



Timothy J. Sheehan

Partner

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Tim Sheehan is an experienced trial attorney, focusing on the defense of high-exposure medical malpractice claims. For 40 years, Tim has represented hospitals, physicians, nursing homes, podiatrists, nurse practitioners, dentists, chiropractors and other medical professionals in a myriad of claims arising out of the delivery of medical care across all areas of specialty. Given his extensive experience investigating complex claims and cross-examining medical experts, he also has tried general liability cases that allege serious personal injuries.

Tim has successfully litigated hundreds of these claims in federal and state courts using his understanding of the underlying medicine, adroitly cross-examining experts and witnesses, and persuading jurors in carefully constructed opening and closing statements. As a measure of Tim's experience and reputation in the field, he was certified by the Supreme Court of the State of New York as a medical malpractice panelist and served in that capacity in Westchester, New York and Kings counties while the panel system was in effect. Tim lectures before attorney groups as well as attending physicians, residents and nurses at major teaching hospitals and smaller community hospitals on medical malpractice and risk management topics.

Education

- University at Buffalo School of Law (J.D., 1984)
- University at Buffalo, State University of New York (B.A., 1981)
 - magna cum laude

Bar Admissions

- New York

Services

- Medical Malpractice & Health Care
- Appellate
- Health Care Law
- Complex Tort & General Casualty
- National Trial Team

Court Admissions

- U.S. District Court, Southern District of New York
- U.S. District Court, Eastern District of New York

Professional Affiliations

- New York State Bar Association
- Westchester County Bar Association
- New York State Medical Defense Bar Association

Awards & Honors

- AV® Preeminent™ Rated by Martindale-Hubbell
- Selected for inclusion in *New York Metro Super Lawyers®* in the Personal Injury Medical Malpractice: Defense category, 2007–2014, 2016–2026

Representative Matters

Defense Verdict, Supreme Court, King's County: Then 48-year-old woman claimed orthopedic surgeon failed to properly treat a lumbar spine injury sustained two years prior to treatment. Plaintiff claimed the surgeon operated on the "wrong" level in performing a spinal fusion, which failed to fuse, necessitating removal and reinstallation of hardware and the fusion of adjacent level. A second procedure – that successfully fused both levels – did not alleviate neuropathic pain, and plaintiff was never able to return to work. Sheehan argued that the correct lumbar level was operated on during the first procedure, that a certain percentage of lumbar fusions do not "take" despite proper technique and that the adjacent level did not require surgery at the time of the first procedure. The jury returned a defense verdict.

Defense Verdict, Supreme Court, Richmond County: Then 69-year-old woman claimed obstetrician failed to diagnose an early-stage, curable ovarian cancer tumor, which progressed to an incurable Stage IV cancer. Sheehan argued that a CA-125 blood test is not generally used to diagnose cancer, but rather to monitor established conditions. Furthermore, he argued that his client used a transvaginal sonogram to investigate the patient's adnexal region – which all witnesses conceded was the "gold standard" test – which was negative, so a CT scan was not indicated. The jury returned a defense verdict.

Defense Verdict, Supreme Court, New York County: Then 42-year-old woman underwent second surgery to remove remainder of a colon polyp. Client was called in to assist the general surgeon due to difficulties in identifying the polyp. Four days later, the patient returned to the operating room and a hole in her small bowel was found and repaired; she continued to deteriorate and died three days later. Plaintiff claimed that the client caused the small bowel injury, should have examined the small bowel before the conclusion of the surgery, and should have continued to follow the patient in the post-operative period. Sheehan argued that his client's purely assistive role was minor and ended upon his early

exit from the operating room. The jury returned a defense verdict.

Defense Verdict, Supreme Court, Richmond County: Then 35-year-old woman claimed obstetrician failed to properly treat primary post-partum hemorrhage minutes after the delivery of her child. Plaintiff claimed that the client did not timely administer blood products nor use methods to stem the bleeding that led to disseminated intravascular coagulation (DIC) and the need for massive blood transfusions, an immediate hysterectomy, a dropped bladder and the eventual loss of both ovaries. Sheehan maintained that bleeding was promptly recognized and treated to no avail, and a hysterectomy was necessary to save the mother's life. He further argued that a later diagnosed placental abnormality explained why all bleeding countermeasures failed and why a hysterectomy was the only treatment. Despite many further surgeries, the effects of entering early menopause and the devastating loss of the ability to bear children, the jury returned a defense verdict.

Defense Verdict, Supreme Court, Westchester County: A 43-year-old woman claimed our radiologist client failed to diagnose an early stage tumor, which 18 months later became incurable Stage IV cancer. The patient underwent a left mastectomy but the cancer metastasized to her right breast, her ovaries and her spine, requiring a mastectomy, a spinal fusion and ovary removal. During trial, the jury learned of a recurrence to the patient's pelvis. Plaintiff claimed the radiologist failed to properly compare her left breast sonogram with mammogram films interpreted by a codefendant radiologist just two weeks before, and "missed" the tumor. Sheehan called a breast imaging expert who testified that nothing was "missed" on the sonogram and that the numerous cysts seen on the sonogram were innocuous and properly correlated with the codefendant's mammography films. The jury returned a defense verdict for both radiologists.

Defense Verdict, Supreme Court, Westchester County: A 33-year-old woman claimed her obstetrician failed to properly treat a secondary post-partum hemorrhage (PPH) two weeks after delivery, which led to further bleeding episodes and a hysterectomy. Plaintiff claimed the client should have used various methods to permanently stop the bleeding. The defense maintained that since active bleeding had stopped in the ER, only resuscitation, antibiotics administration and monitoring was warranted. While plaintiff's expert argued that the lull between bleeding episodes was the "perfect time" to use more invasive steps to prevent future bleeds, Sheehan countered that such an approach violated the fundamental premise that a physician must "do no harm" when intervening on a stable patient, and since many secondary PPHs are idiopathic, there was no reason to expect further bleeding. Despite the fact that two further bleeds did occur and a hysterectomy was ultimately required, the jury returned a defense verdict.

Defense Verdict, Supreme Court, Queens County: A 32-year-old woman claimed her obstetrician improperly treated a post-delivery laceration by mistakenly observing a third-degree laceration – instead of a more serious fourth-degree laceration – and the inadequate repair caused a fistula and subsequent and future operations. Sheehan maintained that the obstetrician properly diagnosed and repaired a third-degree laceration and that the fistula developed because of an underlying condition that predisposed the patient to heal poorly. He used medical illustrations and expert testimony to convince the jury that the fistula developed through no fault of the obstetrician, and a defense verdict

ensued.

Defense Verdict, Supreme Court, New York County: A 60-year-old woman claimed that her surgeon did not timely diagnose and treat abdominal compartment syndrome following an abdominoplasty (tummy tuck) procedure, after which she remained intubated and sedated in the ICU for four days before the abdominoplasty was reversed. Plaintiff claimed that delaying the reversal caused hypoxic brain damage and a lost opportunity to fully close the wound. Sheehan argued that no brain damage occurred and the patient's husband supported a "watch and wait" approach. However, when the abdominoplasty was reversed, the wound had to be left open to avoid causing another life-threatening compartment syndrome. The jury rendered a defense verdict.

Defense Verdict, Supreme Court, Richmond County: A 62-year-old woman alleged that an ER doctor and her internist failed to timely diagnose and properly treat a Myocardial Infarction (MI) resulting in permanent heart damage and a severe decrease in her ejection fraction. Sharply conflicting medical histories were imparted by the patient to the physicians; further, an unusually warm stretch of December weather spurred allergy outbreaks and highlighted the more subtle signs of MI often seen in female patients. After a mistrial, the retrial resulted in a defense verdict for both doctors.

Defense Verdict, Supreme Court, New York County: A highly successful New York businessman alleged improper positioning and observation of his head and neck in the intensive care unit following abdominal surgery, which allegedly resulted in permanent right-side arm and leg paresis causing the plaintiff to be dependent. He was known to have a congenital deformity of his neck, which plaintiff claimed made him susceptible to spinal cord injury and, therefore, required special positioning. Sheehan claimed that a stroke, unrelated to positioning, caused the paresis. The jury rendered a defense verdict for the hospital.

Defense Verdict, Supreme Court, Kings County: The four-year-old plaintiff fell out a window four stories to the ground below. Her fall was broken by a second-floor air conditioner, but she suffered a shattered hip resulting in permanent leg shortening, and a contused heart requiring multiple surgeries. Plaintiff claimed the building's super negligently fixed a loose child window guard. Plaintiff's unwavering demand was for the full amount of the client's coverage. Shortly before trial Sheehan found a witness who observed the child's parents remove the window guard. The jury rendered a defense verdict.

Defense Verdict, Supreme Court, Richmond County: A young father of two infant children died following abdominal surgery. His spouse claimed the hospital, a gastroenterologist and a surgeon failed to heparinize the patient in the post-operative period, which resulted in a fatal pulmonary embolus. Sheehan argued that the decedent's preoperative history of ulcers prohibited the use of heparin, while plaintiff contested the ulcer history and in any event claimed that subcutaneous heparin should have been administered. The jury rendered a defense verdict for all three defendants.

Defense Verdict, Supreme Court, Queens County: A former boxer jailed on a domestic abuse charge claimed that prison guards ignored his complaints of dizziness. Upon his

release, he went to our hospital with similar complaints as well as facial drooping, which he claimed was misdiagnosed as Bell's Palsy, and he was discharged. He was later diagnosed as suffering from a stroke and sustained significant motor and speech deficits. Sheehan argued that the plaintiff's complaints were properly treated and that he had preexisting lacunar insults, which explained many of his complaints. The jury rendered a verdict on behalf of the municipality, his attending physician and our hospital.

Defense Verdict, Supreme Court, Richmond County: The mother of an infant claimed that hospital staff and two attending neonatologists failed to diagnose a vertically transmitted viral infection in the NICU, which caused the child viral encephalitis and devastating cognitive and motor deficits. Sheehan maintained that the child exhibited no signs or symptoms of a viral infection in the NICU and the presence of a specific virus plaintiff claimed the child had was never diagnosed by subsequent medical providers. Despite the jury believing that two hospital residents departed from accepted standards of care in their treatment of the child, the jury rendered a defense verdict on causation.

Defense Verdict, Supreme Court, Westchester County: A middle-age woman claimed that a surgeon negligently removed her gall bladder by injuring her common bile duct and leaving stones behind during the laparoscopic procedure. The plaintiff required reparative surgery and an extended convalescence complicated by wound infections. Sheehan maintained that adjacent damage is a risk of any surgery and that retained stones are common in laparoscopic procedures that cause no injury to the patient. The jury rendered a defense verdict.

Defense Verdict, Supreme Court, New York County: A middle-age man claimed an ophthalmologist negligently administered an anesthetic via a retro-bulbar injection during an excision of excess conjunctival tissue, resulting in blindness. Sheehan argued the injection is an acceptable method of providing anesthesia and keeping the eye still, and that the doctor's injection regimen was specifically approved by plaintiff's medical expert in trial testimony in a prior case. The jury rendered a defense verdict and the plaintiff's attempts to overturn the verdict on appeal were rebuffed.