

1                                   **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2                                   **OF THE STATE OF NEVADA**

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5   **In the Matter of Charges and Complaint**  
6   **Against:**  
7   **SAMUEL RODOLFO CHACON, M.D.,**  
8   **Respondent.**

Case No. 23-12762-2

**FILED**

SEP 08 2023

NEVADA STATE-BOARD OF  
MEDICAL EXAMINERS

By: 

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10                                   **COMPLAINT**

11                   The Investigative Committee<sup>1</sup> (IC) of the Nevada State Board of Medical Examiners  
12 (Board), by and through its counsel, Deonne E. Contine, General Counsel and Ian J. Cumings,  
13 Deputy General Counsel and attorneys for the IC, having a reasonable basis to believe that Samuel  
14 Rodolfo Chacon, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS)  
15 Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical  
16 Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

17                   1.       Respondent was at all times relative to this Complaint a physician holding an active  
18 license to practice medicine in the State of Nevada (License No. 9105). Respondent was  
19 originally licensed by the Board on July 27, 1999, with a specialty in Obstetrics/Gynecology.

20                   2.       Patient A<sup>2</sup> was a sixty-nine (69) year-old female at the time of the events at issue.

21                   3.       Records indicate that Respondent first saw Patient A on December 28, 2018, after  
22 referral by her primary care physician for evaluation of a six-week medical history of vaginal  
23 discharge, at times bloody, that was not responding to antifungal or antibacterial treatment.

24                   4.       Respondent's note states that Patient A's chief complaint was vaginal discharge,  
25 irregular spotting, and urinary urgency. Respondent states that Patient A had significant urinary

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27                   <sup>1</sup> The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal  
28 Complaint was authorized for filing, was composed of Board members Aury Nagy, M.D., Chairman, Nicola (Nick)  
Spirtos, M.D., F.A.C.O.G., and Ms. Maggie Arias-Petrel.

<sup>2</sup> Patient A's true identity is not disclosed herein to protect her privacy but is disclosed in the Patient  
Designation served upon Respondent along with a copy of this Complaint.

1 urgency, that she did not feel as if she fully emptied her bladder, and that she gets up to urinate up  
2 to three (3) times per night.

3 5. Respondent discussed with Patient A undergoing a Urodynamic study to assess  
4 Patient A's urinary incontinence. Respondent's notes document that Patient A agreed to the  
5 testing, which was performed on December 28, 2018, during a scheduled appointment.

6 6. Records for the Urodynamic study description indicated mild incontinence.  
7 However, no testing data or analysis was included in Patient A's medical records.

8 7. The Assessment/Diagnosis from the December 28, 2018, appointment note  
9 Patient A "will proceed with the evaluation of the vulvovaginal atrophy if her symptoms worsen."

10 8. Respondent's medical records from January 16, 2019, indicated results from a  
11 vaginal ultrasound were unremarkable; nevertheless, Patient A was counseled regarding the  
12 findings of the ultrasound and the notes stated that she would proceed with further work-up given  
13 the concern. Patient A proceeded with a CT scan of the abdomen and pelvis with and without  
14 contrast.

15 9. January 16, 2019, records also indicate that Patient A "has had one episode of  
16 unprotected sexual activity but had a normal cycle after the last encounter." However, a normal  
17 cycle is hard to imagine in any 69-year-old woman, but especially in a woman who had a  
18 hysterectomy. The fact that she had a hysterectomy was documented in Patient A's records on the  
19 same page that indicated she had a normal cycle.

20 10. On January 24, 2019, Patient A had a follow-up appointment where she was  
21 counseled regarding the CT scan results which were unremarkable and did not warrant further  
22 review. At this appointment another Urodynamics study was described in Patient A's medical  
23 records, which noted again, that Patient A had mild incontinence. However once more, no data or  
24 analysis regarding the urodynamic testing was included in Patient A's medical records.

25 11. The January 24, 2019, records further noted that Patient A wished to proceed with  
26 an expectant management approach to her incontinence.

27 12. Seemingly in contradiction to the desire of Patient A to proceed with an expectant  
28 management approach to her incontinence, documentation in the records for January 24, 2019,

1 also stated that Patient A was “no longer interested in proceeding with conservative management  
2 and now wishes she wishes [sic] to proceed with definitive surgery to correct not only her known  
3 pelvic floor relaxation but her [stress urinary incontinence].”

4 13. Respondent’s records for Patient A showed an encounter on January 31, 2019,  
5 during which it was noted that Patient A, “was given preoperative instructions and wishes to  
6 proceed with the pelvic floor corrective surgery on the specified date.”

7 14. The preoperative diagnosis or reason for surgery documentation stated  
8 “Symptomatic pelvic floor relaxation, pelvic pain, mixed urinary incontinence with strong type 2  
9 stress urinary incontinent component as noted on urodynamic studies.”

10 15. However, no documentation noting any objective finding of symptomatic pelvic  
11 organ prolapse was ever recorded in Respondent’s records for Patient A, and pelvic floor related  
12 issues were not documented at any time prior to the issue appearing in the January 31, 2019,  
13 encounter, which was after all consents were obtained and surgery was scheduled.

14 16. Additionally, Patient A’s medical records do not contain results of any urodynamic  
15 study that support a diagnosis of “mixed urinary incontinence with strong type 2 stress urinary  
16 incontinent component.”

17 17. The only finding of prolapse in any of Patient A’s medical records related to this  
18 issue, was of posterior prolapse documented by a colorectal surgeon, who noted  
19 “a small rectocele” on February 7, 2019, four (4) days before Patient A’s surgery was scheduled to  
20 take place.

21 18. On February 11, 2019, Patient A presented to Saint Mary’s Regional Medical  
22 Center where records showed Respondent performed the following surgical procedures: anterior  
23 and posterior vaginal repair, enterocele repair, perineoplasty, sacrospinous vault suspension, trans  
24 obturator tape mid urethral sling procedures and cystoscopy. These procedures were not  
25 performed on the basis of any documented complaints by Patient A nor any medical diagnoses.

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1 inconsistencies and omissions in Respondent's records for Patient A, whose medical records were  
2 not timely, legible, accurate, and complete.

3 27. By reason of the foregoing, Respondent is subject to discipline by the Board as  
4 provided in NRS 630.352.

5 **COUNT III**

6 **NRS 630.301(8) - Failure to Provide Procedures, Studies, Services, Referrals**

7 28. All of the allegations in the above paragraphs are hereby incorporated as if fully set  
8 forth herein.

9 29. NRS 630.301(8) provides that the failure to offer appropriate procedures or studies,  
10 to provided necessary services or to refer a patient to an appropriate provider, when the failure  
11 occurs with intent of positively influencing the financial well-being of the practitioner are grounds  
12 for discipline.

13 30. As demonstrated by, but not limited to, the above-outlined facts, Respondent  
14 violated NRS 630.301(8) regarding Patient A's medical conditions when Respondent performed  
15 unindicated surgery on Patient A, including anterior and posterior vaginal repair, enterocele repair,  
16 perineoplasty, sacrospinous vault suspension, trans obturator tape mid urethral sling procedures  
17 and cystoscopy. Respondent performed all the aforementioned procedures without a medical  
18 purpose or diagnosis and with the intent of positively influencing the financial well-being of  
19 Respondent's practice.

20 31. By reason of the foregoing, Respondent is subject to discipline by the Board as  
21 provided in NRS 630.352.

22 **COUNT IV**

23 **NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient**  
24 **Relationship for Financial or Personal Gain**

25 32. All of the allegations contained in the above paragraphs are hereby incorporated by  
26 reference as though fully set forth herein.

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1           33.    NRS 630.301(7) provides that “engaging in conduct that violates the trust of a  
2 patient and exploits the relationship between the physician and the patient for financial or other  
3 personal gain” is grounds for initiating discipline against a licensee.

4           34.    As demonstrated by, but not limited to, the above-outlined facts, Respondent  
5 violated the trust of and exploited the relationship between Respondent and Patient A when he  
6 performed surgical procedures on Patient A that were not indicated because they were not based  
7 on any documented patient complaints or medical diagnoses.

8           35.    By reason of the foregoing, Respondent is subject to discipline by the Board as  
9 provided in NRS 630.352.

10   **WHEREFORE**, the Investigative Committee prays:

11           1.    That the Board give Respondent notice of the charges herein against him and give  
12 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)  
13 within twenty (20) days of service of the Complaint;

14           2.    That the Board set a time and place for a formal hearing after holding an Early  
15 Case Conference pursuant to NRS 630.339(3);

16           3.    That the Board determine what sanctions to impose if it determines there has been  
17 a violation or violations of the Medical Practice Act committed by Respondent;

18           4.    That the Board award fees and costs for the investigation and prosecution of this  
19 case as outlined in NRS 622.400;

20           5.    That the Board make, issue and serve on Respondent its findings of fact,  
21 conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 8 day of September, 2023.

INVESTIGATIVE COMMITTEE OF THE  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Deonne E. Contine

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*Attorneys for the Investigative Committee*

