Appellant Case No. 2018-001842 May 28, 2021

TO: THE HONORABLE JUDGES OF THE SOUTH CAROLINA COURT OF APPEALS

RE: CORRECTION TO ARTICLES LISTED IN THE COURT'S MAY 12, 2021 LETTER OF DISMISSAL

ARTICLE I - Appellant failed to file Notice of Intent

Appellant's has described in length to the Court the verbal warnings to Respondents in her letter of May 25, 2021. In addition, enclosed you will find a Summons issued to the Respondents, form SCCA 401 (5/02) filed on May 5, 2018 in the Court of Common Pleas, Case No.2018-CP-10-1163.

ARTICLE II - Appellant's Reason for Filing Lawsuit

Court denied Appellant's actual reason for filing. Clerks of Court in the Court of Common Pleas and the South Carolina Court of Appeals filed according to Attorney for Respondents, "Professional Negligence".

Appellant actual filed "Doctor premeditatedly, willingly, knowingly implanted experimental devices and medication known for its permanent, debilitating injuries without Plaintiff's/Appellant's knowledge or permission. (Appendix I - See attached document filed with the Court.)

May the Court please show Appellant any such document that she has submitted to the Court where she filed professional negligence? No, you will find only denials and requests to correct. When Appellant asked neurosurgeon how he could do that to her?

He stated "I did not do anything to you, I only put in one rod and two screws." Same rod is Broken at the spine. (After all he was only supposed to relieve pressure on a left sciatica nerve but instead executed a hugh experimental operation turning my body over to technicians for them to operate with a Robotic arm, also new system, without Appellant's knowledge or permission.) How can the attorney 's for Respondents say that this is negligence. There was no negligence! (Especially after one of the attorney's I spoke with to take my case advised me that I did not even need surgery, and encouraged Appellant to continue searching for an attorney to take the case.)

You will find incriminating evidence about this case.

ARTICLE III - Injury

Medications:
Ibuprofen 800 mg by mouth 3 times daily. (Cannot take as prescribed because can damage liver and kidney.)

Oxycodone 5 mg – 1 tablet by mouth every 4-6 hours as needed
A lot of Appellant's pain is she does not take as often as needed because she does not want to become addicted.

Anyone who can look at the pictures of Appellant's spine and say she has no injury caused by the operation on August 20, 2015 is denying the obvious. (See Supplemental Record, Addition to Record on Appeal, Index 34 (1g), pp 1 - 14) pictures Dated September 13, 2019.

ARTICLE IV - Expert Witness

Many doctors were contacted but none interested in any part of this lawsuit. However, Appellant has contacted three reputable and respected neurosurgeons for different second and third opinions: Columbia and Duke Health in North Carolina with their signed statements. One Appellant has chosen as her Expert Witness.

The first surgeon, exclaimed that he "thought I would be in a wheelchair, they cut you in half, split you open and altered your entire spine". He then explained that they could not help me and "advised Appellant not to have surgery unless of eminent death".

Another neurosurgeon in the same group who will do more serious operations would not even see me. Had his nurse call Appellant after he studied the x-rays, MRIs, CT scan, etc. that there was no need for me to make an appointment because he could not help me.

The Orthopedic surgeon (head of department) tried to get me to go back to the surgeon who was supposed to operate. (Enclosed you will find remarks by this doctor who became very angry with Appellant because she refused to do as he suggested. the remarks by this doctor as per witness are enclosed. In her words, an affidavit witnessed and signed is enclosed.) Appellant did not know they were affiliated with the doctor and hospital in Charleston.

The, neurosurgeon (friend), The Guy L. Odom Professor of Neurological Surgery, Department of Neurosurgery, Duke University tried to assist me but he was not in a good position since they were affiliated with Respondents. However, He stated after studying all the information appellant forwarded, said, "I cannot tell you whether further intervention will be of any benefit to you". (Also copy enclosed.)

Appellant would like to select the fourth opinion neurosurgeon as her Expert Witness because he has been very detailed in his findings and how he can improve her situation. As you read the report enclosed the doctor wants to remove everything already done and start over with off label parts that again has never been tested or approved.

Appellant chose this doctor because he too is well known and reputable. He has testified on Medical Malpractice cases in Court against patients for many years, "once five hours, he said". Again per him, he has also worked for Medtronic for seven years.

As you can read, this neurosurgeon has been very thorough in his assessment. (See Supplemental record Index IX, pages 79-81 from this Expert Witness.

If the Court does not accept this Expert Witness, Appellant is willing to go to any unbiased neurosurgeon who the Court appoints. She does not have the means to pay a big expert Witness who testifies how the attorneys want them to file. That to me is dishonest and Appellant has said from the beginning of this case; everything must be said and done honestly. However, a reasonable examination fee Appellant could manage.

ARTICLE V - Continuance

By the Court not considering the continuance which was the basis for the reason Appellant was not in Court on the scheduled date of July 12th, it just appears she just did not show up for Court. This was definitely one reason the case was dismissed, along with the way it was filed. If the Judge had known about the continuance request she could have rescheduled.

You cannot pick and choose issues when it affects the outcome for the Appellant. Appellant did not show up in Court because the Court had not ruled on the request for more time nor was the Appellant contacted. I would like to believe an honest mistake was made when the Judge asked why she was not present and the continuance was not mentioned. However, this is definitely a part of the case and should not be dismissed.

Your Honorable Judges, Appellant has done her best in presenting the why's of this case in all honesty. The Merit of this case is two fold. One closure for herself, and for the thousands of elderly people hurting and in harms way because of the illegal activity that I have tried to show you. Every implant had never been tested or approved. Hopefully the outcome of this case should have an impact on illegal future activities of surgeons and hospitals. This case is more than appellant knowing everything, dotting her i's and crossing her t's. I realize how important it is to follow procedure but what about the worth or value of the case? Where does the crime lay?

Respectfully submitted

Thelma R. Garrick,
Appellant Pro se
195 Crescent Oaks Ct.
Orangeburg, South Carolina 29115
803-534-9912

/tg

Enclosures

cc: Ms. Jenny Abbott Kitchings, Clerk
Ms. V. Claire Allen, Deputy Chief Clerk

Attorneys for Respondents:
Mr. Joseph J. Tierney, Jr., Esquire
Mr. Stephen L. Brown, Esquire
Mr. Russell G. Hines, Esquire

INDEX

Re: Thelma R. Garrick v Dr. George H. Khoury
Appellant Case No. 2018-001842

Respectfully submitted,

Thelma R. Garrick

Thelma R. Garrick, pro se

/tg

Article I

STATE OF SOUTH CAROLINA,)
COUNTY OF Charleston)

IN THE COURT OF COMMON PLEAS

SUMMONS

Thelma R. Garrick Plaintiff,)
vs.)
Dr. George H Khoury)
Bon Secours St. Francis, West Ashley Defendant.)

FILE NO. 2018-CP-10 1163

TO THE DEFENDANT ABOVE-NAMED:

YOU ARE HEREBY SUMMONED and required to answer the complaint herein, a copy of which is herewith served upon you, and to serve a copy of your answer to this complaint upon the subscriber, at the address shown below, within thirty (30) days after service hereof, exclusive of the day of such service, and if you fail to answer the complaint, judgment by default will be rendered against you for the relief demanded in the complaint.

Charleston, South Carolina

Dated:

March 5, 2018

Thelma R. Garrick
Plaintiff/Attorney for Plaintiff

Address:

~~2445 Henry Tecklenburg Drive~~
~~Charleston, S.C. 29414~~

195 Crescent Oaks Ct.
Orangeburg, S.C 29115
803-53

FILED
2018 MAR -5 PM 12:29
JULIE J. ARMSTRONG
CLERK OF COURT
BY _____

SCCA 401 (5/02)

Article #2 (II)

Reason for Case

Let me first say that I am not an attorney nor do I claim to be. I therefore ask the Court to be a little lenient. Thank you.

My reason for this case is to expose a Doctor and Hospital that there are consequences of their actions in experimentation and deceit no matter what their reasons for posterity or gain.

Complaint

Doctor performed major back surgery using medical devices for experimentation and benefit. (Doctor premeditatedly, willingly, knowingly implemented experimental devices and medication known for it's permanent, debilitating injuries without Plaintiff's knowledge or permission.)

Permanent physical and emotional damage done from the experimental devices inserted into the spine have caused pressure on all nerves resulting in spasms, and cramps above and below waist with any twisting of body thus causing constant pain. The pinched left sciatic nerve was never repaired causing even greater pain and often sharp knife-like pain when turning or twisting. Placing the large distribution port (still do not know name) into the lumbar spine when it did not have the depth required for this implant, and the Doctor knew of Plaintiff's medication allergy that was to be used to test this device; the Plaintiff was never a candidate.

Six months after the surgery during a visit in the Trident office on March 7, 2016, Plaintiff informed Doctor that she did not understand she was getting worse instead of better. The Doctor replied, "Your body is rejecting what I put in you." The next appointment was on April 18th and turned into a massive cover-up,.

History Before Operation of August 20, 2015

Called Doctor in December about sciatica pain. Appointments:
January 16, 2015, left sciatic pain
January 30, 2015, MRI and x-rays (available)
February 2, 2015, follow-up on results
February 25, Pain clinic, shot of steroids (Had one but due to severe reaction cancelled others.)
March 16, 2015, follow-up, advised Doctor of reaction to shot
April 27, 2015, follow-up
May 20, 2015, follow-up. (Still trying to keep from having more surgery.)
June 22, 2015, finally agreed to have a fusion to relieve pressure on left sciatic nerve.
Operation date was set for August 20, 2015.

INFUSE LAWSUITS & MEDTRONIC DEFECT INJURY SETTLEMENTS

Cincinnati, Ohio product liability lawyer and medical device defect attorney reviewing Continuing Risks with Medtronic's InFUSE Bone Graft System

It is estimated that several thousand people have been injured by Medtronic's InFUSE Bone Graft system since it was approved by the US Food and Drug Administration (FDA) in 2002.

The controversial product has been deemed ineffective and dangerous, and officials (http://www.mprnews.org/story/2013/06/17/business/medtronic-infuse) at Yale University, after studying data and credible research, have said the InFUSE device offers little to no benefit.

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Email

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Early clinical studies, including those reviewed by the FDA, show the InFUSE procedure has the potential to inflame nearby tissues and bone. 15 to 20 percent of people who have had the InFUSE surgery report (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717531/) regular pain, primarily in the legs and back.

There is also mounting evidence that the graft procedure stimulates cancer growth, and that higher doses of InFUSE carry a greater risk for developing cancer.

Many thousands of InFUSE recipients, and also most surgeons, were unaware of these possible risks at the time of operation. As a result, ongoing legal action (https://thelyonfirm.com/practice-areas/medical-device-litigation/) holds Medtronic accountable for intentionally hiding adverse effects from doctors and their patients.

What are InFUSE Bone Grafts?

Bones grafts are pieces of bone or bone substitute that can replace damaged or diseased bone in a number of joints and bones in the body. The vast majority of InFUSE bone graft operations involve the spine. In spinal fusion, doctors surgically fuse together individual vertebrae, which is meant to eliminate the irritation of nerves in the spine.

Medical implant companies like Medtronic have developed synthetic concentrated protein, called bone morphogenetic protein (BMP), which are injected into the spine to help the body form cartilage and bone, ostensibly to alleviate pain.

ADDITIONAL MEDICAL DEVICE LITIGATION PRACTICE AREAS

Medical Device Litigation (https://thelyonfirm.com/practice-areas/medical-device-litigation/)

Surgical Staple Injury & Surgical Stapler Lawsuits (https://thelyonfirm.com/practice-areas/medical-device-litigation/surgical-staple-injury/)

Defective Catheters & Medical Device Lawsuits (https://thelyonfirm.com/practice-areas/medical-device-litigation/defective-catheters-lawsuits/)

Da Vinci Surgery Lawsuits & DaVinci Injury (https://thelyonfirm.com/practice-areas/medical-device-litigation/da-vinci-surgery-lawsuits/)

Dayton Medical Device Lawyer Reviews Defects & Recalls (https://thelyonfirm.com/practice-areas/medical-device-litigation/dayton-medical-device-lawyer/)

Cleveland Medical Device Lawyer (https://thelyonfirm.com/practice-areas/medical-device-litigation/cleveland-medical-device-lawyer/)

While advancements in synthetic bone graft technology play a welcome role in modern medicine, they can cause a myriad of problems, in some cases even, sterility (http://www.nytimes.com/2011/05/25/business/25spine.html?_r=1), cancer and death. Bone Graft surgeries are not to be taken lightly.

They should be reserved as a last-resort solution to a degenerative spinal condition. In recent years, there have been reports (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717531/) of patients being offered "unnecessary" spinal surgery for pain alone, without significantly abnormal radiographic findings.

InFUSE Bone Grafts Complications

Bone Grafts are risky, and are associated with dangerous side effects. By spring 2011, the FDA had received hundreds of reports of adverse reactions associated with InFUSE Bone Grafts. Patients have reported the following:

- Persistent neck and back pain ✓
- Back and Leg Pain ✓
- Infection
- Male sterility
- Sexual dysfuction
- Respiratory failure (shortness of breath)
- Excessive bleeding
- Fetal development problems
- Nerve damage ✓
- Urinary problems ✓
- Possible increased cancer risk ✓
- Inflammatory reactions ✓
- Implant displacement and failure

weakness at times ✓
Spasms ✓
Constant pain ✓
Cramps

Mirena Lawyer Reviewing IUD & Birth Control Injury (https://thelyonfirm.com/practice-areas/medical-device-litigation/mirena-iud-injury-lawyer/)

Medical Device Recalls (https://thelyonfirm.com/practice-areas/medical-device-litigation/medical-device-recalls/)

Essure Birth Control Devices Posed Serious Complications (https://thelyonfirm.com/practice-areas/medical-device-litigation/essure-birth-control/)

Knee Implant Recall Lawyer & Injury Settlement (https://thelyonfirm.com/practice-areas/medical-device-litigation/knee-implant-recall-lawyer/)

Breast Implant Lymphoma Lawsuits (https://thelyonfirm.com/practice-areas/medical-device-litigation/breast-implants-lymphoma-risk/)

Zimmer Biomet Shoulder Implants & Device Injury Lawsuits (https://thelyonfirm.com/practice-areas/medical-device-litigation/zimmer-biomet-shoulder-implants/)

- Retrograde ejaculation
- Osteolysis (degeneration of bone tissue)
- Abnormal bone formation

These represent a large range of health issues. Many complications even require a second surgery to correct. Some studies (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3717531/) suggest a 40 percent reoperation rate for patients over the age of 65, with a 20 percent non-age specific reoperation rate.

The evidence is now clear how risky these procedures can be. However, since Medtronic and its well-compensated research team misled the public, most of these adverse events were unpublished. The full story (http://www.nytimes.com/2011/06/29/business/29spine.html?_r=0) was not clear until 2011, when independent doctors came forward with their own observations and studies.

(https://i1.wp.com/thelyonfirm.com/wp-content/uploads/2019/05/accident-adult-african-1539678.jpg?ssl=1)

Hernia Mesh Injury & Product Recalls (https://thelyonfirm.com/practice-areas/medical-device-litigation/hernia-mesh-injury/)

Stryker Recalls Defective Shoulder Implant (https://thelyonfirm.com/practice-areas/medical-device-litigation/stryker-recalls-shoulder-implant/)

LivaNova Heater-Cooler Devices Injury Lawsuits (https://thelyonfirm.com/practice-areas/medical-device-litigation/livanova/)

Hip Implant Defect Lawsuits & Hip Replacement Injury (https://thelyonfirm.com/practice-areas/medical-device-litigation/hip-implant-defect/)

CareFusion AVEA Ventilators (https://thelyonfirm.com/practice-areas/medical-device-litigation/carefusion-avea-ventilators/)

InFUSE Lawsuits & Medtronic Defect Injury Settlements (https://thelyonfirm.com/practice-areas/medical-device-litigation/medtronic-infuse-defects/)

Transvaginal Mesh Implants (https://thelyonfirm.com/practice-areas/medical-device-litigation/transvaginal-mesh-implants/)

Medical Device Corruption

IVC Filter Lawsuit (https://thelyonfirm.com/practice-areas/medical-device-litigation/ivc-filter-lawsuit/)

In recent years, Medtronic has faced increased scrutiny for the InFUSE Bone Graft system. In addition to harming thousands of patients with their product, Medtronic is accused of intentionally hiding dangerous side effects. Also, since its FDA approval, there are multiple reports of clinical investigators receiving generous "consulting" payments from the medical product industry, including Medtronic.

In June 2011, the U.S. Senate launched an investigation into these allegations, and revealed that a number of the researchers received royalties and consulting fees from Medtronic.

With the help of an incriminating article published in The Spine Journal (http://www.thespinejournalonline.com/article/S1529-9430(13)00542-1/abstract), the official journal of the North American Spine Society, investigators found that researchers were paid millions to exaggerate the products' benefits and grossly understate the risks.

The Spine Journal report observed that in multiple industry-sponsored trials, patients reported ZERO complications or adverse effects attributed to their own products. However, documents from FDA documents and other published data reveals a large gap in adverse reactions, and exposes the industry's "internal inconsistencies," which ultimately disregarded patient safety for profit.

It is estimated that Medtronic's InFUSE system is used in about 25 percent of the 432,000 spinal fusion procedures a year in the United States. In 2010, they generated almost $900 million in sales.

Medtronic has a horrific ethical track record. In fact, the US Department of Justice (DOJ) has investigated (https://www.justice.gov/opa/pr/minnesota-based-medtronic-inc-pay-99-million-resolve-claims-company-paid-kickbacks-physicians) Medtronic several times. In another incident, Medtronic paid $40 million to settle a case where the DOJ accused the company of paying kickbacks to doctors as an incentive to use InFUSE and other similar products..

Unapproved Use of the InFUSE System

The only InFUSE Bone Graft surgical technique that is FDA-approved is a procedure that operates through the abdomen. This procedure minimizes injury to the back muscles and nerves. Even so, Doctors have inadvisably used InFUSE in procedures not approved ("off-label") by the FDA. Complications (http://www.ncbi.nlm.nih.gov/pubmed/21297932)are so prevalent in some procedures, that many surgeons who once performed these operations no longer recommend it.

In 2008, the FDA issued a Public Health Notification to health care providers and surgeons regarding serious, even life-threatening complications arising from the unapproved ("off-label") use of InFUSE in cervical (upper-back) spinal fusion. The FDA received dozens of reports of

serious complications including swelling of neck and throat tissue which resulted in compression of the airway and neurological structures in the neck.

emergency medical intervention. Patients who suffered these events needed respiratory support or even a tracheotomy. The FDA reiterated that "safety and effectiveness" have not been demonstrated and "these products are not approved for this use."

Medtronic Lawsuits

(https://i1.wp.com/thelyonfirm.com/wp-content/uploads/2015/08/shutterstock_282701687-e1447423230546.jpg)

If you or a loved one have suffered the side effects of a faulty InFuse system, and have questions about the legal remedies available to improve quality of life and medical care in Ohio, contact The Lyon Firm at (800) 513-2403. You will speak directly with Mr. Lyon, and he will help you answer these critical questions.

[redacted] Article III

Advanced Diagnostic Imaging Center,LLC
1728 Village Park Drive
Orangeburg, SC 29118
Phone: 803-536-1106
Fax: 803-535-6033

Exam requested by:
MELANIE SHEPPARD
1750 VILLAGE PARK DRIVE
ORANGEBURG SC 29118

Patient: GARRICK,THELMA
Date of Birth: 01-12-1937
Phone: (803) 534-9912
MRN: 16764 **Acc:** 9031258
Date of Exam: 11-30-2017

MR L-SPINE WO 72148

HISTORY: 80 yr old female with severe low back pain with pain, paresthesias and weakness in the left leg, prior spinal surgery

COMPARISON: Lumbar spine series 02/22/16 (Appellant did not have weakness in left leg but pain due to sciatic.)

Imaging was accomplished on a Philips 1.5 Tesla 16 receiver channel MRI unit. Sagittal T1-weighted TSE, sagittal T2 and sagittal STIR images as well as axial T1 and T2-weighted images were obtained.

There is a segmentation anomaly with six non-rib bearing independently articulated lumbar segments present. L1 is slightly transitional with a very short nubbin of a rudimentary rib seen on the right side. Functionally this is a lumbar segment. The lumbosacral junction does not show a transitional vertebra.

There is a mild left convex proximal lumbar scoliosis and a mild to moderate right convex mid lumbar scoliosis, better appreciated on the plane film series. There is an old mild anterior compression fracture of L2 with a resultant minimal gibbous. There is no significant listhesis at any level. Marrow signal characteristics are generally not capable of being evaluated due to extensive paramagnetic artifacts from fusion hardware. There is no suspicion here of recent fracture or of metastatic tumor. The pedicle length is average. The patient has undergone an apparent bilateral laminectomy at L2 through L5 collectively. Interbody body bone grafts have been placed at L4-5 and L5-6. Bilateral pedicle screws are present at L4, L5 and L6 connected by vertical rods. Left unilateral pedicle screws are present at L2, L3 and L4. The longitudinal rod connecting this latter group of screws is fractured at the L4 level, as demonstrated on the plane film series from 02/22/16. Evaluation of the patency of the spinal canal and neural foramina is severely impaired to various degrees at the different levels by the paramagnetic artifact from the hardware. However, attempting to evaluate, by levels:

T10-11: Mild bilateral neural foraminal stenoses due to facet arthritis and hypertrophy. No significant spinal stenosis.

T11-12: Left lateral annular bulging, bilateral facet arthritis, mild stenosis of the right neural foramen, moderate to severe stenosis of the left neural foramen with possible encroachment on the T11 nerve. Mild spinal stenosis due to posterior annular bulging.

T12-L1: Mild primarily right sided facet arthritis, no significant neural foraminal stenosis. A small osteophyte from the right facet joint slightly narrows the transverse diameter of the spinal canal dorsally comes close to if it doesn't fact touch the conus medullaris.

L1-2: Old compression fracture, bilateral facet arthritis, right posterior lateral annular bulging. This results in a moderate to severe stenosis of the right neural foramen, mild spinal stenosis, mild stenosis of the left neural foramen. The right L1 lumbar nerve may be encroached upon.

L2-3: Mild circumferential annular bulging, no significant spinal canal or neural foraminal stenosis.

L3-4: Mild primarily left posterolateral annular bulging, no significant spinal canal stenosis. The right neural foramen is mildly narrowed. The left neural foramen is essentially obscured from view by the pedicle screw artifacts.

L4-5: No significant spinal canal stenosis, patent right neural foramen, probably patent left neural foramen although that foramen is partially obscured by paramagnetic artifacts.

Advanced Diagnostic Imaging
Center,LLC
1728 Village Park Drive
Orangeburg, SC 29118
Phone: 803-536-1106
Fax: 803-535-6033

L5-L1: No spinal stenosis. Evaluation of the foramina is largely prevented by paramagnetic artifacts.

L6-S1: Mild posterior annular bulging, mild to moderate facet arthritis, probably adequately patent bilateral neural foramina although once again they are partially obscured by paramagnetic artifacts.

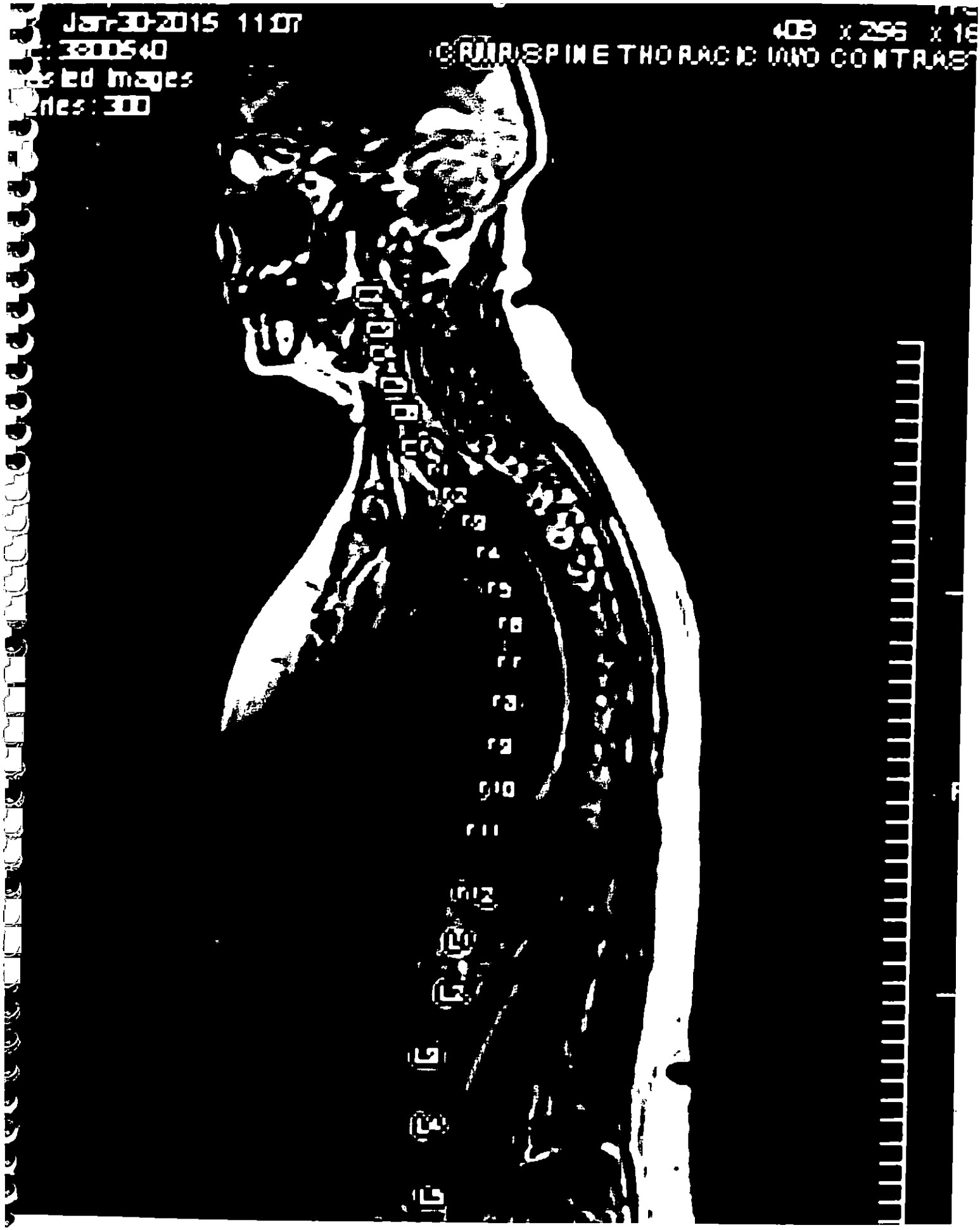
The tip of the conus medullaris is at about the level of the pedicles of L3. The conus appears to be normal. No intramedullary, intradural or paraspinous soft tissue mass is seen. However, the common bile duct dilated to about 10 mm diameter. The significance of this is not known. A gallbladder is seen but may or may not included in the field of view and the patient did not relate a history of cholecystectomy. If the gallbladder has not been removed then this degree of dilation should be investigated.

IMPRESSION: 1) Segmentation anomaly as described. 2) Prior extensive surgery including bilateral laminectomies at L2 through L5 and posterior fusion, as described. 3) Multiple foraminal stenoses, with some foramina obscured by paramagnetic artifacts from the hardware. No acute spinal findings. 4) Dilated common bile duct, the significance of which is uncertain.

Thank you for the opportunity to participate in the care of this patient.

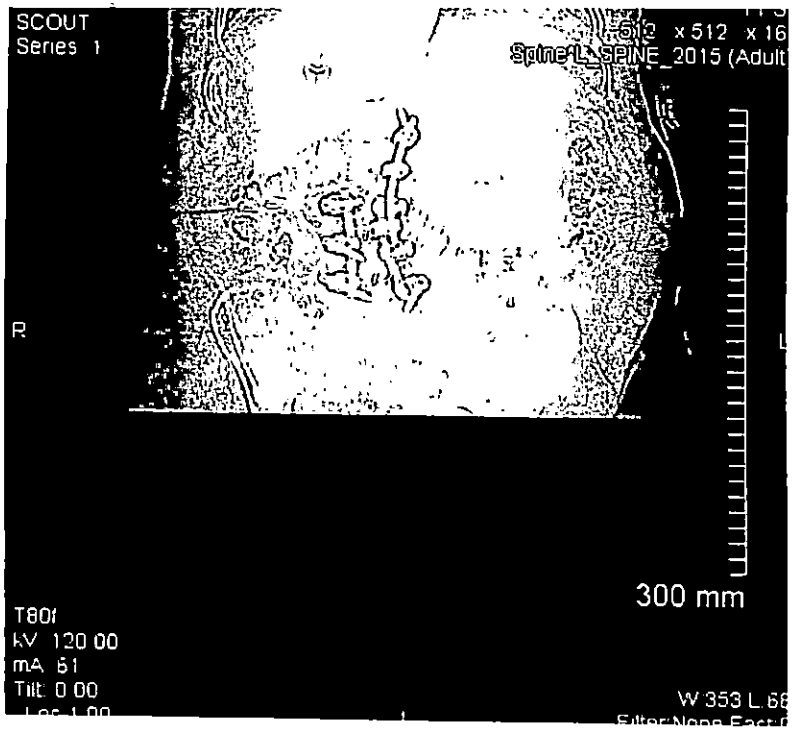
CROPPER, LELAND D
Electronically Signed: 11-30-2017 1:48 PM

Neurosurgeon had performed Spinal Stenosis surgery 4 years before 8-20-2015 (with ruptured disk immediately after) 4-20-11 second surgery.)



Article 3

It has been so long not sure after or Before surgery



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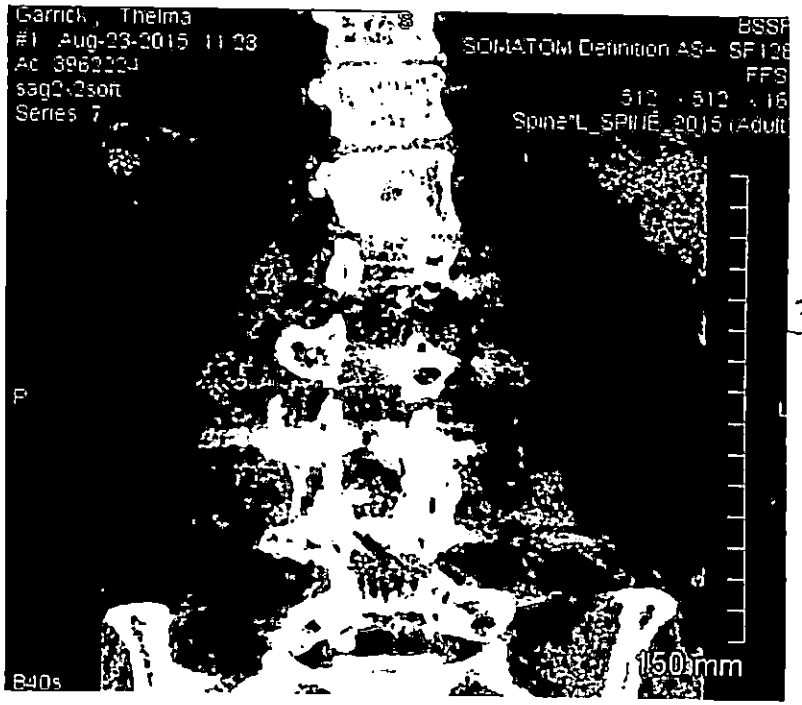

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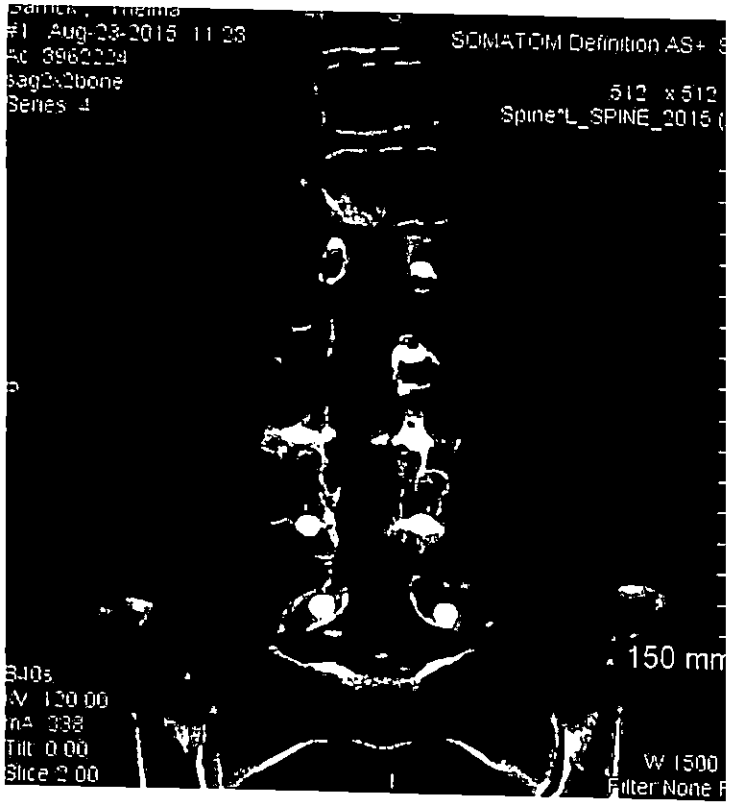
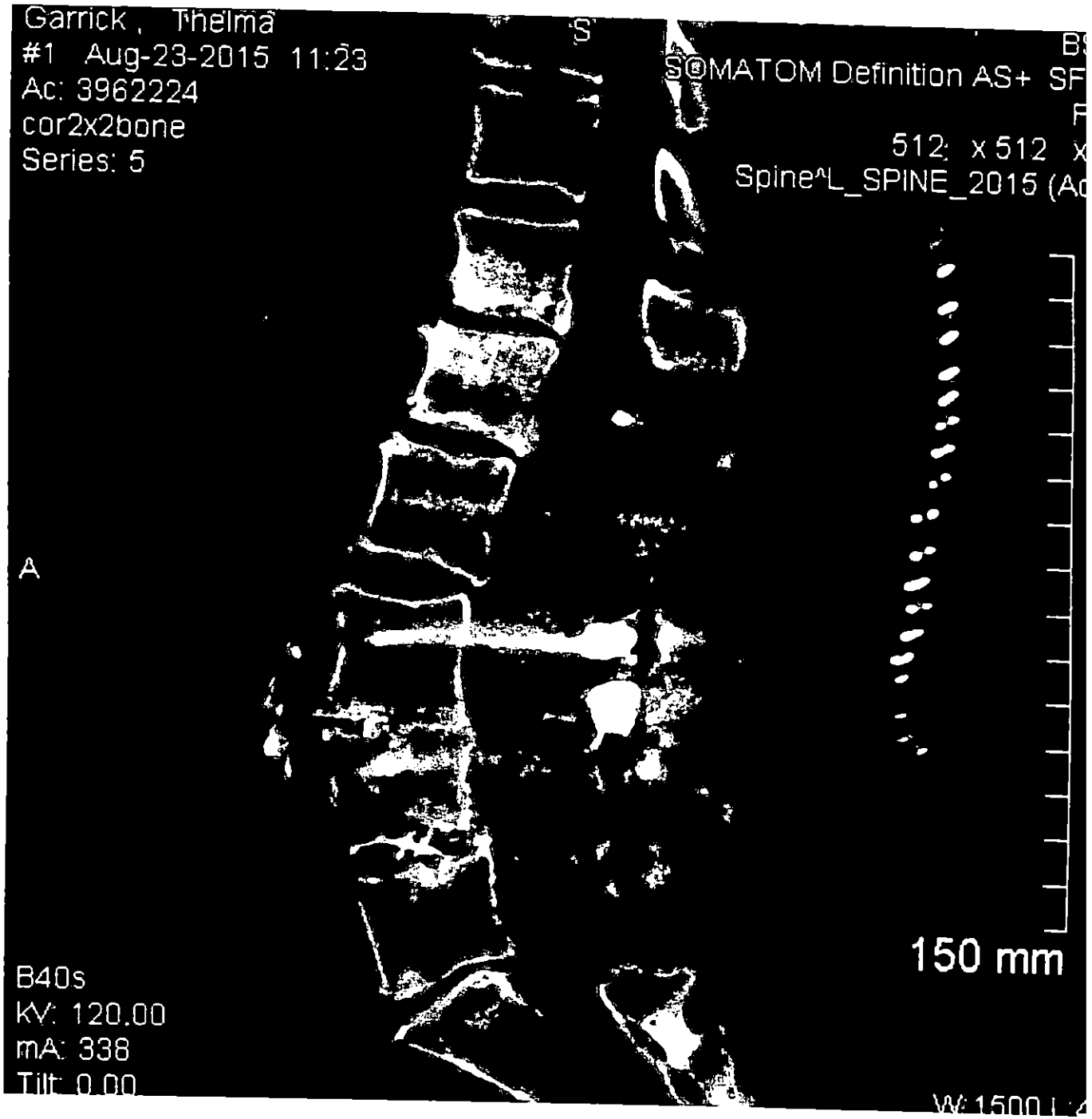


Distribution Pair Port – 3 views
(Synchromed EL Drug Infusion sy

View 3 gives abnormal bone gro

34 (UG) 4 of 14


L1
L2
L3
L4
L5
S1
150 mm
40s
V: 120.00
nA: 338
ilt: 0.00
W:350 L:5



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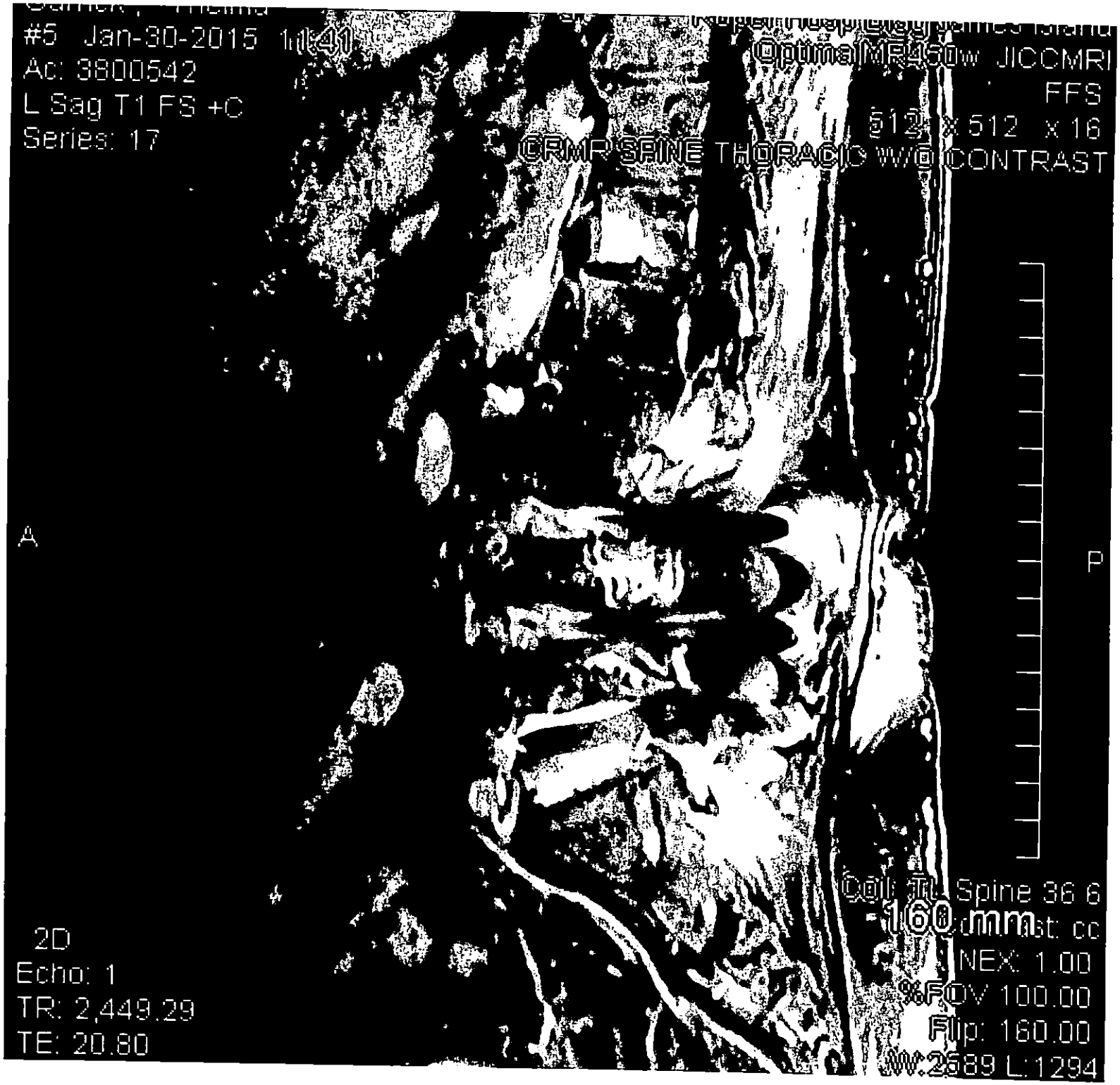
Weight Pulling Spine out of alignment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Ac: 3800542
L Sag T1 FS +C
Series: 17
Optima MR450w JCCMRI
FFS
512 X 512 X 16
CRMP SPINE THORACIC W/O CONTRAST
A
P
2D
Echo: 1
TR: 2,449.29
TE: 20.80
Coil: TL Spine 36 6
160 mm
NEX: 1.00
%FOV 100.00
Flip: 160.00
W:2689 L:1294

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Ac: 3800542
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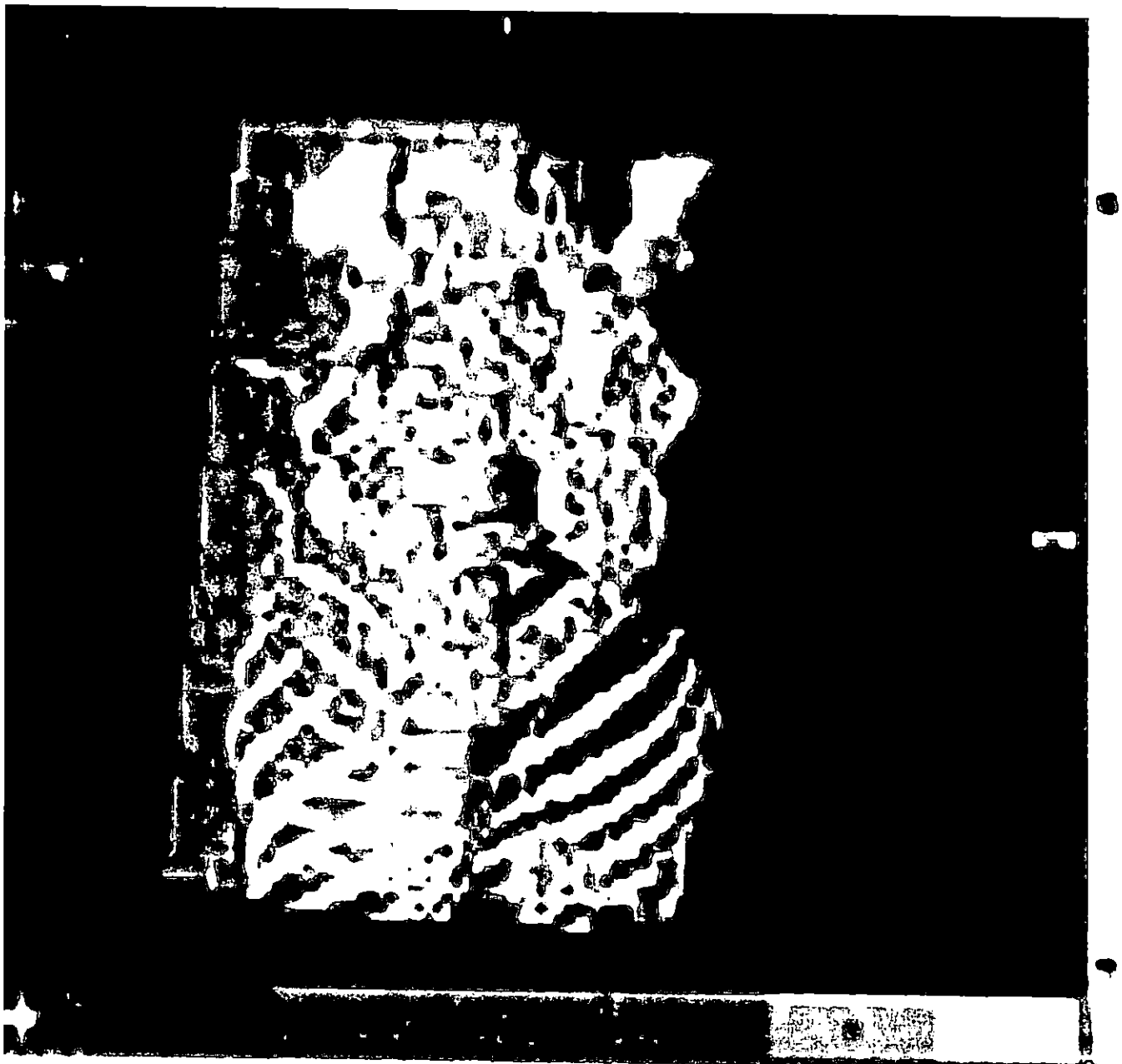

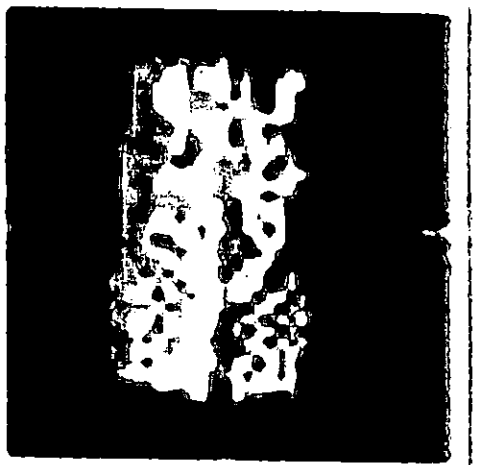

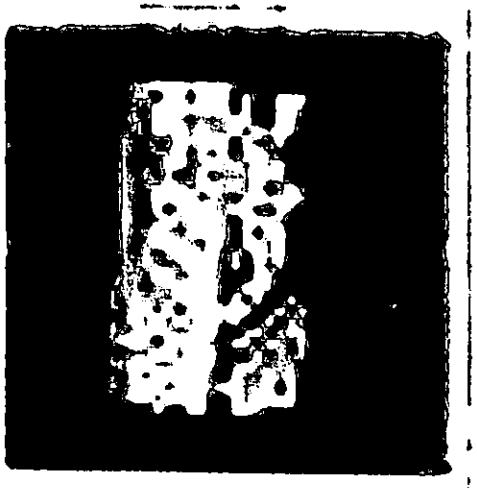

Bone Mice
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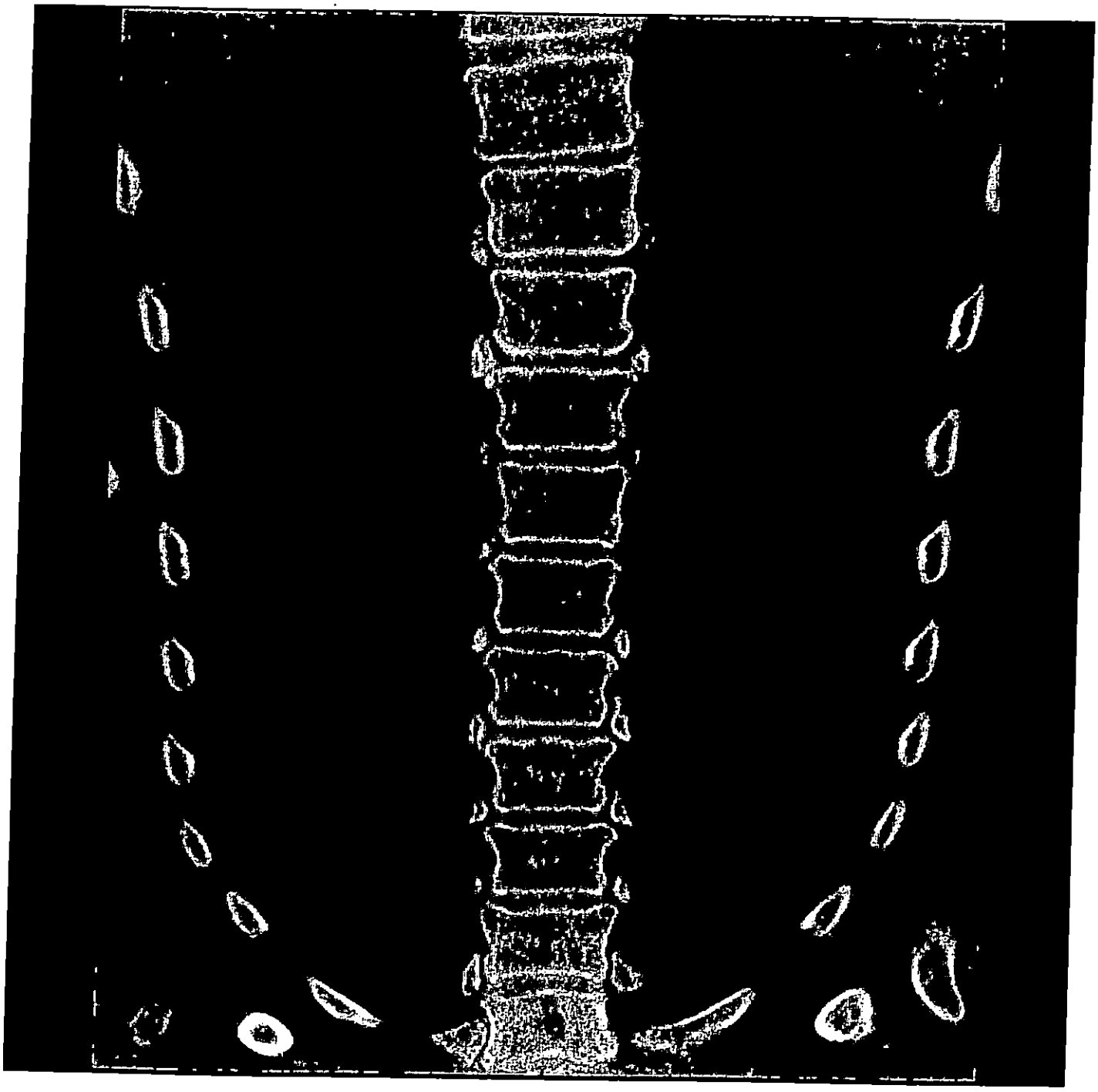

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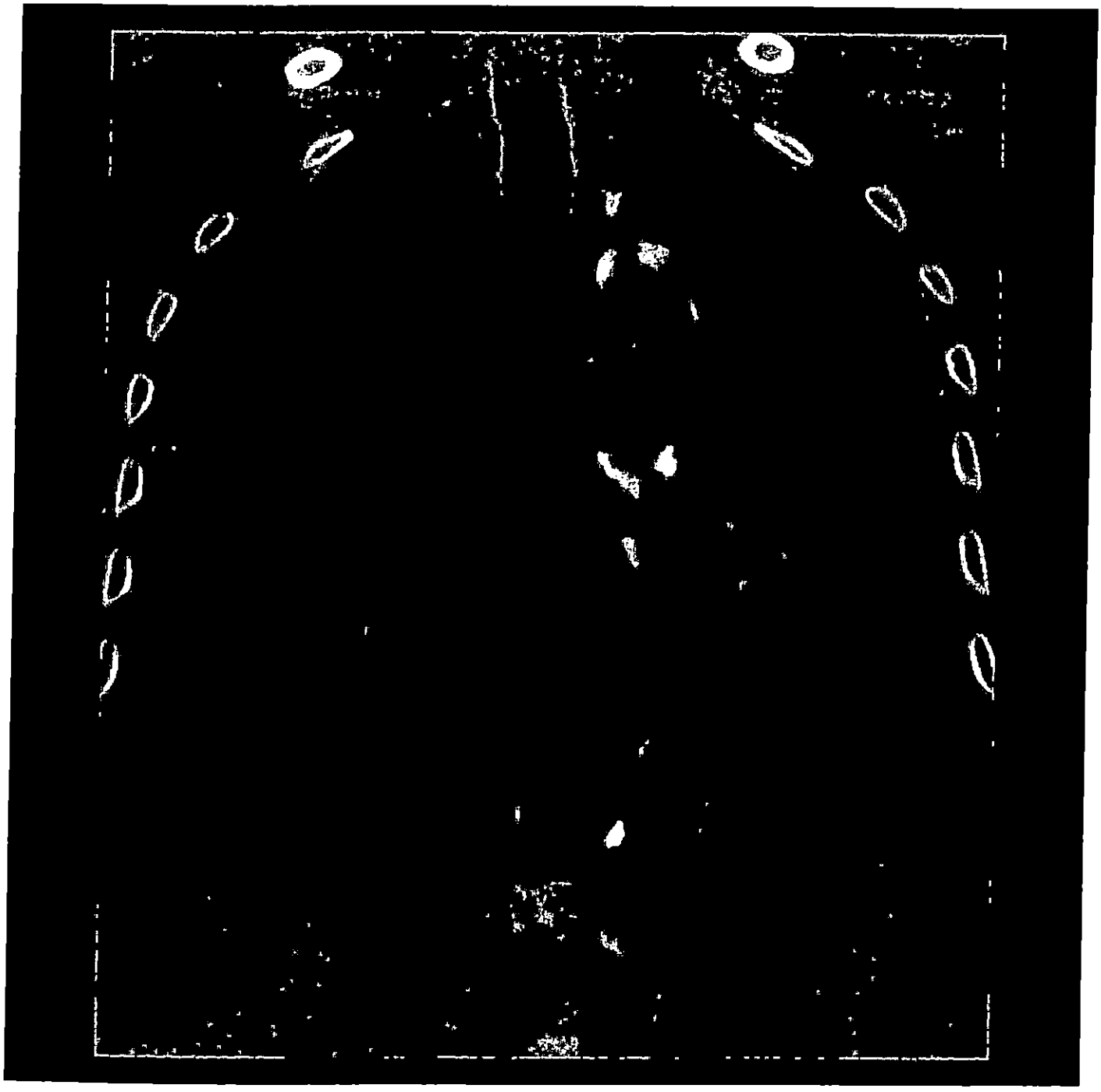


Article IV

EXPERT WITNESS

Respondents Attorneys also indicated that she had no Expert Witness to prove her medical condition. Appellant still continues to seek an Independent Medical Opinion but no one wants to get involved in a lawsuit to date. She hopes by the time of the hearing she will either have an expert witness present or an affidavit to substantiate her condition resulting from this experimental surgery.

Appellant is enclosing three documents from three well-known and respected neurosurgeons. Two are honest in their opinions and a non-medical person can see Appellant was put in constant pain from the surgery. The third is a (Medtronic) neurosurgeon who lists an even larger experimental surgery as how to help the Appellant.

1. Dr. Drye, neurosurgeon now evaluates patients before sending them to a surgeon on staff. When he saw Appellant he exclaimed, "I thought you would be in a wheel chair, they cut you in half, split you open and altered your entire spine". In his report to my medical doctor he could not imagine a doctor doing the kind of operation Appellant had without patient knowing and indicated so in the diagnosis. He also told Appellant he could not help her and would not see her again for her to even ask questions on how to care for herself. Also in this report he said she should have known I would be in pain. (Verification of constant pain.)

2. Dr. Friedman, neurosurgeon, The Guy L. Odom Professor of Neurological Surgery, Department of Neurosurgery, Duke University stated after studying all the x-rays, CT scan and MRIs said, "I cannot tell you whether further intervention will be of any benefit to you". This was before the broken rod and knowledge of the Infuse device. (An appointment was made with Dr. Richardson, Orthopedic surgeon. An affidavit of that visit by a witness is enclosed.)

3. Dr. Gunter, neurosurgeon at Lexington Brain and Spine Clinic said he could help me with a seven-hour operation. Assessment: "Complex patient with advanced degenerative changes and

4. instrumentation failure with a pseudoarthrosis."

"I have reviewed in detail the risks, benefits, and alternatives." (He really did not, Appellant found out from this report.)

"I have informed the patient and family of the fact that not all medical procedures and techniques have been studied for FDA 'approval', and by necessity some procedures and devices may be used in a manner that has not been studied (considered "off label"). I have specifically discussed with the patient and family the risks of worsening neurologic function, even death, infection, significant bleeding including injury to surrounding structures. These injuries may lead to the need for additional surgery or treatment. I have informed them that artificial devices or products from animal, human, or inanimate origin may be used. I have instructed them that the devices that may be used are subject to mechanical failure and may need to be replaced or revised. I have fully described the expected procedure and some possible deviations that may occur by necessity."

Plan:
"Revision thoracolumbar fusion with removal of previous instrumentation, Left sided transforaminal lumbar interbody fusion L2-3 possible L1-2 thoracolumbar fusion T 11-S1 right sided transforaminal lumbar interbody fusion L5-S1 specifically with the use of infuse bone morphogenic protein and other levels and procedures as indicated."

Dr. Gunter sent my records over to Lexington Hospital to one of the Medtronic Technicians who was in the operating room on August 20, 2015 doing most of Appellant's surgery, and training.

Appellant would no more agree to this surgery than she would have Dr. Khoury's experimental surgery. Appellant is in a royal fix with pain and other problems but at least I am not dead yet.

(Enclosed three doctors signed opinions,
An affidavit of a witness and
Certain risks of the Infuse Device)

DUKE NEUROSURGERY

Allan H. Friedman, M.D.

July 19, 2016

Ms. Thelma Garrick
1913 Francis Street NE
Orangeburg, SC 29118

Dear Ms. Garrick,

Thanks for your note. It looks to me as if your spine situation is extremely complicated. My strong suggestion is that you see one of our spine experts here at Duke. Dr. Richardson certainly falls in that category. Two other names would be Dr. Isaac Karikari and Dr. Robert Isaacs. These folks do nothing but spine surgery and would probably be the best to figure out what's going on. From looking at your scans, I cannot tell you whether further intervention will be of any benefit to you.

Be well,

Allan H. Friedman, M.D.
The Guy L. Odom Professor of Neurological Surgery
Department of Neurosurgery
Duke University Health System
Durham, NC 27710

AHF/npc

Felt Opinion trip to no more help! Get help wait until Thursday!

LEXINGTON Brain and Spine INSTITUTE
A Lexington Medical Center Physician Practice

Lexington Brain and Spine Institute
155 N Hospital Dr, Ste 200
West Columbia SC 29169-4800
Outpatient

Garrick, Thelma R
MRN: M000460300, DOB: 1/12/1937, Sex: F
Encounter date: 6/27/2018

Garrick, Thelma R

MRN: M000460300
Description: 81 year old female

Office Visit 6/27/2018
Lexington Brain and Spine Institute

Provider: Gunter, Brett C, MD (Neurosurgery)
Primary diagnosis: Stenosis of lateral recess of lumbar spine
Reason for Visit: Follow-up

Progress Notes

Gunter, Brett C, MD (Physician) • Neurosurgery

LEXINGTON BRAIN AND SPINE INSTITUTE FOLLOW UP VISIT

DATE OF SURGERY/PROCEDURE:
Lumbar Laminectomy 2011
Lumbar Fusion 8/2015 Dr. Khoury Charleston

Chief Complaint
Patient presents with
- Follow-up
  MRI and CT review

SUBJECTIVE:
Thelma R Garrick is a 81 y.o. female seen today in follow up for evaluation of back and leg pain.

Low back: 60%. The patient describes diffuse axial back pain throughout her lower lumbar spine. Her symptoms generally present in worsening fashion with prolonged standing and walking. Mechanical activities such as bending, twisting, lifting, and basic housework also worsen her syndrome. She describes intermittent spasm of her back particularly with leaning forward. She is able to find some relief with sitting, although it takes a while for her pain ease off.

Bilateral legs: 40%. The patient describes LEFT greater than RIGHT pain and spasm. She describes about 90% of the pain in the LEFT, 10% on the RIGHT. She has a sensation of dysesthesias into her RIGHT thigh, however this is relatively manageable. She describes very reproducible radiating pain into her LEFT buttock into the LEFT lateral thigh to the anterior thigh to about the knee. Her symptoms are present primarily with standing and walking as well as mechanical type activities.

HPI
Review of Systems

OBJECTIVE:

Vitals:

	06/27/18 1050
BP:	153/82
Pulse:	62

PHYSICAL EXAM:
Vitals:

	06/27/18 1050
BP:	153/82
Pulse:	62

GAIT: Ambulates without external stabilization
GENERAL: appropriate for age
HEAD: normocephalic
EYES: pupils equal and reactive, extraocular movements intact
EARS: external anatomy unremarkable
THROAT: oropharynx clear to visual inspection
LUNGS: clear to auscultation bilaterally
HEART: regular rate and rhythm
ABDOMEN: soft non-distended, nontender
EXTREMITIES: warm, moist, pulses present
BACK: unable to flex or extend

NEUROLOGICAL EXAM:
MENTAL STATUS: awake alert and oriented to person, place and time
SPEECH: fluent and conversant

POWER EXAM:
LOWER EXTREMITIES:
HIP FLEXORS: power 5/5 bilaterally
QUADRICEPS: power 5/5 bilaterally
HAMSTRINGS: power 5/5 bilaterally
ANTERIOR TIBIALIS: power 5/5 bilaterally
EXTENSOR HALLICUS LONGUS: power 5/5 bilaterally
GASTROSOLEUS: power 5/5 bilaterally
SENSORY EXAM:
LOWER EXTREMITIES: sensation intact to light touch
REFLEXES: lower extremity reflexes symmetric and intact

IMAGING:
CT scan of the lumbar spine demonstrates what appears to be fractured instrumentation at L2-3 where there is some sort of the construct connection. There is a presumed nonunion at L1-2 and L2-3. There is an apparent solid bony union at L2-3 and L3-4.
MRI of the lumbar spine demonstrates lateral recess stenosis at L2-3 and degenerative changes consistent with nonunion at this level. There are advanced degenerative changes at L5-S1.

ASSESSMENT:
Complex patient with advanced degenerative changes and instrumentation failure with a pseudoarthrosis.

Pay grade NOT 13

I have reviewed in detail the risks, benefits, and alternatives. I have informed the patient and family of the fact that not all medical procedures and techniques have been studied for FDA "approval", and by necessity some procedures and devices may be used in a manner that has

Para. 4 not been studied (considered "off label"). I have specifically discussed with the patient and family the risks of worsening neurologic function, even death, infection, significant bleeding including injury to surrounding structures. These injuries may lead to the need for additional surgery or treatment. I have informed them that artificial devices or products from animal, human, or inanimate origin may be used. I have instructed them that the devices that may be used are subject to mechanical failure and may need to be replaced or revised. I have fully described the expected procedure and some possible deviations that may occur by necessity. After this discussion they have instructed me to proceed. I have given them opportunity to ask questions. They have voiced an understanding of the risks, benefits, and alternatives.

Pain Clinic Colo

Paragraph 5 **PLAN:**
Revision thoracolumbar fusion with removal of previous instrumentation, LEFT sided transforaminal lumbar interbody fusion L2-3 possible L1-2 thoracolumbar fusion T 11–S1 right-sided transforaminal lumbar interbody fusion L5-S1 specifically with the use of infuse bone morphogenic protein and other levels and procedures as indicated

Gunter, Brett C

This note was created with voice recognition software. Typographical and grammatical errors, as well as errors of content are related to the software capture, and every attempt is made to correct these prior to note submission.

Instructions

Return if symptoms worsen or fail to improve.

After Visit Summary (Automatic SnapShot taken 6/27/2018)

Additional Documentation

Vitals:	BP 153/82 Pulse 62
Flowsheets:	Custom Formula Data
Encounter Info:	Billing Info, History, Allergies, Detailed Report, Reviewed This Encounter, Patient Report

Orders Placed

None

Medication Changes

As of 6/27/2018 11:56 AM

None

Visit Diagnoses

Stenosis of lateral recess of lumbar spine M48.061

Appellant had stenosis with Respondent, immediately ruptured disk then an operation to correct.

Had misery problems for 4 years when she went back to neurosurgeon who said needed surgery to correct Pain on left side

To Whom it may Concern May 28, 2019

On 8-31-2016 I accompanied my Aunt, Helma Herrick, to Duke Medical Center in Durham, NC to see Dr. William Richardson. The purpose of this trip was to get Dr Richardson's opinion and advice on if and if anything could be done to alleviate my Aunts extreme pain and discomfort following a massive surgical procedure done by Dr George H. Henry on August 20, 2015. Even though there was no mention of Dr Henry during our procedure, it was evident, Dr Richardson already knew who had performed the surgery.
Dr Richardson looked at x-rays they had taken there and mocked & gave her a steroid shot. Aunt Helma told him how previous steroid shot had affected her. He offered to do another surgical procedure to remove the device in her back but my aunt was not receptive to another surgery. Upon her refusal Dr Richardson became quite angry and gave her four things she could do:
1- Go back to Dr Henry
2- Let him give her shots to see how long any relief would last
3- Get a lawyer and sort it out
4- Go home and learn to live with the pain
Upon saying this he abruptly dismissed us by getting

up to leave the room. As he approached the door he turned and said to give him a call if she wanted him to give her the steroid shot.

Jessie T. Moore
435 Whispering Wood Road
Camera, SC 29830
803-823-3944 - Home
803-702-4007 - Cell

Notary of SC 5/28/2019
Ethel C Reed
Ethel C Reed
Expiration 1/24/22

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

Thelma R. Garrick)
Plaintiff.)
vs.)
Dr. George H. Khoury and Bon Secours St. Francis West Ashley)
Defendant.)

IN THE COURT OF COMMON PLEAS
9th JUDICIAL CIRCUIT

CASE NO: 2018-CP-10-1163

MOTION AND ORDER INFORMATION FORM AND COVERSHEET

Plaintiff's Attorney: (David Tedford)	Defendant's Attorney: Joseph T. Tierney, IV, Esquire
Pro Se, Bar No. on Retired	Nexsen Pruet, LLC, Bar No
Address: 195 Crescent Oaks Ct.	Address: 1230 Clements Ferry Rd, P.O. Box 993,
Daniel Island, S.C. 29115	Charleston, SC 29403
Phone: 803-534-9912 Fax: —	Phone: 843-720-5406 Fax: 843-379-1518
E-mail: — Other: —	E-mail: Other:

☐ **MOTION HEARING REQUESTED** (attach written motion and complete SECTIONS I and III)
☐ **FORM MOTION, NO HEARING REQUESTED** (complete SECTIONS II and III)
☐ **PROPOSED ORDER/CONSENT ORDER** (complete SECTIONS II and III)

SECTION I: Hearing Information

Nature of Motion: _____
Estimated Time Needed: _____ Court Reporter Needed: ☐ YES / ☐ NO

SECTION II: Motion/Order Type

☑ Written motion attached
☐ Form Motion/Order

I hereby move for relief or action by the court as set forth in the attached proposed order.

Thelma R. Garrick — June 20, 2018
Signature of Attorney for ☑ Plaintiff / ☐ Defendant — Date submitted

SECTION III: Motion Fee

☑ PAID – AMOUNT: $25.00
☐ EXEMPT: (check reason)
- ☐ Rule to Show Cause in Child or Spousal Support
- ☐ Domestic Abuse or Abuse and Neglect
- ☐ Indigent Status ☐ State Agency v. Indigent Party
- ☐ Sexually Violent Predator Act ☐ Post-Conviction Relief
- ☐ Motion for Stay in Bankruptcy
- ☐ Motion for Publication ☐ Motion for Execution (Rule 69, SCRCP)
- ☐ Proposed order submitted at request of the court; or, reduced to writing from motion made in open court per judge's instructions
  Name of Court Reporter: _____
- ☑ Other: Motion To Extend Time of hearing 7-12-18

JUDGE'S SECTION

☐ Motion Fee to be paid upon filing of the attached order.
☐ Other:

JUDGE CODE: _____
Judge Goodstein
Date: _____, 20

CLERK'S VERIFICATION

Collected by: _____ Date Filed: _____, 20___

☐ MOTION FEE COLLECTED: $ _____
☐ CONTESTED – AMOUNT DUE: $ _____

SCCA 233 (11/2003)

49

Add a tracking number

70172680000084179459

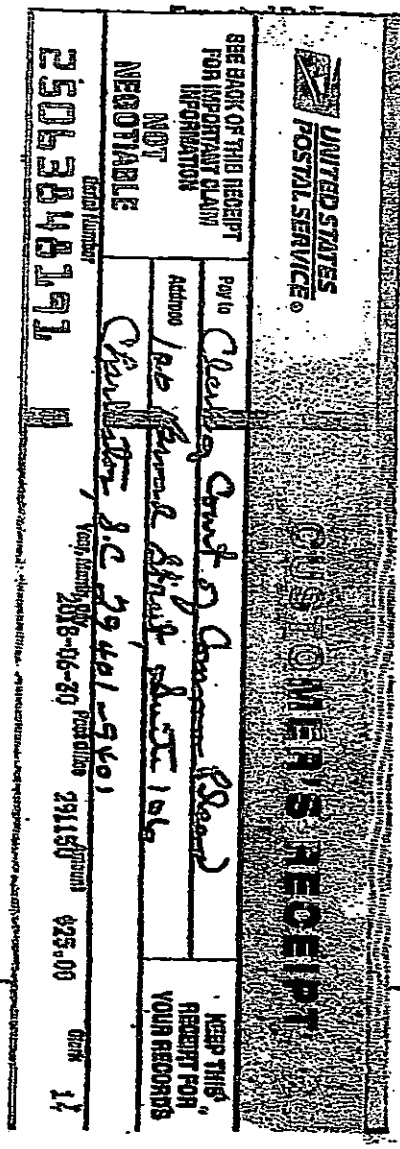
Delivered
CHARLESTON, SC 29403 on
July 2, 2018 at 8:31 am

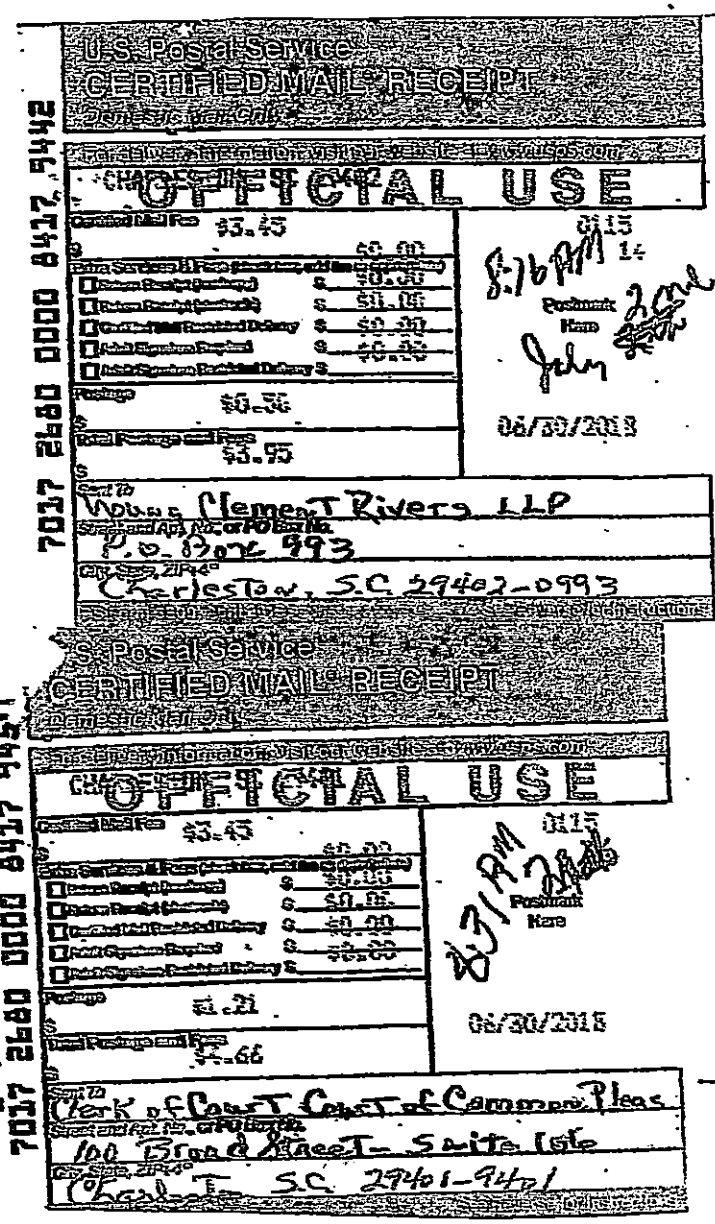
Expected Delivery by:
Monday, July 2, 2018 by 8:00pm

70172680000084179442

Delivered
CHARLESTON, SC 29402 on
July 2, 2018 at 8:16 am

by 8:00pm





50

Articles

MR. TIERNEY: Good morning, Your Honor.

THE COURT: Good morning. Give me one second. All right. Now, you are here alone?

MR. TIERNEY: I apparently am here alone.

THE COURT: All right. And this is No. 59; is that right?

Okay. All right. And this is a pro se plaintiff, Ms. Garrick. Do we know that Ms. Garrick received notice of today's hearing?

THE CLERK: She did.

THE COURT: Ms. Garrick, are you present? I'm looking for Thelma R. Garrick. Okay. She did receive notice?

THE CLERK: She did. No mention of continuance!

THE COURT: Listening to you.

MR. TIERNEY: Thank you, Your Honor. First of all, by way of introduction, my name is Joe Tierney. I represent Dr. George Khoury, who is a neurosurgeon here in town. And I also represent St. Francis Hospital in this matter filed by Thelma Garrick.

In addition to notice being provided to Ms. Garrick, she also filed several responsive pleadings in this matter and was aware of the fact that a motion hearing was going to take place today.

The issue of the case is as follows. Ms. Garrick has alleged professional negligence, medical malpractice against