

FILED DATE **FEB 17 2016**  
Department of Health

By: *Angel Saunders*  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

IN RE: The Emergency Restriction of the License of  
Osakatukei O. Omulepu, M.D.  
License Number: ME 99126  
Case Numbers: 2015-17616; 2015-18000; 2015-19442; and  
2015-20428

**ORDER OF EMERGENCY RESTRICTION OF LICENSE**

John H. Armstrong, MD, FACS, State Surgeon General and Secretary of Health, ORDERS the Emergency Restriction of the license of Osakatukei O. Omulepu, M.D. (Dr. Omulepu), to practice as a physician in the State of Florida. Dr. Omulepu holds license number ME 99126. His address of record is 19311 Southwest 31<sup>st</sup> Court, Miramar, Florida. The following Findings of Fact and Conclusions of Law support the emergency restriction of Dr. Omulepu's license to practice as a physician in the State of Florida.

**FINDINGS OF FACT**

1. The Department of Health (Department) is the state agency charged with regulating the practice of medicine, pursuant to Chapters 20, 456 and 458, Florida Statutes (2015).

2. At all times material to this Order, Dr. Omulepu was licensed to practice medicine in the State of Florida pursuant to Chapter 458, Florida Statutes and was employed by Spectrum-Aesthetics Center for Cosmetic

Surgery (Spectrum), located in Miami, Florida, and Vanity Cosmetic Surgery:  
Plastic Surgery Center Miami (Vanity), located in Miami, Florida.

Facts Related to Patient D.M.<sup>1</sup>

3. On or about May 15, 2015, Patient D.M., a 31 year-old female, presented to Dr. Omulepu at Spectrum and underwent liposuction with bilateral fat transfer to the gluteal areas.<sup>2</sup>

4. Dr. Omulepu discharged Patient D.M. to a motel and scheduled her follow-up at Spectrum on May 18, 2015.

5. The morning following the procedure, Patient D.M. contacted Spectrum and informed staff that she was experiencing significant pain. Spectrum staff instructed Patient D.M. to come into the office for a follow-up appointment.

6. Dr. Omulepu evaluated Patient D.M. and told her that she was dehydrated. Spectrum staff gave Patient D.M. fluids and discharged her back to the motel.

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<sup>1</sup> Department of Health Case No. 2015-19445.

<sup>2</sup> Commonly referred to as a "Brazilian Butt Lift."

7. The next day, Patient D.M. returned to Spectrum with complaints of severe pain. Spectrum staff told Patient D.M. that she was still dehydrated and instructed her to take more pain medications.

8. After experiencing continued significant abdominal pain and fever, Patient D.M. presented to the Emergency Department at Westchester General Hospital (WGH), located in Miami, Florida, on May 18, 2015.

9. Patient D.M. was admitted into the Intensive Care Unit (ICU) and was diagnosed with severe anemia<sup>3</sup> secondary to blood loss during the liposuction procedure.

10. Patient D.M. was also found to have several perforations of her liver causing severe sepsis.<sup>4</sup>

11. Patient D.M. underwent supportive care, treatment with antibiotics, nutritional support, and blood transfusions, over a period of nine days.

12. Patient D.M. was transferred to St. Joseph's Mercy Hospital (St. Joseph's), located in Ann Arbor, Michigan, on May 27, 2015, where she

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<sup>3</sup> A condition in which the blood doesn't have enough healthy red blood cells.

<sup>4</sup> Sepsis is a potentially life-threatening complication of an infection that occurs when chemicals released into the bloodstream to fight the infection trigger an inflammatory response throughout the body.

continued to receive treatment for post-operative complications, including a necrotizing soft tissue infection requiring wound debridement, wound VAC therapy,<sup>5</sup> and extensive skin grafting.

13. A medical doctor with expertise in plastic surgery reviewed the records associated with Patient D.M. and opined that Dr. Omulepu's treatment of Patient D.M. fell below the minimum standard of care.

14. The expert opined that Dr. Omulepu fell below the standard of care by discharging the patient to a motel instead of a hospital or other medical facility in which Patient D.M. could receive appropriate medical assistance.

15. The expert opined that Dr. Omulepu fell below the standard of care by using an inappropriate concentration of tumescent solution<sup>6</sup> during Patient D.M.'s liposuction procedure.

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<sup>5</sup> Wound VAC therapy, or vacuum-assisted closure uses negative pressure to remove debris and fluid from a wound through suction. Wound VAC therapy is utilized to assist in the closure of deep wounds.

<sup>6</sup> A combination of a diluted anesthetic agent and epinephrine (a vasoconstrictor used to slow the absorption of, and therefore prolong the action of, the anesthetic agent).

16. The tumescent technique, as opposed to "dry liposuction,"<sup>7</sup> involves the injection of tumescent solution into the patient's fatty deposits to reduce the amount of blood lost during the procedure.

17. Dr. Omulepu used a tumescent solution that consisted of 1,000 cubic centimeters (cc) of normal saline, 25cc of 1% lidocaine, and one part epinephrine per 100,000 units, which creates a tumescent solution of one part epinephrine per 4 million units.

18. The standard solution used for a tumescent liposuction technique is one part epinephrine per 1 million units.

19. The concentration of epinephrine that Dr. Omulepu used in the tumescent solution was substantially less than the standard concentration of epinephrine that should be used in tumescent solutions.

20. The expert opined that Dr. Omulepu also fell below the standard of care by repeatedly perforating Patient D.M.'s liver during the procedure.

21. The expert opined that Dr. Omulepu fell below the standard of care by injecting Patient D.M. with 1250 cc (bilaterally) of fatty tissue. This

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<sup>7</sup> The "dry liposuction" technique involves placing the patient under general anesthesia and removing fatty tissue from the patient. This technique was discontinued because of the excessive amount of blood loss that it caused. It was estimated that approximately 30% of the tissue removed during dry liposuction procedures was blood.

excessive amount of fatty tissue injected into Patient D.M. led to soft tissue necrosis of Patient D.M.'s buttocks.

Facts Specific to Patient N.F.<sup>8</sup>

22. On or about May 15, 2015, Patient N.F., a 35 year-old female, presented to Dr. Omulepu at Spectrum and underwent liposuction with bilateral fat transfer to the gluteal areas.

23. Immediately after the procedure, Patient N.F. experienced pain, weakness, and numbness in her left leg.

24. Dr. Omulepu discharged Patient N.F. to a "recovery house" and scheduled her follow-up at Spectrum on May 18, 2015.

25. After arriving at the recovery house, Patient N.F. discovered that she could not move her left leg and continued to experience significant pain.

26. Patient N.F. returned to Spectrum the following day and informed the staff that she could not move her left leg and that she felt weak.

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<sup>8</sup> Department of Health Case No. 2015-20428.

27. Dr. Omulepu instructed the staff to give Patient N.F. fluids to address Patient N.F.'s suspected dehydration.

28. Because Patient N.F.'s condition was unchanged after several hours, the staff attempted to contact Dr. Omulepu, but could not reach him.

29. Patient N.F.'s fiancée decided to take Patient N.F. to the hospital.

30. Patient N.F. presented to the Emergency Department at Baptist Hospital, located in Miami, Florida, with complaints of weakness and numbness in her left leg and abdominal pain.

31. Patient N.F. was found to be in septic shock<sup>9</sup> and suffering from acute renal failure and rhabdomyolysis.<sup>10</sup>

32. Patient N.F. underwent an abdominal CT scan, which revealed several perforations in her small bowel.<sup>11</sup>

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<sup>9</sup> A widespread infection causing organ failure and dangerously low blood pressure.

<sup>10</sup> Rhabdomyolysis is a serious syndrome due to a direct or indirect muscle injury. It results from the death of muscle fibers and release of their contents into the bloodstream.

<sup>11</sup> The perforation in the patient's small bowel led to stool contamination outside of the bowel and septic shock.

33. On or about May 18, 2015, Patient N.F. underwent an exploratory laparotomy<sup>12</sup> which revealed multiple bowel perforations and peritonitis,<sup>13</sup> and required small bowel resection.

34. Patient N.F. remained in the ICU of Baptist Hospital for three weeks, where she received multiple postoperative abdominal washouts, wound VAC therapy, was prescribed antibiotics for septic shock, and was placed on a ventilator due to respiratory failure.

35. Patient N.F. developed acute renal failure, secondary to septic shock, which resulted in her being placed on hemodialysis three times a week.

36. Patient N.F. also suffered from significant sciatic nerve<sup>14</sup> injury, causing lower extremity numbness, weakness, and inability to walk.

37. While Patient N.F. was in the hospital, Dr. Omulepu indicated to Patient N.F.'s family that he was "trying to figure out what he did wrong," and admitted that he "really messed up."

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<sup>12</sup> A laparotomy is a surgical procedure involving a large incision through the abdominal wall to gain access into the abdominal cavity.

<sup>13</sup> Peritonitis is inflammation of the peritoneum — a silk-like membrane that lines your inner abdominal wall and covers the organs within your abdomen — that is usually due to a bacterial or fungal infection.

<sup>14</sup> The sciatic nerve is the largest single nerve in the human body; it runs from each side of the lower spine through deep in the buttock into the back of the thigh and all the way down to the foot.

38. Patient N.F. was eventually transferred to Michigan on or about July 6, 2015, for long-term hospitalization and rehabilitation.

39. Patient N.F. was ultimately discharged to her home on August 8, 2015, approximately four months after Dr. Omulepu performed her procedure.

40. A medical doctor with expertise in plastic surgery reviewed the records associated with Patient N.F. and opined that Dr. Omulepu's treatment of Patient N.F. fell below the minimum standard of care.

41. The expert opined that Dr. Omulepu fell below the standard of care by discharging the patient into a "recovery house" instead of a hospital or other medical facility in which Patient N.F. could receive appropriate medical assistance.

42. The expert opined that Dr. Omulepu fell below the standard of care by using an inappropriate concentration of tumescent solution during Patient N.F.'s liposuction procedure.

43. The tumescent technique, as opposed to "dry liposuction," involves the injection of tumescent solution into the patient's fatty deposits to reduce the amount of blood lost during the procedure.

44. Dr. Omulepu used a tumescent solution that consisted of 1,000 cubic centimeters (cc) of normal saline, 25cc of 1% lidocaine, and one part epinephrine per 100,000 units, which creates a tumescent solution of one part epinephrine per 4 million units.

45. The standard solution used for a tumescent liposuction technique is one part epinephrine per 1 million units.

46. The concentration of epinephrine that Dr. Omulepu used in the tumescent solution was substantially less than the standard concentration of epinephrine that should be used in tumescent solutions, resulting in Patient N.F.'s significant blood loss.

47. The expert opined that Dr. Omulepu fell below the standard of care by repeatedly perforating Patient N.F.'s small bowel and by injuring Patient N.F.'s sciatic nerve when injecting fat into Patient N.F.'s buttocks.

Facts Related to Patient L.L.<sup>15</sup>

48. On or about May 14, 2015, Patient L.L., a 29 year-old female, presented to Dr. Omulepu at Vanity and underwent liposuction of her stomach, planks, abdomen, and bilateral thighs.

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<sup>15</sup> Department of Health Case No. 2015-17616.

49. Dr. Omulepu performed suction-assisted lipectomy surgery using the tumescent liposuction technique.

50. Dr. Omulepu placed two Jackson-Pratt drains in Patient L.L.'s abdomen during the surgery. Dr. Omulepu failed to record the placement of the Jackson-Pratt drains in Patient L.L.'s operative report.

51. Dr. Omulepu discharged Patient L.L. to a motel for post-surgery recovery and arranged to see Patient L.L. the following morning for a follow-up appointment.

52. That night, at approximately 3:00 am, Patient L.L.'s father found Patient L.L. bleeding profusely in her motel room.

53. Patient L.L. was transported to the Homestead Hospital Emergency Room, located in Homestead, Florida, where Patient L.L. was admitted with complaints of abdominal pain and shortness of breath.

54. Patient L.L. was diagnosed with anemia and dehydration secondary to her liposuction surgery and was administered several blood transfusions over the course of two days. Patient L.L. was discharged from Homestead Hospital on May 18, 2015.

55. A medical doctor with expertise in plastic surgery reviewed the records associated with Patient L.L. and opined that Dr. Omulepu's treatment of Patient L.L. fell below the minimum standard of care.

56. The expert opined that Dr. Omulepu fell below the standard of care by discharging the patient to a motel instead of a hospital or other medical facility in which Patient L.L. could receive appropriate medical assistance.

57. The expert opined that Dr. Omulepu fell below the standard of care by using an inappropriate concentration of tumescent solution during Patient L.L.'s liposuction procedure.

58. The tumescent technique, as opposed to "dry liposuction," involves the injection of tumescent solution into the patient's fatty deposits to reduce the amount of blood lost during the procedure.

59. Dr. Omulepu used a tumescent solution that consisted of 1,000 cubic centimeters (cc) of normal saline, 25cc of 1% lidocaine, and one part epinephrine per 100,000 units, which creates a tumescent solution of one part epinephrine per 4 million units.

60. The standard solution used for a tumescent liposuction technique is one part epinephrine per 1 million units.

61. The concentration of epinephrine that Dr. Omulepu used in the tumescent solution was substantially less than the standard concentration of epinephrine that should be used in tumescent solutions, causing Patient L.L.'s significant blood loss and resulting anemia.

Facts Related to Patient P.N.<sup>16</sup>

62. On or about May 16, 2015, Patient P.N., a 35 year-old female, presented to Dr. Omulepu at Vanity and underwent liposuction with bilateral fat transfer to the gluteal areas.

63. Dr. Omulepu discharged Patient P.N. to a "recovery house" and scheduled her follow-up at Vanity on May 19, 2015.

64. While at the recovery house, Patient P.N. experienced significant bleeding from her incision sites.

65. A recovery house staff member tried multiple times to contact Dr. Omulepu to discuss Patient P.N.'s significant bleeding, but Dr. Omulepu

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<sup>16</sup> Department of Health Case No. 2015-18000.

never returned her calls. A Vanity staff member indicated to Patient P.N. that post-operative bleeding was "normal."

66. After her repeated unsuccessful attempts to contact Dr. Omulepu, Patient P.N. was transported to Memorial Regional Hospital, located in Hollywood, Florida, by emergency medical services.

67. Patient P.N. was admitted into the hospital where her blood level was continuously monitored. As Patient P.N.'s blood level continued to drop, Patient P.N. was administered one unit of pure red blood cells.

68. Patient P.N. was discharged on May 19, 2015, after spending three days in the hospital.

69. A medical doctor with expertise in plastic surgery reviewed the records associated with Patient P.N. and opined that Dr. Omulepu's treatment of Patient D.M. fell below the minimum standard of care.

70. The expert opined that Dr. Omulepu fell below the standard of care by discharging the patient to a motel instead of a hospital or other medical facility in which Patient P.N. could receive appropriate medical assistance.

71. The expert opined that Dr. Omulepu fell below the standard of care by using an inappropriate concentration of tumescent solution during Patient P.N.'s liposuction procedure.

72. The tumescent technique, as opposed to "dry liposuction," involves the injection of tumescent solution into the patient's fatty deposits to reduce the amount of blood lost during the procedure.

73. Dr. Omulepu used a tumescent solution that consisted of 1,000 cubic centimeters (cc) of normal saline, 25cc of 1% lidocaine, and one part epinephrine per 100,000 units, which creates a tumescent solution of one part epinephrine per 4 million units.

74. The standard solution used for a tumescent liposuction technique is one part epinephrine per 1 million units.

75. The concentration of epinephrine that Dr. Omulepu used in the tumescent solution was substantially less than the standard concentration of epinephrine that should be used in tumescent solutions, resulting in the patient's significant blood loss.

COMPREHENSIVE FINDINGS OF FACT

76. The public places significant trust in physicians who perform surgeries, including elective cosmetic surgeries. Physicians are expected to meet the minimum standard of care in their treatment of patients and to adhere to the Board of Medicine's Rules relating to surgical procedures. Because patients are placed in an extremely vulnerable position in which their health may be directly affected by physicians performing surgeries, it is of utmost importance for physicians to ensure that surgeries and procedures are performed within the standard of care.

77. Dr. Omulepu repeatedly failed to meet the minimum standard of care in his treatment of four patients, Patients D.M., N.F., L.L., and P.N., resulting in significant medical emergencies requiring extensive hospitalization for each patient.

78. The extreme number of violations that occurred within this two-day period, which resulted in significant and lasting patient harm, indicates that Dr. Omulepu's conduct is likely continue. If his conduct continues, it will cause significant harm to his patients.

79. Dr. Omulepu's unsafe surgical procedures indicate that a lesser restriction, other than the terms outlined in this Order, would not be sufficient to protect the public from the immediate serious danger posed by Dr. Omulepu's continued unrestricted practice as a medical doctor.

### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2015) and Chapter 458, Florida Statutes (2015).

2. Section 120.60(6), Florida Statutes (2015), authorizes the Department to restrict a physician's license if the Department finds that the physician presents an immediate, serious danger to the public health, safety or welfare.

3. Section 458.331(1)(t), Florida Statutes (2014), subjects a physician to discipline, including restriction, for committing medical malpractice as defined in Section 456.50, Florida Statutes (2014). "Medical malpractice" is defined by Section 456.50(1)(g), Florida Statutes (2014), as

“the failure to practice medicine in accordance with the level of care, skill and treatment recognized in general law related to health care licensure.”

Section 456.50(1)(e), Florida Statutes (2014), provides that the “level of care, skill and treatment recognized in general law related to health care licensure” means the standard of care that is specified in Section 766.102(1), Florida Statutes (2014), which states:

The prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

4. Dr. Omulepu violated Section 458.331(1)(t)1, Florida Statutes (2014), by:

- a. Failing to discharge Patients D.M., N.F., L.L., and P.N. to a medical facility in which they could receive appropriate post-operative monitoring;
- b. Failing to use the appropriately concentrated tumescent solution in Patients N.F., P.N., D.M., and L.L.’s liposuction procedures;
- c. Repeatedly perforating Patient D.M.’s liver;
- d. Repeatedly perforating Patient N.F.’s small bowel; and/or
- e. Injuring Patient N.F.’s sciatic nerve during fat transfer.

10. Dr. Omulepu’s continued unrestricted practice as a physician constitutes an immediate serious danger to the health, safety, and welfare

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of the public and this summary procedure is fair, under the circumstances, to adequately protect the public.

**WHEREFORE**, in accordance with Section 120.60(6), Florida Statutes (2015), it is **ORDERED THAT:**

11. The license of Osakatukey Omulepu, M.D., license number ME 99126, is hereby immediately restricted from performing liposuction, liposuction with bilateral fat transfer to the buttocks, and/or any procedure using the tumescent technique in the state of Florida.

12. A proceeding seeking formal discipline of the license of Osakatukey Omulepu, M.D., to practice as a physician will be promptly instituted and acted upon in compliance with Sections 120.569 and 120.60(6), Florida Statutes (2015).

*[Signature appears on following page]*

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**DONE and ORDERED** this 16<sup>th</sup> day of February, 2016.

  
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John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

**PREPARED BY:**

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**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, this Order is judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Proceedings are commenced by filing a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, with the District Court of Appeal, accompanied by a filing fee prescribed by law, and a copy of the Petition with the Agency Clerk of the Department within 30 days of the date this Order is filed.