



June 21, 2022

**Via Attorney of Record**

David Michael Pilati, M.D.  
160 MacGregor Pines Drive, Suite 310  
Cary, NC 27511

Dear Dr. Pilati:

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 October 31, 2018, Patient A presented to you and underwent a revision of a previous Roux-en-Y gastric bypass after experiencing weight recidivism resulting in a body mass index of 60.

Patient A’s revision surgery was complicated by postoperative compartment syndrome, bowel obstruction, omental ischemia, bowel leaks iatrogenic colotomy, and fistulae. Management of these postoperative complications prolonged Patient A’s recovery and hospital stay.

In reviewing Patient A’s care, the Board is concerned the Roux-en-Y revisional procedure may have failed to conform to the standards of acceptable and prevailing medical practice in North Carolina. Specifically, the Board’s concerns are:

- Documentation of Patient A’s preoperative attempts at weight loss prior to undergoing a revision was not present. These efforts would include dietary modification, pharmacologic intervention, and a mental health evaluation with all of these interventions being required and documented;
- Documentation regarding the revision and subsequent procedures was, at times, inconsistent and incomplete;
- There was no indication to perform a subtotal gastrectomy as there was no evidence in the record to suggest the presence of a gastro-gastric fistula which would require division of the pouch from the gastric remnant; and
- The creation of a duodenal switch was contraindicated in Patient A because of her prior Roux-en-Y gastric bypass. The duodenal switch formed a small gastric pouch which precluded Patient A from being able to have an appropriate volume of food intake, which in turn, did not allow adequate nutrition. A distalization procedure would have been the preferred revisional procedure. This procedure would have created a 450 cm total alimentary limb length to help prevent malabsorption and the significant malnutrition which Patient A experienced from the duodenal switch.

David Michael Pilati, M.D.  
June 21, 2022  
Page 2

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.

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, appearing to read "John W. Rusher". The signature is fluid and cursive, with a large initial "J" and "R".

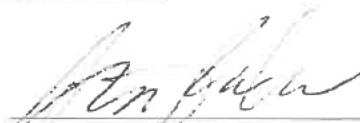
John W. Rusher, M.D., J.D.  
President

JWR/MJ/wl

Consent and Waiver

I, David Michael Pilati, 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 9<sup>th</sup> day of June, 2022.

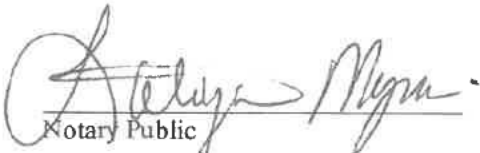
  
\_\_\_\_\_  
David Michael Pilati, M.D.

State of NC

County of Wake

I, Latoya Myrick, do hereby certify that David Michael Pilati, 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 9<sup>th</sup> day of June, 2022.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 8-13-2023

