

Paula A. Koczan

Partner / Medical Malpractice Group Managing Partner & Managing Partner
- Pittsburgh Office



Pittsburgh

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Paula Koczan defends healthcare providers in medical malpractice and licensure actions. She has extensive trial experience in state and federal courts.

Paula, who is a registered nurse, also handles nursing home cases as well as prisoners' civil rights actions and product and general liability matters. Her clients include hospitals, physicians, advanced practice nurses and physician groups and their employees.

Since 2008, Paula has been selected for inclusion in *Best Lawyers in America* in the area of medical malpractice law – defendants. In 2019, Paula was included as a top Medical Malpractice Attorney by *Pennsylvania Super Lawyers*. Paula has been included in the Pennsylvania Super Lawyer list since 2010. Super Lawyers lists are issued by Thomson Reuters. A description of the selection methodology can be found at <https://www.superlawyers.com/about/selection-process/>.

Paula was selected for membership in the Academy of Trial Lawyers of Western Pennsylvania as well as the International Association of Defense Attorneys and served as a faculty member at the IADC's Trial Academy held at Stanford.

Selected Cases

- *Wytiarz v. Deitrick*, 954 A. 2d 643 (Pa. Super 2008)

Experience

- ***Results may vary depending on your particular facts and legal circumstances.***
- Defended medical negligence action where the defendant physician was alleged to have been negligent in failing to properly diagnose and treat a woman's post- surgical infection,

Assistant

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Industries

Healthcare

Practices

Medical Malpractice
Civil Rights and Municipal Liability
Litigation
Expert Witness Services

Education

University of Pittsburgh School of Law,
J.D., 1986

Carlow College, B.S.N., 1980

Bar Admissions

Pennsylvania

Court Admissions

United States District Court for the
Western District of Pennsylvania
United States Court of Appeals for the
Third Circuit
United States District Court for the Middle
District of Pennsylvania

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which followed a bilateral breast augmentation and tummy tuck procedure. As a result of infection, both breast implants were removed and the abdominal incision opened and allowed to heal by secondary intention.

- Defended a wrongful death and survival action arising from the care and treatment which the defendant physician provided to decedent, following admission to the hospital for what was diagnosed as pneumonia and possible CHF. After a five day admission, the patient was discharged. Within hours of his arrival at home, he experienced cardiac arrest. Despite appropriate resuscitation he could not be revived. A subsequently performed autopsy revealed the cause of death to be sudden cardiac death.
- Defended medical negligence action arising from a doctor's treatment of a woman's right forearm, slightly displaced inter-articular distal avulsion fracture. The doctor's treatment included a closed reduction and pinning of the right distal radial fracture. Post-operatively, the pin backed out and the fracture collapsed down and shortened. The patient was subsequently seen by another surgeon who repaired her right wrist deformity. The first doctor was alleged to have been negligent in performing the surgery without adequate fixation to prevent a collapse of the fracture.
- Defended medical negligence action arising from an inguinal hernia repair and re-do inguinal hernia repair which was performed on minor-plaintiff, initially in 2005 and for a second time in 2006. Several months following the second surgical procedure, it was determined that minor plaintiff's right testicle had infarcted. The defendant physician was alleged to have been negligent in failing to observe the blood supply to minor plaintiff's right testicle during the surgery, and in failing to diagnose insufficient blood supply to the testicle post-operatively and timely address the same.
- Defended a wrongful death and survival action arising from the stillborn death of the plaintiffs' daughter. Her mother had been a patient of the defendant physician for several pregnancies. During the pregnancy in question, Mom, who had a history of seizure disorder, experienced seizures. Laboratory tests ruled out preeclampsia. She was seen in the defendant's office where she underwent a non-stress test which was reassuring. After experiencing increasing seizure activity, she was readmitted to the hospital at which time the baby was monitored and was noted to be in good condition. The defendant physician saw her prior to discharge and recommended follow up with neurology. Four days later, she presented to the office with reports of

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inability to feel fetal movement. An ultrasound revealed a fetal death.

- This wrongful death and survival action arises from the stillborn death of the plaintiffs' daughter. Her mother had been a patient of the defendant physician for several pregnancies. During the pregnancy in question, Mom, who had a history of seizure disorder, experienced seizures. Laboratory tests ruled out preeclampsia. She was seen in the defendant's office where she underwent a non-stress test which was reassuring. After experiencing increasing seizure activity, she was readmitted to the hospital at which time the baby was monitored and was noted to be in good condition. The defendant physician saw her prior to discharge and recommended follow up with neurology. Four days later, she presented to the office with reports of inability to feel fetal movement. An ultrasound revealed a fetal death. This case was tried in the Court of Common Pleas of Allegheny County in September 2011 and resulted in a defense verdict for the doctor.
- Successfully defended medical negligence action where the defendant physician was alleged to have been negligent in failing to properly diagnose and treat a woman's post-surgical infection, which followed a bilateral breast augmentation and tummy tuck procedure. As a result of infection, both breast implants were removed and the abdominal incision opened and allowed to heal by secondary intention.
- Successfully defended a wrongful death and survival action arising from the care and treatment which the defendant physician provided to decedent, following admission to the hospital for what was diagnosed as pneumonia and possible CHF. After a five day admission, the patient was discharged. Within hours of his arrival at home, he experienced cardiac arrest. Despite appropriate resuscitation he could not be revived. A subsequently performed autopsy revealed the cause of death to be sudden cardiac death.
- Successfully defended medical negligence action arising from a doctor's treatment of a woman's right forearm, slightly displaced inter-articular distal avulsion fracture. The doctor's treatment included a closed reduction and pinning of the right distal radial fracture. Post-operatively, the pin backed out and the fracture collapsed down and shortened. The patient was subsequently seen by another surgeon who repaired her right wrist deformity. The first doctor was alleged to have been negligent in performing the surgery without adequate fixation to prevent a collapse of the fracture.
- Successfully defended medical negligence action arising from

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an inguinal hernia repair and re-do inguinal hernia repair which was performed on minor-plaintiff, initially in 2005 and for a second time in 2006. Several months following the second surgical procedure, it was determined that minor plaintiff's right testicle had infarcted. The defendant physician was alleged to have been negligent in failing to observe the blood supply to minor plaintiff's right testicle during the surgery, and in failing to diagnose insufficient blood supply to the testicle post-operatively and timely address the same.

- This wrongful death and survival action arises from the stillborn death of the plaintiffs' daughter. Her mother had been a patient of the defendant physician for several pregnancies. During the pregnancy in question, Mom, who had a history of seizure disorder, experienced seizures. Laboratory tests ruled out preeclampsia. She was seen in the defendant's office where she underwent a non-stress test which was reassuring. After experiencing increasing seizure activity, she was readmitted to the hospital at which time the baby was monitored and was noted to be in good condition. The defendant physician saw her prior to discharge and recommended follow up with neurology. Four days later, she presented to the office with reports of inability to feel fetal movement. An ultrasound revealed a fetal death. This case was tried in the Court of Common Pleas of Allegheny County in September 2011 and resulted in a defense verdict for the doctor.
- Successfully defended a wrongful death and survival action arising from the stillborn death of the plaintiffs' daughter. Her mother had been a patient of the defendant physician for several pregnancies. During the pregnancy in question, Mom, who had a history of seizure disorder, experienced seizures. Laboratory tests ruled out preeclampsia. She was seen in the defendant's office where she underwent a non-stress test which was reassuring. After experiencing increasing seizure activity, she was readmitted to the hospital at which time the baby was monitored and was noted to be in good condition. The defendant physician saw her prior to discharge and recommended follow up with neurology. Four days later, she presented to the office with reports of inability to feel fetal movement. An ultrasound revealed a fetal death.

Professional & Community Involvement

Academy of Trial Lawyers- Board of Directors 2009-2010

Allegheny County Bar Association

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IADC (International Association of Defense Council)

Paula has won the following awards

- Inducted by nomination and peer review to The Best Lawyers in America – Medical Malpractice Law, 2018 - Current