

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-30804-1

6 **Against:**

FILED

7 **SCOTT THOMAS GABRIEL, M.D.,**

JUN 27 2024

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through William Shogren, Deputy General Counsel and attorney for the IC, having
13 a reasonable basis to believe that Scott Thomas Gabriel, M.D. (Respondent) violated the provisions
14 of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter
15 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges
16 and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 11590). Respondent was
19 originally licensed by the Board on August 24, 2005.

20 2. Patient A² was a thirty (30) year-old female at the time of the events at issue.

21 3. On December 9, 2019, Patient A presented to a hospital with complaints of
22 abdominal pain. Patient A then underwent testing, which showed evidence of gallstones, a
23 thickened gallbladder wall, and an inflamed gallbladder (cholecystitis).

24 4. On December 11, 2019, Respondent, a general surgeon, performed a minimally
25 invasive surgical procedure to remove Patient A's gallbladder (laparoscopic cholecystectomy).
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27 ¹ 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 Victor M. Muro, M.D., Chowdhury H. Ahsan,
M.D., Ph.D., FACC, and Ms. Pamela J. Beal.

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.

1 5. During the procedure, Respondent noted that Patient A's gallbladder was
2 gangrenous. Respondent also noted that he dissected out what appeared to be the cystic duct, i.e.
3 the duct that typically joins the gallbladder and the common hepatic duct.

4 6. Respondent then took x-ray imaging of the bile ducts using contrast dye
5 (intraoperative cholangiogram) to see the anatomy of Patient A's bile ducts and confirm that he
6 dissected out the correct duct, i.e. the cystic duct.

7 7. Upon information and belief, the cholangiogram obtained during the
8 December 11, 2019, procedure did not show filling of contrast dye in the right hepatic system.

9 8. Despite not observing the filling of the right hepatic duct, Respondent interpreted
10 the intraoperative cholangiogram as normal.

11 9. Upon information and belief, Respondent also did not document that the
12 intraoperative cholangiogram confirmed that the duct he dissected was Patient A's cystic duct.

13 10. Respondent also did not document or note that he obtained the critical view of
14 safety during Patient A's December 11, 2019, laparoscopic cholecystectomy. The critical view of
15 safety requires that the hepatocystic triangle is cleared of fat and fibrous tissue, the lower one third
16 of the gallbladder is separated from the liver to expose the cystic plate, and that only the cystic
17 duct and cystic artery are seen entering the gallbladder.

18 11. Despite not documenting that he obtained the critical view of safety and despite not
19 confidently identifying Patient A's ductal anatomy via the intraoperative cholangiogram,
20 Respondent did not proceed with a subtotal cholecystectomy and instead proceeded with a total
21 cholecystectomy.

22 12. After interpreting the intraoperative cholangiogram as normal, Respondent
23 proceeded to divide what he considered to be the cystic duct and removed Patient A's gallbladder.
24 At some point between obtaining the cholangiogram and removing the gallbladder, Respondent
25 transected Patient A's right hepatic duct, causing a bile duct injury.

26 13. After removing Patient A's gallbladder, Respondent noted bile leaking from the
27 liver bed, indicative of a bile duct injury, but was unable to delineate a duct directly as the source.

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1 of confidence in properly identifying the ductal anatomy via the critical view of safety and the
2 intraoperative cholangiogram.

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

5 **COUNT II**

6 **NRS 630.301(4) - Malpractice**

7 23. All of the allegations contained in the above paragraphs are hereby incorporated by
8 reference as though fully set forth herein.

9 24. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
10 disciplinary action against a licensee.

11 25. NAC 630.040 defines malpractice as “the failure of a physician, in treating a
12 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
13 circumstances.”

14 26. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
15 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
16 rendering medical services to Patient A on December 11, 2019, when he failed to proceed with a
17 subtotal cholecystectomy, despite the lack of confidence in properly identifying the ductal
18 anatomy via the critical view of safety and the intraoperative cholangiogram.

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

21 **COUNT III**

22 **NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

23 28. All of the allegations contained in the above paragraphs are hereby incorporated by
24 reference as though fully set forth herein.

25 29. NRS 630.3062(1)(a) provides that the “failure to maintain timely, legible, accurate
26 and complete medical records relating to the diagnosis, treatment and care of a patient” constitute
27 grounds for initiating discipline against a licensee.

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., Ph.D., FACC, 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 27th day of June, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

CHOWDHURY H. AHSAN, M.D., PH.D., FACC
Chairman of the Investigative Committee