25, 2018, the pathology report of the appendix was received and demonstrated no active or acute inflammation indicating the appendix was normal. On September 26, 2018, Patient A went into cardiac arrest, was resuscitated, and taken back to surgery to explore the cause of the severe abdominal pain and sepsis. The exploratory surgery revealed restricted blood flow to Patient A’s right colon (ischemic colitis), pus in the pelvis (abscess), and fecal contamination. The right-hand portion of Patient A’s colon was removed (hemicolectomy) and drains were placed. However, Patient A’s condition continued to deteriorate, and on September 27, 2018, Patient A died.

The Board obtained Patient A’s medical record and submitted it to an independent reviewing expert. The reviewing expert found your overall care of Patient A failed to conform to the standards of acceptable and prevailing medical practice. Specifically, the reviewing expert noted that the intra-operative evaluation during the laparoscopic appendectomy was not consistent with the initial CT scan findings of appendicitis and Patient A’s presenting history and physical exam were likely more consistent with ischemic colitis. Further, the reviewing expert believes if you had performed a CT scan earlier postoperatively, it would likely have revealed the ischemic colitis and fecal contamination with abscess formation, thereby allowing for earlier intervention. The reviewing expert also criticized your choice to perform a KUB x-ray, despite the normal appendix pathology and worsening abdominal pain, as KUB x-rays are not sensitive enough to reveal intra-abdominal pathology, such as bowel ischemia, abscess formation, or perforation.

The Board is concerned that your care of Patient A may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. The Board urges you to take steps to ensure the conduct giving rise to the Board’s concerns does not happen again. Otherwise, the Board may take additional action against your license to practice medicine. If that happens, this letter may be reviewed in determining the appropriate action.

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This letter is a public record within the meaning of Chapter 132 of the North Carolina General Statutes and is subject to public inspection and dissemination as required by that law. It will be reported to the Federation of State Medical Boards.

Sincerely,

A handwritten signature in black ink that reads "Christine Khandelwal, D.O." with a stylized flourish at the end.


Christine M. Khandelwal, D.O., MHPE
President

CMK/GAM/jhg

Consent and Waiver

I, Scott Matthew Killmer, M.D., would like to resolve this matter without the need for more formal proceedings and consent to the Board's issuance of this public letter of concern in resolution of the above matter. I hereby waive any requirement under any law or rule that this public letter of concern be served on me.

Consented to this the 20 day of December, 2023.



Scott Matthew Killmer, M.D.

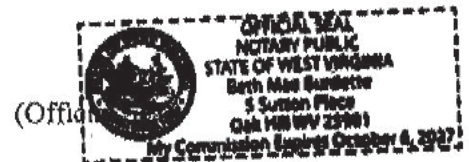
State of WV
County of Fayette

I, Beth Mae Bunderka, do hereby certify that Scott Matthew Killmer, M.D. personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the 20 day of December, 2023.



Notary Public



My Commission Expires: 10/6/2027

North Carolina Medical Board