BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **SAJU JOSEPH, M.D.,** **Respondent.**	**Case No. 25-47039-1**

FILED
DEC - 5 2025
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Saju Joseph, 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. 17412). Respondent was originally licensed by the Board on September 18, 2017.

2. Patient A[2] was a thirty-five (35) year-old female at the time of the events at issue.

3. On March 25, 2024, a surgeon performed a robotic-assisted laparoscopic gastric bypass surgery with interoperative esophagogastroduodenoscopy (EGD) on Patient A. This surgery was performed by another surgeon, with Respondent as the assistant surgeon.

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[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., Joseph Olivarez, P.A.-C, and Apeksha Desai, M.D., MBA.

[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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4. The operative report from the EGD surgery notes that Patient A had a diagnosed umbilical/ventral hernia and that the omentum incarcerated in this chronic hernia was transected and left filling the umbilical hernia defect.

5. During the EGD gastric bypass surgery, the hernia was not repaired and the surgery was completed without complication. Patient A was discharged home on the day after surgery, March 26, 2024.

6. On March 29, 2024, Patient A had a follow-up visit with the lead surgeon, and appeared to be recovering reasonably well.

7. On or about March 30, 2024, Patient A was feeling ill, and presented to the emergency room at MountainView Hospital (MVH) on March 30, 2024.

8. A workup was performed at MVH which led to a diagnosis of acute small bowel obstruction from an incarcerated ventral hernia.

9. Patient A was transferred to the emergency department at Southern Hills Hospital (SHH) where her surgeon of record for her EGD gastric bypass surgery had privileges. Her lead surgeon of record was out of town, and Respondent was covering his patients.

10. The CT report from MVH emergency department said, "[p]ostoperative changes of recent gastric bypass. [T]he excluded stomach is markedly distended with fluid. Proximal and mid small bowel distended with gas fluid levels, measuring up to 5.7 cm. Small bowel is dilated to level of large ventral hernia containing fat and mildly distended small bowel. Small bowel distal to this hernia is decompressed. The colon is decompressed. Esophagus distended with fluid. Impression: 1. Small bowel obstruction at the level of large periumbilical hernia containing fat and bowel."

11. The CT images from the emergency department of MVH showed a high-grade bowel obstruction distal to the jejunojejunostomy from an incarcerated ventral hernia with fluid build-up and dilation of both limbs of the bypass, the gastric remnant, and into the esophagus.

12. Though Patient A's laboratory results were relatively normal, she was tachycardic.

13. Patient A was admitted into the intermediate care unit at SHH, where Respondent assumed care at or about 9:58 p.m. on March 30, 2024, and saw Patient A at or about 7:24 a.m. on March 31, 2024.

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14. Respondent wrote a history and physical note that nausea and tachycardia are common after EGD bypass surgery.

15. Respondent's history and physical note described a heart rate of 146 bpm and an umbilical hernia with mild erythema. His note also reported that an upper gastrointestinal X-ray "UGI and repeat CT scans do not show a leak."

16. Respondent's final assessment was "[g]astric bypass" with plans to start additional medications and stool softeners.

17. At some point in the early afternoon on March 31, 2024, Patient A vomited, aspirated and suffered a cardiac arrest. She received CPR, intubation, central lines, max vasopressor and ventilatory support, but unfortunately could not be resuscitated and died.

18. Respondent saw Patient A prior to her death at approximately 1:00 p.m. on March 31, 2024, and his progress note stated, "Pt vomited and aspirated. Cardiac Arrest. Down with 6 rounds before return of vitals. Intubated. NGT [nasogastric tube] removed 2 L of bilious fluid..."

19. There is no indication in the medical records of Patient A that Respondent reviewed the CT scan from MVH, where the radiologist's report stated that there was a ventral hernia with incarcerated bowel and fat with obstruction.

20. Respondent's history and physical note suggests that he felt the CT report to be incorrect.

COUNT I

NRS 630.301(4) - Malpractice

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

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

23. 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."

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24. 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 treating Patient A when Respondent failed to conduct a careful and thorough review of the available imaging, failed to perform a timely bedside evaluation of Patient A, and rather than perform an immediate surgical intervention on the acute small bowel obstruction, Respondent instead ordered more medications and stool softener for Patient A.

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

WHEREFORE, the IC 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

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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 5th day of December, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE
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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 5th day of December, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

BRET W. FREY, M.D.
Chairman of the Investigative Committee

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