

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 25-50274-1

Against:

LARS ROBERT WEBB, M.D.,

Respondent.

FILED

NOV 19 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Alexander J. Hinman, Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Lars Robert Webb, 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 medical doctor holding an active license to practice medicine in the State of Nevada (License No. 18739). Respondent was originally licensed by the Board on March 13, 2019, and has a listed specialty of general surgery with the American Board of Surgery.

2. Patient A² was a twenty-five (25) year-old male at the time of the events at issue.

3. In or around January 5, 2024, Patient A consulted with Respondent, and his medical staff at Western Surgical Group, located at 18653 Wedge Parkway, Reno, Nevada 89511, regarding Patient A's desire to schedule and undergo an elective laparoscopic sleeve gastrectomy (gastric sleeve).

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 Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, and Irwin B. Simon, M.D., FACS.

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

1 4. On March 12, 2024, Patient A presented to Renown Regional Medical Center,
2 located at 1155 Mill Street, Reno, Nevada, 89502, for an elective planned gastric sleeve surgery to
3 be performed by Respondent.

4 5. At the time of surgery, Patient A had a BMI level of fifty-nine point two (59.2), with
5 a body weight of four hundred and seventeen pounds (417 lbs.), with a medical history of
6 craniopharyngioma, diabetes, mellitus, male hypogonadism, morbid obesity, gynecomastia, and
7 long-term steroid use.

8 6. Prior to Patient A's treatment by Respondent, and identified in Patient A's medical
9 history, he was diagnosed with panhypopituitarism³, anterior pituitary deficiency⁴, and
10 craniopharyngioma⁵. As a result, Patient A underwent surgery in 2018 to remove the tumor and
11 was prescribed dexamethasone, 0.75mg (a glucocorticoid drug), to be taken daily for an indefinite
12 period, though it is clear his reliance on the medication would be long-term

13 7. Patient A was steroid dependent at the time of consulting with Respondent, as his
14 body had no ability to create the affected hormones without taking the medication he was prescribed.
15 Patient A took the medication daily; however, he was instructed by Respondent to discontinue the
16 medication ten (10) days prior to his scheduled gastric sleeve surgery.

17 8. On the preoperative evaluation performed by a nurse, Patient A was noted to be
18 bradycardic, with a heart rate of 52. In speaking with Patient A, the nurse noted that Patient A had
19 stopped taking his preoperative steroids ten (10) days prior, and Patient A mentioned that he was
20 told to discontinue the steroid use by Respondent.

21 9. Respondent spoke with Patient A preoperatively and noted no concerns about the
22 low heart rate. Patient A was taken to the operating room at 7:18 a.m.

23 10. Patient A was still bradycardic when on the operating room table, and the
24 anesthesiologist gave Patient A atropine, but his body did not respond. He was then given
25 epinephrine and became tachycardic and hypertensive, and thus was given labetalol, which
26 normalized his vital signs. Patient A was then induced under anesthesia; however, the end tidal
27

28 ³ A medical condition in which the pituitary gland fails to produce most or all of its normal hormones.

⁴ A condition where the front of the pituitary gland fails to produce enough hormones.

⁵ A non-cancerous brain tumor typically located near the pituitary gland.

1 CO2 was lost, and he went into Pulseless Electrical Activity⁶ arrest the gastric sleeve surgery was
2 aborted, and a femoral line was placed.

3 11. Patient A was resuscitated after eighteen (18) minutes of CPR and transferred to the
4 Intensive Care Unit (ICU) on mechanical ventilation. Patient A's admission to the ICU included
5 the following diagnosis: cardiogenic shock, acute metabolic encephalopathy, and acute respiratory
6 failure with hypoxia.

7 **COUNT I**

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

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

11 13. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
12 disciplinary action against a licensee.

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

15 15. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
16 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
17 rendering medical services to Patient A, by failing to carry out the recommendations by Patient A's
18 endocrinologist and deviating from Patient A's medication regimen, as he failed to utilize peri-
19 operative steroid protocol for the planned gastric sleeve surgery.

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

22 **WHEREFORE**, the IC prays:

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

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

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⁶ A type of cardiac arrest where the heart shows organized electrical activity on an electrocardiogram, but there is no pulse or blood flow.

1 3. That the Board determine what sanctions to impose if it determines there has been a
2 violation or violations of the Medical Practice Act committed by Respondent;
3 4. That the Board award fees and costs for the investigation and prosecution of this case
4 as outlined in NRS 622.400;
5 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions
6 of law and order, in writing, that includes the sanctions imposed; and
7 6. That the Board take such other and further action as may be just and proper in these
8 premises.

DATED this 19th day of November, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: Alexander J. Hinman
ALEXANDER J. HINMAN
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Attorney for the Investigative Committee

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 19th day of November, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


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