BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Ca

Against:

RAYMOND MARK TURNER, M.D.,

Respondent.

Case No. 24-9798-1

FILED

JAN 22 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through its counsel, Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Raymond Mark Turner, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

- 1. Respondent was at all times relative to this Complaint a physician holding an active license to practice medicine in the State of Nevada (License No. 6140). Respondent was originally licensed by the Board on December 1, 1990, with a specialty in Obstetrics/Gynecology
- 2. Patient A² was a forty-two (42) year-old pregnant female at the time of the events at issue, and had a benign tumor of corpus uteri, and unspecified ovarian cysts.
- 3. On November 6, 2019, Patient A, who was twelve (12) weeks pregnant at the time, presented to the High-Risk Pregnancy Center (HRPC) for an ultrasound to monitor the cysts and the health of the pregnancy due to the increased risk of complications of an elderly multigravida pregnancy (expectants who are thirty-five (35) years old or over and have been pregnant before).

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D., FACS, Col. Eric D. Wade, (Ret.).

² 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.

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- Results of the ultrasound showed multiple complex ovarian cysts, where the right 4. ovarian cyst was measured approximately 7.8 cm x 6.9 cm x 4.1 cm, and the left ovarian cyst measured approximately 6.8 cm x 5.5 cm x 4.6 cm.
- On December 5, 2019, Patient A presented to Respondent for an initial consultation 5. for complex bilateral adnexal masses found in conjunction with a sixteen (16) week pregnancy. Respondent documented that Patient A had simple cysts; however, the November 6, 2019, scan at HRPC, described both masses as complex. Further, there was no documentation of a physical exam performed on Patient A, no formal report of the ultrasound images, or any statement that Respondent reviewed the images, ordered images, or performed any additional imaging. There was also no differential diagnosis of the masses discussed.
- On December 11, 2019, Patient A, now seventeen (17) weeks pregnant, was seen 6. for a second consultation and an ultrasound at HPRC. The maternal fetal medical physician observed again and documented the presence of complex bilateral cysts. Both ovarian masses appeared stable in size when viewed in conjunction with the previous visit. Patient A was advised to discuss the adnexal masses with Respondent.
- 7. On December 11, 2019, Patient A had a follow-up appointment with Respondent. Respondent counseled Patient A on the option of surgical intervention for possible malignancy versus watchful waiting. Patient A elected to proceed with surgical intervention. Of note, there was no mention of a pelvic exam in Patient A's medical records, there was a vague record of an abdominal exam that stated, "uterine size consistent with her gestational age," and there was no record of Respondent ever reviewing the ultrasound images.
- On December 16, 2019, Patient A underwent a laparoscopy with amniotomy, a 8. laparotomy with repair of amniotomy, lysis of adhesions, and drainage of cysts. Respondent failed to perform an exam under anesthesia prior to the procedure.
- Respondent failed to detail the surgical technique used, the size of the trocar, and 9. the size of the amniotomy. Because of Patient A's anatomy, the ovaries were not able to be fully visualized, and the laparoscopic procedure was converted to an open laparotomy.

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1	10.	On December 18, 2019, Patient A experienced a gush of fluid and block	od vaginally
consiste	nt wit	h a diagnosis of preterm premature rupture of membranes (PPROM).	As a result
Patient A	A wen	t to the hospital.	

11. On December 18, 2019, Respondent counseled Patient A on management options of the PPROM along with endometriosis, and on December 20, 2019, Respondent performed a total abdominal hysterectomy, bilateral salpingectomy, bilateral ovarian cystectomies with ovarian repair, transposition of the ovaries, and an appendectomy, which resulted in the loss of the pregnancy. Patient A was discharged four (4) days later.

COUNT I

NRS 630.301(4) - Malpractice

- 12. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.
- 13. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.
- 14. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."
- 15. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A when he failed to adequately evaluate the adnexal masses by either personally reviewing the ultrasound images that had been performed at the HRPC or repeating the ultrasound himself.
- 16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT II

NRS 630.301(4) - Malpractice

- All of the allegations contained in the above paragraphs are hereby incorporated by 17. reference as though fully set forth herein.
- NRS 630.301(4) provides that malpractice of a physician is grounds for initiating 18. disciplinary action against a licensee.
- NAC 630.040 defines malpractice as "the failure of a physician, in treating a 19. patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."
- As demonstrated by, but not limited to, the above-outlined facts, Respondent failed 20. to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A when he failed to perform a pelvic exam and correctly document the size of the pregnant uterus, which in turn led to a uterine perforation at the time of the initial trocar placement during robotic surgery. Respondent further failed to modify his surgical technique for consideration of a gravid uterus by altering the standard robotic insertion site of the first trocar or using an open technique.
- By reason of the foregoing, Respondent is subject to discipline by the Board as 21. provided in NRS 630.352.

COUNT III

NRS 630.3062(1)(a) - Failure to Maintain Complete Medical Records

- All of the allegations contained in the above paragraphs are hereby incorporated by 22. reference as though fully set forth herein.
- NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate 23. and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.
- Respondent failed to maintain complete medical records relating to the diagnosis, 24. treatment and care of Patient A, by failing to correctly document that he reviewed the ultrasound images taken at the HRPC on November 6, 2019, and December 11, 2019, ordered further

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imaging, or performed additional imaging himself. There was also no discussion of a differential diagnosis of the masses in the operative reports. Lastly, Respondent failed to maintain complete medical records by not mentioning an exam under anesthesia prior to the December 16, 2019, procedure, not describing the exact technique used during the procedure, and not recording of the size of the trocar used or the size of the amniotomy.

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

WHEREFORE, the Investigative Committee prays:

- 1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;
- 2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);
- 3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;
- 4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;
- 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and
- 6. That the Board take such other and further action as may be just and proper in these premises.

DATED this **22** day of January, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

ALEXANDER J. HINMAN Deputy General Counsel 9600 Gateway Drive

Reno, NV 89521 Tel: (775) 688-2559

Email: ahinman@medboard.nv.gov Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners

VERIFICATION

STATE OF NEVADA)
	: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 22nd day of January, 2024.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

BRET W.

Chairman of the Investigative Committee