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	Case No. 24-30804-1
6	Against:	FILED
7	SCOTT THOMAS GABRIEL, M.D.,	JUN 27 2024
8	Respondent.	NEVADA STATE BOARD OF
9		MEDICAL EXAMINERS
10	COMPLAINT	
11	The Investigative Committee ¹ (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 A^2 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 Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chowdhury H. Ahsan,	
28	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 of 6	

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

6. Respondent then took x-ray imaging of the bile ducts using contrast dye
(intraoperative cholangiogram) to see the anatomy of Patient A's bile ducts and confirm that he
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.

9. Upon information and belief, Respondent also did not document that the
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.

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

After removing Patient A's gallbladder, Respondent noted bile leaking from the
liver bed, indicative of a bile duct injury, but was unable to delineate a duct directly as the source.
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1 14. After consulting with another general surgeon intraoperatively, Respondent
 2 decided to place a drain and wait a few days to determine the severity and extent of the bile duct
 3 injury.

15. On December 14, 2019, further testing indicated that Patient A had a significant bile duct injury at the level of the right hepatic duct.

16. Due to this injury following Respondent's procedure, Patient A spent three (3) months in the hospital and required multiple subsequent corrective surgeries. She further experienced significant complications, including bile leakage, bleeding, infection, and the need for external bile drainage upon Patient A's release.

COUNT I

NRS 630.301(4) - Malpractice

12 17. All of the allegations contained in the above paragraphs are hereby incorporated by
13 reference as though fully set forth herein.

14 18. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
15 disciplinary action against a licensee.

16 19. NAC 630.040 defines malpractice as "the failure of a physician, in treating a
17 patient, to use the reasonable care, skill, or knowledge ordinarily used under similar
18 circumstances."

19 20. 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 21 rendering medical services to Patient A on December 11, 2019, when he misinterpreted the 22 intraoperative cholangiogram as normal, despite the cholangiogram not adequately demonstrating 23 filling of contrast dye in the right hepatic duct, and by not fully identifying the duct Respondent 24 dissected out as the cystic duct.

25 21. Respondent further failed to use the reasonable care, skill or knowledge ordinarily
26 used under similar circumstances when rendering medical services to Patient A on
27 December 11, 2019, when he failed to proceed with a subtotal cholecystectomy, despite the lack
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OFFICE OF THE GENERAL COUNSEL Nevada State Board of Medical Examiners 9600 Gateway Drive Reno, Nevada 89521 (775) 688-2559 5

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

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

COUNT II

NRS 630.301(4) - Malpractice

23. All of the allegations contained in the above paragraphs are hereby incorporated by 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.

25. 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."

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.

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

COUNT III

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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1 30. Respondent failed to maintain complete medical records relating to the diagnosis, 2 treatment and care of Patient A, by failing to correctly document that he obtained the critical view 3 of safety during Patient A's December 11, 2019, laparoscopic cholecystectomy, and further he did not document if the intraoperative cholangiogram confirmed that the duct he dissected during the 4 5 procedure was Patient A's cystic duct.

By reason of the foregoing, Respondent is subject to discipline by the Board as 31. 6 7 provided in NRS 630.352.

8 WHEREFORE, the Investigative Committee prays:

9 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 10 NRS 630.339(2) within twenty (20) days of service of the Complaint;

12 2. That the Board set a time and place for a formal hearing after holding an Early 13 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. 18 That the Board make, issue and serve on Respondent its findings of fact, 19 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 21th day of June, 2024.

By:

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

ILLIAM P. SHOGREN Deputy General Counsel 9600 Gateway Drive Reno, NV 89521 Email: shogrenw@medboard.nv.gov Attorney for the Investigative Committee

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VERIFICATION

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2 STATE OF NEVADA

3 COUNTY OF CLARK

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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.

By:

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

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