

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 26-50274-1

Against:

FILED

LARS ROBERT WEBB, M.D.,

AUG 28 2026

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: Tomale

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through William P. Shogren, Senior 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 thirty-four (34) year-old female at the time of the events at issue.

3. Patient A initially presented to Western Surgical Group with Respondent on January 7, 2022, for evaluation of her medical complications of obesity and to discuss bariatric

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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 Chowdhury H. Ahsan, M.D., Ph.D., FACC, Ms. Pamela J. Beal, and Apeksha Desai, M.D.

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 surgery. Respondent deemed Patient A to be a good candidate for an elective laparoscopic sleeve
2 gastrectomy (gastric sleeve surgery).³

3 4. In April 2022, prior to undergoing surgery, Patient A underwent a thiamine
4 laboratory study, or Vitamin B1 test, on April 22, 2022, which demonstrated a result of 67 nmol/L.
5 This result was notably low,⁴ indicating possible thiamine deficiency⁵.

6 5. Additionally, patients undergoing metabolic and bariatric surgery, such as gastric
7 sleeve surgery, are at a high risk of thiamine deficiency disorder and subsequent Wernicke's
8 encephalopathy.⁶

9 6. Based on Respondent's preoperative patient notes, there is no indication that
10 Respondent considered or addressed Patient A's low Vitamin B1 test results.

11 7. On June 16, 2022, Respondent performed gastric sleeve surgery on Patient A. At
12 the time of surgery, Patient A weighed approximately two hundred thirty-nine (239) pounds with a
13 body mass index (BMI) of 40.4. Patient A was then discharged the next day.

14 8. On June 24, 2022, Patient A presented to Respondent for her first postoperative visit.
15 At this time, Patient A's weight was recorded at two hundred nineteen (219) pounds, giving her a
16 BMI of 37.

17 9. Respondent's notes described Patient A as having an estimated five hundred (500)
18 calorie intake per day and noted that Patient A was not taking any vitamin supplements.
19 Respondent, in his patient assessment and plain, made no mention of a discussion of the importance
20 of starting vitamin supplementation.

21 10. Thiamine deficiency disorder may affect the cardiovascular system and the
22 gastrointestinal system resulting in symptoms of nausea, vomiting, abdominal pain, loss of appetite,
23 and lactic acidosis, as well as lethargy or fatigue, and rapid weight loss.

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26 ³ A gastric sleeve surgery is a permanent weight-loss operation which removes approximately 80% of a
patient's stomach.

27 ⁴ A normal whole blood reference interval is approximately 70 to 180 nmol/L.

28 ⁵ Thiamine deficiency prevents the body from converting food into energy, and affects the heart, nervous
system, and immune system.

⁶ Wernicke's encephalopathy is an acute, life-threatening neurological condition, characterized by confusion,
unsteadiness, and abnormal eye movements. If left untreated, it can lead to coma, death, or irreversible memory loss.

1 11. On July 5, 2022, Patient A messaged Respondent's practice, stating that she had been
2 experiencing nausea and poor oral intake. A staff member encouraged Patient A that the nausea
3 would improve and recommended taking a half dose of Zofran.

4 12. On July 12, 2022, Patient A was seen in a telehealth visit by an Advance Practice
5 Registered Nurse (APRN) from Western Surgical Group. At this point, Patient A was noted to
6 weigh two hundred and three (203) pounds, giving her a total weight loss of approximately 15% in
7 the twenty-six (26) days post-surgery.

8 13. Patient A reported feeling worse than her last visit and complained of dry heaves and
9 very concentrated urine. Patient A reported that she had an estimated two hundred (200) calorie
10 intake per day and was taking one supplement. Patient A was also noted to be taking one vitamin,
11 which contained a relatively small amount of thiamine (approximately 12 milligrams).

12 14. In 2020, the American Society of Metabolic Surgery (ASMBS) produced clinical
13 practice guidelines recommending screening for thiamine deficiency in postoperative high-risk
14 patients with malnutrition, rapid weight loss, or symptoms such as intractable nausea and vomiting.

15 15. However, there is no indication that a thiamine deficiency was considered. The
16 APRN noted that Patient A needed to continue to hydrate, but there is no mention in the assessment
17 and plan of assessing Patient A's nutritional status with a full set of laboratory tests, no discussion
18 of the importance of vitamin supplements, and no mention of resuscitating Patient A with
19 intravenous fluids or vitamins.

20 16. Patient A presented to Saint Mary's Regional Medical Center on August 11, 2022,
21 with complaints of persistent nausea, vomiting, dry heaving, diminished urine output, and lethargy.
22 Patient A weighed one hundred eighty-seven (187) pounds at this time. After imaging findings
23 demonstrated symptomatic gallstones, Patient A underwent laparoscopic cholecystectomy
24 performed by Respondent on August 12, 2022.

25 17. As of August 11, 2022, Patient A displayed obvious signs of a thiamine deficiency,
26 including persistent nausea, vomiting, lack of appetite, lethargy, and rapid weight loss.

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1 18. Despite Patient's obvious signs of thiamine deficiency, there is no mention by
2 Respondent in Patient A's chart of concerns for vitamin deficiency from August 11, 2022, and
3 August 12, 2022. There is no further indication that Respondent attempted other measures to
4 address the thiamine deficiency, such as IV thiamine repletion.

5 19. On August 25, 2022, Patient A presented to the emergency department at Renown
6 Medical Center with complaints of increased dizziness and weakness, confusion, nausea, vomiting,
7 and poor oral intake after her laparoscopic cholecystectomy.

8 20. Respondent saw Patient A in consultation on August 26, 2022, at Renown Medical
9 Center. Respondent recommended interventional radiology (IR) drainage of a fluid collection in
10 the gallbladder fossa with a Hepatobiliary Iminodiacetic Acid scan after the IR drainage.
11 Respondent did not mention in Patient A's notes of obtaining laboratory tests for a full nutritional
12 and vitamin assessment.

13 21. On August 26, 2022, Patient A was assessed by a hospital physician as being
14 confused, and Patient A's family reported that the confusion had been present for days. Patient A
15 underwent a CT scan of the head and EEG, both of which were unremarkable. On August 27, 2022,
16 Patient A remained confused with altered mental status, with reports of seizure-like activity. On
17 August 29, 2022, the hospital physician assessed Patient A to be "foggy in thought, with memory
18 loss and that she is not oriented to place or time."

19 22. On August 30, 2022, Respondent again evaluated Patient A. In the patient
20 assessment and plan, Respondent recommended a broad group of blood tests, including a thiamine
21 test, as well as an urgent neurology consultation.

22 23. On August 30, 2022, Patient A underwent a brain MRI, which demonstrated
23 abnormal signal involving brainstem, thalami, and bilateral mammillary bodies concerning for
24 Wernicke's encephalopathy.

25 24. Over the course of the remainder of Patient A's hospital stay, Patient A showed slow
26 improvement and required assistance with daily living activities. On September 8, 2022, a
27 psychiatrist evaluated Patient A and diagnosed her with neurocognitive disorder due to Wernicke's
28 and Adjustment disorder.

25. On September 18, 2022, cognitive assessment notes showed severe impairment in memory with resultant deficits in sequencing, orientation, and medication management.

26. Patient A was then discharged to a skilled nursing facility on or about September 21, 2022.

COUNT I

NRS 630.301(4) - Malpractice

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

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

29. 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.”

30. 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 rendering medical services to Patient A, by failing to (1) adequately note or address Patient A’s preoperative Vitamin B1 test results, which indicated possible thiamine deficiency; or (2) timely diagnose, treat, or otherwise note, Patient A’s postoperative thiamine deficiency and risk for Wernicke’s encephalopathy, despite obvious signs and symptoms of thiamine deficiency disorder between at least July 12, 2022, through August 30, 2022.

31. 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);

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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.

9 DATED this 28th day of August 2026.

10 INVESTIGATIVE COMMITTEE OF THE
11 NEVADA STATE BOARD OF MEDICAL EXAMINERS

12 By:



13 WILLIAM P. SHOGREN
14 Senior Deputy General Counsel
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19 Attorney for the Investigative Committee

VERIFICATION

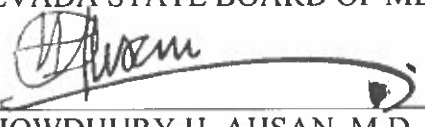
STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

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 28 day of August, 2026.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:


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