

1 4. Information listed on the Board’s website shows Respondent’s specialty as General
2 Surgery. Plastic and cosmetic surgery are not specialties of General Surgery.

3 5. Additional information listed on the Board’s website shows that Respondent
4 completed an internship and residency in General Surgery. Upon information and belief, Respondent
5 also completed a fellowship in Colorectal Surgery. Upon information and belief, Respondent also
6 completed a Sono Bello Fellowship Program and a fellowship in Minimally Invasive Body
7 Contouring, the duration of which lasted several months. Upon information and belief, these two
8 programs are non-accredited and not recognized by the ABMS or the Accreditation Council for
9 Graduate Medical Education (ACGME).

10 6. Patient A² was a seventy-nine (79) year-old female at the onset of the events at issue.

11 7. Patient A was evaluated at Sono Bello on April 29, 2021, and December 20, 2022.
12 Following these consultations, Patient A elected to proceed with abdominal liposuction and an
13 excess abdominal skin removal at Sono Bello, a medical group practice located in Las Vegas,
14 Nevada. Respondent was evaluated at Sono Bello for on April 29, 2021, and December 20, 2022,
15 prior to making her decision.

16 8. Patient A presented to Respondent, who would be performing the liposuction and
17 skin removal, on December 27, 2022, for a preoperative visit. Patient A’s records from this visit
18 list her age as seventy-nine (79) years-old but separately list her age as between sixty-one (61) and
19 seventy-four (74) years-old.

20 9. Respondent also noted in these records that Patient A had a Caprini score of six (6)
21 for the planned surgical procedure, indicating a 1.3% risk of developing deep vein thrombosis and/or
22 pulmonary embolism. However, this calculation was based on incorrectly listing Patient A’s age
23 range as being between sixty-one (61) and seventy-four (74) years-old. If Respondent had correctly
24 listed Patient A’s age range as being seventy-five (75) and over, her Carini score would have been
25 nine (9). According to Patient A’s records from December 27, 2022, which were signed off by
26 Respondent, a Caprini score of nine (9) is a “high risk” score indicating “no surgery.”

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28 _____ 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 10. Even though Patient A should have had a Caprini score of nine (9), which would
2 have indicated “no surgery,” Respondent approved Patient A for surgery and granted medical
3 approval for non-invasive body contouring.

4 11. On December 28, 2022, Respondent performed the procedures, which consisted of
5 abdominal and waist liposuction and panniculectomy with umbilical transposition under tumescent
6 anesthesia (hereinafter, the “surgery”).

7 12. The surgery lasted from approximately 1:08 p.m. to approximately 6:51 p.m. During
8 this time, Patient A’s blood pressure was noted to be “above parameters” at 12:47 p.m., 1:00 p.m.,
9 1:15 p.m., 1:30 p.m., 5:35 p.m., 5:50 p.m., 6:10 p.m., 6:25 p.m., and 6:45 p.m. In all instances,
10 Respondent was notified of Patient A’s blood pressure being “above parameters.”

11 13. Additionally, during the surgery, Patient A’s blood pressure exceeded the commonly
12 accepted definition of hypertensive urgency, i.e., systolic blood pressure greater than 180 mmHg
13 and/or diastolic blood pressure greater than 110 mmHg.

14 14. At 6:25 p.m., Patient A’s blood pressure was recorded as 182/79 with a pulse of
15 ninety-one (91).

16 15. At 6:45 p.m., Patient A’s blood pressure was recorded as 184/81, with a pulse of
17 ninety-one (91). In all instances, Respondent was notified of the dangerously elevated blood
18 pressures of Patient A.

19 16. At approximately 2:16 p.m., after Patient A’s previous blood pressure was recorded
20 as 222/108 with a pulse of one hundred forty-six (146), a single dose of clonidine was administered.
21 However, after administration of the clonidine, there were documented intraoperative blood
22 pressure measurements exceeding systolic blood pressure 180 mmHg, which was consistent with
23 continued hypertensive urgency.

24 17. During the surgery, there were no vital signs available for review from
25 approximately 1:45 p.m. to 5:20 p.m., due to a probe malfunction.

26 18. Upon information and belief, Respondent was aware of the probe malfunction.

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1 19. Blood pressures exceeding mean peak systolic blood pressures of 160 mmHg are
2 associated with increased risk of hematoma during panniculectomy, and this risk increases 2.8 times
3 for each 10 mmHg increase during the perioperative period.

4 20. Although Patient A continually demonstrated elevated blood pressures during the
5 surgery, even after clonidine was administered, Respondent did not intervene and instead continued
6 with the surgery.

7 21. Respondent completed the surgery at approximately 6:51 p.m., with final blood
8 pressure measurements of 184/81. Per Patient A's surgery note, Respondent removed a total
9 lipoaspirate of 6.35L, 4.65L of which was fat. Respondent also noted that "only a small portion of
10 the left waist was completed as the 5L fat extraction limit was nearly reached."

11 22. On January 6, 2023, Patient A returned for a postoperative follow-up, where it was
12 noted that Patient A had a wound dehiscence on the right side of the abdomen underneath the
13 periumbilical region. Postoperative photos from this date showed ischemic changes abutting the
14 umbilicus in the lower central abdomen, ischemic changes with slough of skin in the central aspect
15 of the abdominal incision, and a frank wound dehiscence of the right lateral abdominal incision.

16 23. The presence of frankly necrotic skin in the lower abdomen and wound dehiscence
17 indicated that Patient A was at high risk for developing surgical site infection and sepsis. Necrotic
18 tissue prevents new, healthy tissue from forming to cover a wound bed and lacks blood supply and
19 cellular defenses against bacterial growth.

20 24. However, despite these indications of risk for infection and sepsis, Respondent only
21 recommended wound packing below the umbilicus with gauze and noted "WNL – No
22 complications" in the "Impressions" section of Patient A's notes.

23 25. On January 10, 2023, Patient A returned for another postoperative follow-up.
24 According to Patient A's progress note from this date, Patient A had bleeding and concerns for
25 infection. Patient A was noted to have a foul-smelling wound, drainage, redness, tenderness, and
26 warmth. The "Impressions" section of the progress note was left blank.

27 26. Postoperative photos from January 10, 2023, showed necrotic changes abutting the
28 umbilicus in the lower central abdomen, further ischemic changes with slough skin in the central

1 aspect of the abdominal incision, and frank wound dehiscence of the right lateral abdominal incision
2 with bloody drainage, as well as umbilical stalk ischemia with possible necrosis.

3 27. Despite these continued indications of risk for infection and sepsis, Respondent
4 prescribed an antimicrobial cream, Silvadene, to help treat Patient A's wound and instructed Patient
5 A to return at the end of the week. However, Silvadene has poor eschar penetration and is
6 ineffective in addressing any deep evolving wound infections.

7 28. On January 13, 2023, Patient A returned for another postoperative follow-up.
8 Postoperative photos from this date showed necrotic changes abutting the umbilical stalk, umbilical
9 stalk necrosis, further ischemic changes with slough of skin in the central aspect of the abdominal
10 incision, as well as multiple areas of wound dehiscence along the panniculectomy incision.

11 29. Despite these continued indications of risk for infection and sepsis, Respondent
12 noted that Patient A was healing and recommended that she continue using Silvadene and return the
13 following week. The "Impressions" section of Patient A's notes stated "WNL – No complications."

14 30. Between January 10, 2023, and January 15, 2023, Respondent did not further address
15 Patient A's wounds, such as debriding and/or removing devitalized tissue before the tissue could
16 become infected.

17 31. On January 15, 2023, Patient A presented to the Emergency Room (ER) at
18 Henderson Hospital, with complaints of shortness of breath and continued bleeding from her
19 surgical wounds. The differential diagnosis from the ER physician included "pneumonia,
20 pulmonary embolism, pulmonary edema, pleural effusion, sepsis." Patient A then suffered two
21 cardiac arrests that morning at Henderson Hospital.

22 32. Patient A was transferred that same day to the Intensive Care Unit (ICU) and treated
23 for severe sepsis with shock with presumed source of infection from her recent abdominal surgery.
24 The critical care team noted purulent drainage from the infraumbilical abdominal wound.

25 33. Over the ensuing days at Henderson Hospital, Patient A remained critically ill and
26 continued to receive antibiotics. Patient A had positive wound cultures identified on January 16,
27 2023, indicating wound infection. On January 25, 2023, Patient A received debridement of surgical
28 site infection, and a negative pressure wound therapy device was placed. On January 31, 2025,

1 Patient A had a tracheostomy tube and feeding tube placement as she was unable to be weaned from
2 the ventilator and would require prolonged feeding access.

3 34. On February 2, 2023, Patient A was admitted to Horizon Specialty Hospital, where
4 she remained on tracheostomy tube with ventilator support, tube feeding, and received
5 hemodialysis. During her stay, Patient A required abdominal wound excisional debridement to
6 remove devitalized dermis and subcutaneous tissue down to the muscle/fascia.

7 35. Patient A remained at Horizon Specialty Hospital until May 18, 2023, where during
8 this time she received wound care to her abdominal wall and rehabilitation. On May 18, 2023,
9 Patient A was deemed stable for discharge to a rehabilitation center to complete further recovery
10 and rehabilitation.

11 36. On June 16, 2023, Patient A returned to Respondent for a postoperative visit, where
12 her abdominal wound was still healing and treated with local wound care.

13 **COUNT I**

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

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

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

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

21 40. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
22 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when
23 rendering medical services to Patient A. Respondent failed to (1) ensure that Patient A’s vital signs
24 were recorded between 1:45 p.m. to 5:20 p.m. during the December 28, 2022, surgery; (2) intervene
25 and adequately address Patient A’s persistently elevated blood pressures during the December 28,
26 2022, surgery, even after clonidine did not lower Patient A’s systolic blood pressure below 160
27 mmHg; (3) recognize, document, or try to surgically intervene upon, during Patient A’s
28 postoperative visits on or after January 10, 2023, Patient A’s obvious skin necrosis, which, along

1 with her wound dehiscence, indicated Patient A was at high risk for infection and sepsis; and (4)
2 identify Patient A's proper age upon surgical evaluation preoperatively which would have
3 drastically changed Patient A's Carini score for surgical treatment.

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

6 **COUNT II**

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

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

10 43. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate
11 and complete medical records relating to the diagnosis, treatment and care of a patient" constitute
12 grounds for initiating discipline against a licensee.

13 44. Respondent failed to maintain complete medical records relating to the diagnosis,
14 treatment and care of Patient A, by failing to correctly document his actions when he treated Patient
15 A, whose medical records were not timely, legible, accurate, and complete. Respondent inaccurately
16 documented Patient A's age and her Caprini score on or about December 27, 2022, at her
17 preoperative visit. Respondent further documented "no complications" during two of Patient A's
18 postoperative visits on January 6, 2023, and January 13, 2023, despite clear complications described
19 in the written documentation from those dates, and clear indications of complications evidenced in
20 photos taken on those dates.

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

23 **COUNT III**

24 **NRS 630.306(1)(e) - Practice Beyond Scope of License**

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

27 47. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope
28 permitted by law or performing services which the licensee knows or has reason to know that he or

1 she is not competent to perform, or which are beyond the scope of his or her training constitutes
2 grounds for initiating disciplinary action.

3 48. As demonstrated by, but not limited to the above-outlined facts, Respondent is a
4 Board certified general surgeon and completed a residency in general surgery. Respondent is not a
5 Board certified plastic surgeon and has only received instruction in cosmetic surgery from non-
6 accredited fellowship programs. Therefore, Respondent lacks the requisite and proper training in
7 plastic and cosmetic surgery to perform liposuctions under tumescent anesthesia and provide
8 postoperative care.

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

11 **WHEREFORE**, the IC prays:

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

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

17 3. That the Board determine what sanctions to impose if it determines there has been a
18 violation or violations of the Medical Practice Act committed by Respondent;

19 4. That the Board award fees and costs for the investigation and prosecution of this case
20 as outlined in NRS 622.400;

21 5. That the Board make, issue and serve on Respondent its findings of fact, conclusions
22 of law and order, in writing, that includes the sanctions imposed; and

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OFFICE OF THE GENERAL COUNSEL

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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 20th day of February, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



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