

the University of Connecticut, John Dempsey Hospital ("UCONN").

7. The Plaintiff remained in the Intensive Care Unit ("ICU") at UCONN for approximately 8 (eight) days, where he was treated for what was described to him as a "venus bleed".¹

8. The Plaintiff was informed by the attending nurse that in order to be discharged from UCONN he would have to have a significant bowel movement, in that he had not moved his bowels since he arrived at UCONN and his stomach was extremely distended. The Plaintiff was given some laxatives along with 2 (two) bottles of citrate of magnesia and placed on a portable dry toilet with a plastic receptacle where, after severe difficulty, he managed to squeeze out what amounted to less than half of an 8oz (eight ounce) styrofoam cup. Although the Plaintiff did not have a bowel movement in 8 (eight) days, the Plaintiff was advised that amount would suffice.

9. The Plaintiff was transferred back to MCI, where he was housed in the infirmary unit from July 22, 2020 until August 7, 2020, to recover from his venus bleed (subarachnoid hemorrhage).

10. While housed in the infirmary unit at MCI, symptoms related to the Plaintiff's distended stomach persisted and the Plaintiff remained severely constipated.

11. The Plaintiff's constipation became so severe that the attending nurse ("Nurse Mya"), began providing the Plaintiff with a combination of "lactulose" and "malox" twice a day in an attempt to try and loosen the Plaintiff's bowels. After several attempts with no changes to the Plaintiff's condition the Plaintiff was provided with 2 (two) bottles of "colon cleanse"

¹It was determined what the Plaintiff suffered was a subarachnoid hemorrhage. A subarachnoid hemorrhage is bleeding in the area between the brain and the membrane that covers the brain. The bleeding puts more pressure on the brain and stops blood from reaching some areas of the brain. It is very serious. It may cause brain damage, stroke, or death if not treated.

(normally given to patients prior to undergoing a colonoscopy), on consecutive days. The "colon cleanse" provided the Plaintiff with some relief, in that he was able to move his bowels.

12. The Plaintiff was subsequently discharged from the infirmary unit back to the general population at MCI.

13. Prior to his hospitalization (¶¶ 6-8, above), the Plaintiff did not suffer from any abdominal pain, bloating, constipation, nor did he have any gastrointestinal or colon related problems whatsoever.

14. Prior to his hospitalization (¶¶ 6-8, above), the Plaintiff did not take any laxatives or medications to aide in his bowel movements whatsoever. He was able to achieve normal tubular bowel movements, normally under 5 (five) minutes, without the use of any laxatives or medications.

15. Subsequent to his hospitalization (¶¶ 6-8, above), the Plaintiff, on a daily basis, is now taking what has been described by a Gastroenterologist as "a robust bowel regimen" (including large amounts of stool softeners and laxatives), to little or no avail.

16. On November 24, 2020, the Plaintiff provided an unidentified "male nurse" with 3 (three) "stool samples".

17. Utilizing the Connecticut Department of Correction ("CTDOC") CN9601 Inmate Request Form ("Request"), dated "Dec 1•20", the Plaintiff advised his primary care physician, Doctor Syed Naqvi ("Dr. Naqvi") that the stool samples were sent out on November 24th [2020] and that the Plaintiff was still waiting for the results. The Plaintiff further advised Dr. Naqvi that the Plaintiff has been taking multiple types and amounts of laxatives and stool softeners yet his condition is getting worse.

18. The Plaintiff subsequently received a response which stated, "The test result...are negative", dated "11/26" containing an obscured signature.

19. Sometime in January of 2021, the Plaintiff was referred to a Gastroenterologist ("GI") for a consultation to address the Plaintiff's severe constipation and occasional bleeding. The GI recommended a colonoscopy to be completed with an extended prep (2 days of Golytely) and, if colonoscopy was unrevealing, the Plaintiff would need an anorectal manometry for further evaluation of the pelvic floor.

20. A consultation form reflects that the Plaintiff had a scheduled appointment date of "2/17/2021" at "9:30:00 AM". However, for some unknown reason the appointment never occurred.

21. The Plaintiff submitted a Request, dated June 20, 2021, apprising Dr. Naqvi that the Plaintiff was not called to the medical unit to see him for their scheduled appointment that day. Also that a years time has lapsed and the Plaintiff has to take more and larger amounts of laxatives and yet he still continues to suffer from bloating, cramping and pain.

22. In addition to the Request submitted to Dr. Naqvi (¶ 21, above), the Plaintiff forwarded a Request, also dated June 20, 2021, to the CIDOC's Chief of Medical Operations, Doctor Byron Kennedy ("Dr. Kennedy"). The Plaintiff explained that he is suffering from a serious intestinal condition and his symptoms include bloating, cramps, pain, low-energy, and trouble sleeping. The Plaintiff further explained that he has been waiting for a colonoscopy since January [2021], but was just informed that he would need a "GI series" first, but no date has been scheduled. The Plaintiff asked Dr. Kennedy to please intervene and help get his appointment scheduled. As of the date of this filing, the Plaintiff has not received a response from Dr. Kennedy.

23. The Plaintiff had a scheduled appointment with Dr. Naqvi for July 25, 2021. However, the Plaintiff was not called for said appointment. The

Plaintiff forwarded a Request to Dr. Naqvi, dated the same day, expressing concern regarding the missed appointment.

24. The Plaintiff received a response to his July 25, 2021 Request (¶ 23, above), which stated his appointment was rescheduled for November 4, 2021.

25. The Plaintiff forwarded an additional Request, dated August 2, 2021, expressing his concerns about the rescheduling of his appointment especially with such a long lapse in time.

26. On August 12, 2021, the Plaintiff was called to the medical unit for a consultation with Dr. Naqvi, at which time the Plaintiff was informed that the status of his colonoscopy, as referred by the GI specialist, was changed from "approved" to "scheduling".

27. On October 3, 2021, the Plaintiff had a follow-up appointment with Dr. Naqvi. The Plaintiff was informed that a "GI" appointment was scheduled for sometime in November of 2021.

B. GI Specialist and Initial Failed Attempt to Undergo Colonoscopy

28. On November 3, 2021, the Plaintiff had a "Telemedicine" consultation with Marianna Mavilia, MD, Gastroenterology ("Dr. Mavilia"). The "Consultation Form" provided by Dr. Naqvi listed the Plaintiff's "Diagnosis" as "GI Bleed" and the "Summary for the Consultation" stated: "Patient with severe constipation and occasional bleeding needs to be evaluated for colonoscopy."

29. Dr. Mavilia's "Progress Notes" relating to the November 3, 2021 "Telemedicine" consultation (¶ 28, above), noted: "[Plaintiff] reports significant straining to have a BM. He reports sitting on toilet for long periods of time. When he does pass stool it is ribbon or spaghetti like. He has abdominal cramping associated with bowel movement but no abd pain otherwise. ... He reports 20-25lb weight loss over last 1.5 years. He feels that he was feeling better on low residue diet but recently has been on regular diet.

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