**BEFORE THE VIRGINIA BOARD OF MEDICINE**

**IN RE: SASA-GRAE MUYCO ESPINO, M.D.**
**License Number: 0101-262899**
**Issue Date: July 17, 2017**
**Expiration Date: September 30, 2026**
**Case Numbers: 243324 & 247211**

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# NOTICE OF INFORMAL CONFERENCE AND STATEMENT OF ALLEGATIONS

**You are hereby notified that an informal conference has been scheduled before the Board of Medicine ("Board") regarding your license to practice medicine in the Commonwealth of Virginia.**

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| **TYPE OF PROCEEDING:** | This is an informal conference before a Special Conference Committee ("Committee") of the Board. |
| **DATE AND TIME:** | **May 13, 2026**<br>**11:00 A.M.** |
| **PLACE:** | Virginia Department of Health Professions<br>Perimeter Center - 9960 Mayland Drive<br>2nd Floor - Virginia Conference Center<br>Henrico, Virginia 23233 |

## LEGAL AUTHORITY AND JURISDICTION:

1. This informal conference related to Sasa-Grae Muyco Espino, M.D. ("Respondent"), is being held pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10). This proceeding will be convened as a public meeting pursuant to Virginia Code § 2.2-3700.

2. At the conclusion of the proceeding, the Committee is authorized to take any of the following actions:

- Dismiss the case and exonerate you;
- Reprimand you;
- Require you to pay a monetary penalty;
- Place you on probation and/or under terms and conditions;
- Refer the matter to the Board of Medicine for a formal administrative hearing.

## ABSENCE OF RESPONDENT AND/OR RESPONDENT'S COUNSEL:

If you and/or your legal counsel do not appear at the informal conference, the Committee may proceed to hear this matter in your absence and may take any of the actions outlined above.

## RESPONDENT'S LEGAL RIGHTS:

You have the following rights:

- The right to the information on which the Committee will rely in making its decision;
- The right to be represented by counsel at this proceeding; and
- The right to present relevant evidence on your behalf.

## INFORMAL CONFERENCE MATERIALS:

- The informal conference materials (documents) serve as the basis for the allegations against you. The Committee will consider these materials at the informal conference.
- **These materials have been sent to you via certified mail/UPS. You may be required to sign for these documents at the post office.**
- **Bring this Notice and the documents with you to the informal conference.**

## FILING DEADLINES:

- The deadline for filing any materials you wish to have considered at the informal conference is **April 28, 2026**. ***Please submit 8 copies. Your documents may not be submitted by facsimile or email.***
- Submit all correspondence to **Tamika Hines, Discipline Case Manager**, Board of Medicine, **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233**.
- Include the case number in all correspondence.

## REQUEST FOR A CONTINUANCE:

- Deadline for requesting a continuance: **April 20, 2026**
- Must be made in writing to **Jennifer Deschenes, Deputy Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, VA 23233**
- Will be granted only for good cause shown.

## STATEMENT OF ALLEGATIONS

The Board alleges that:

1. Sasa-Grae Muyco Espino, M.D., violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (18) and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine ("Regulations"), in the care and treatment of Patient A, a 68 year-old female, at the Richmond Breast Center ("RBC") and Chippenham Hospital in 2023 and 2024. Specifically:

a. Patient A presented for a consultation with Dr. Espino at RBC on August 22, 2023, with a history of breast surgeries performed by another physician, specifically bilateral total mastectomy and left axillary reconstruction with placement of expanders in November 2022, and removal of the right expander due to infection in January 2023. In the Surgical History section of the progress note from this appointment, Dr. Espino failed to document all of Patient A's prior breast procedures, and there is no indication in her note whether she reviewed any such records. Dr. Espino's progress note from this date described the physical exam of the breasts as "Symmetric, no masses, abnormal secretions, erythema, induration, tenderness, ecchymosis, skin changes, or axillary lymphadenopathy, normal NAC [nipple-areolar complex]," although photos taken that day indicate non-symmetric appearance and abnormal NAC from the prior surgeries. At the conclusion of the initial 45-minute consultation, Dr. Espino documented the following treatment plan: "Will schedule RIGHT breast muscle sparing latissimus dorsi flap w expander placement."

b. On October 3, 2023, Patient A returned to RBC to discuss her upcoming surgery, which already had been scheduled. In the progress note for this office visit, Dr. Espino described the physical exam of the breasts significantly differently than she had at the first appointment: "asymmetric. b/l skin sparing mastectomy incisions healed. no expander in the right mastectomy pocket. left mastectomy pocket w expander in place. right mastectomy without implant, skin laxity laterally." At the

conclusion of this 20-minute visit, the plan for Patient A remained the same: "She is scheduled for R breast muscle sparing latissimus dorsi flap w expander placement on 12/4/23."

c. On January 4, 2024,[1] Patient A presented to Chippenham Hospital for surgery. The informed consent document that she signed described the procedure as a "right breast muscle sparing latissmus [sic] dorsi flap with expander" (in plain language, "Right breast expander with tissue flap").[2] However, in an interview with the Department of Health Professions ("DHP") investigator, Patient A stated that after she arrived at the pre-op area, changed into a gown, and had been given an IV, Dr. Espino approached her. Dr. Espino, who was wearing a mask and surgical gown, told Patient A that she had "been thinking about something. How about we just move some tissue around and do not do the expander today." Dr. Espino then pointed to Patient A's side, stating, "let's pull tissue from here to here," although this was not the plan they discussed previously. Patient A stated she was caught off guard and verbally agreed, although she did not have time to think about it. Patient A's hospital chart does not contain informed consent for such a change to the surgical plan.

d. On January 4, 2024, Dr. Espino performed a right breast muscle sparing latissimus dorsi flap procedure without placing an expander. Her operative note does not mention that the original surgical plan had changed or the reason for such change.

e. In a written statement provided to the DHP investigator regarding the care and treatment she provided to Patient A, Dr. Espino said that after beginning dissection of the right breast:

> I became concerned that [Patient A] would be at a high risk of infection due to the substantial amount of scarring I had to dissect as well as her prior expander infection. Instead of proceeding with the expander placement, I closed the flap to allow [Patient A] time to heal and lessen her risk of suffering an infection. Following the procedure, I discussed my intraoperative findings and plan for [a] subsequent expander placement procedure with [Patient A], and she expressed her agreement with this plan.

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[1] In early November, Patient A had called RBC to reschedule surgery from the December date.

[2] Dr. Espino signed the surgical informed consent form at 0700 on the day of surgery, attesting "to having explained the anticipated benefits, material risks, and alternative methods of treatment of the above-identified procedure… with the patient."

Dr. Espino did not document these intraoperative findings or having a conversation with Patient A at the hospital after surgery.

f. At her first three post-op appointments at RBC, Patient A saw Dr. Espino's nurse practitioner; she did not have an office visit with Dr. Espino until approximately two months after surgery, on March 12, 2024. The HPI section of Dr. Espino's office note from this appointment remained unchanged from the patient's initial appointment in August 2023, and the note does not include any post-surgical photos. Dr. Espino documented the physical exam as follows: "Right posterior/lateral/anterior surgical incisions intact, healed well." She further noted: "Patient is doing well[.] She is healing well[.] Discussed expander to implant procedure in detail[.]… Follow up in 2 months." In this note, Dr. Espino did not address the appearance or location of the transplanted tissue. In her written Complaint to DHP, Patient A stated that during her follow-up appointments at RBC, she "expressed concerns of the extensive incisions, discomfort of placement of the [transplanted] area and limited mobility," as well as concerns about the number of procedures that would be required going forward, but Dr. Espino responded, "they are healing well" and asked the patient when she wanted to schedule expander placement which, as Patient A noted in her Complaint, "was the original plan [for] surgery [that] she changed at the last minute." Patient A further noted that Dr. Espino told her there was "not enough space to put in breast implants," although no such information is included in Dr. Espino's progress notes. At the March 12, 2024 appointment, Dr. Espino also referred Patient A for physical therapy to "regain full range of motion postop" in "upper extremity," but she did not note any specific complaints or symptoms to justify such, and the musculoskeletal physical exam, including range of motion, was documented as normal. Nothing in Patient A's chart indicates whether she subsequently received physical therapy from this referral.

g. Patient A saw Dr. Espino again approximately four months post-surgery, on May 7, 2024. That day, Dr. Espino discussed "b/l implant recon[struction] revision procedure in detail along

w post-op care/restriction," and noted, "[Patient] Will schedule procedure w RBC staff," although she failed to document any details of the surgical plan, such as whether the right breast would need an expander placed first and/or how many surgeries would be required in total, the size of implants that had been discussed with the patient, and the type of outcome Patient A could expect given her extensive surgical history. Further, in this note, Dr. Espino again failed to address the location or appearance of the transplanted tissue. Shortly after this appointment, on May 20, 2024, Patient A spoke with RBC staff and scheduled the revision surgery for September 6, 2024.

h. Dr. Espino's RBC progress notes and hospital records for Patient A are inaccurate and/or incomplete. For example:

- Dr. Espino's progress notes include significant amounts of repeated information copied from visit to visit. For example, in every progress note, the HPI was duplicated without change. Additionally, in every progress note, including post-surgery, the following Interval History description remained unchanged from the patient's first visit: "Patient presents with: Breast reconstruction consult. She was referred for diagnostic imaging which is detailed below. She denies any palpable masses, nipple discharge, skin changes or axillary adenopathy. Breast pain: no." Other than these notes, there are no indications in the chart that the patient was referred by RBC staff for any diagnostic imaging.

- The Psychological section in the Review of Systems in every progress note indicated "no mood disorders," although at the patient's second appointment (October 3, 2023), Auvelity (dextromethorphan/bupropion), a medication indicated for major depressive disorder, was added to the current medication list.

- Patient A's chart from RBC does not include her allergies/adverse reactions to codeine and oxycodone, which according to Chippenham Hospital records, caused hallucinations/ psychosis. The Chippenham Hospital anesthesiology record also indicates that the patient was taking Celexa (citalopram) and lorazepam, although these were not listed in her RBC chart.

- Neither the RBC chart nor Chippenham Hospital record contains documentation of pre-surgical medical clearance reviewed by Dr. Espino, such as from Patient A's primary care provider, for this 68 year-old patient. Additionally, the same day surgery H&P completed by Dr. Espino is extremely limited and does not list current medications, medication allergies, or vital signs.

- Dr. Espino's operative note lacks sufficient details, such as the precise anatomical location and length of each incision, suture type and size used, the location and depth of suture placement, and the closure techniques used.

- In a written statement provided to the DHP investigator, Dr. Espino said that when Patient A expressed concern about requiring additional surgery and "appeared unsatisfied" at a post-surgical office visit, she "recommended [Patient A] might benefit from seeking a second opinion with another provider to ensure she felt satisfied with her care." However, Dr. Espino failed to document any such conversation or recommendation in Patient A's chart.

i. On July 24, 2024, Patient A saw a plastic surgeon ("MD-1") for a second opinion. At that appointment, Patient A reported "nearly constant" painful and tight-feeling scars from the right latissimus flap, in addition to a poor cosmetic outcome from the surgery performed by Dr. Espino. MD-1 noted on exam that the left breast -- operated on prior to Patient A presenting to Dr. Espino -- had an intact tissue expander in good position and the skin was of reasonable quality. In contrast, MD-1 described the right breast -- which Dr. Espino had operated on -- as having "severe deformity," including "no breast mound is present where the breast footprint should lie." Further, "there is NO visible skin island from the purported latissimus myocutaneous flap; the bulk of the LD flap appears to be completely buried, and sitting in the region of the mid axillary lines; the flap is nowhere near where the breast footprint should be located, it does not even overlap[.]" MD-1 also noted extensive, tight scarring. In his Assessment/Plan, MD-1 described the following:

> Severe deformity of right breast after latissimus flap by another surgeon [Dr. Espino], which in my opinion, was performed so poorly that it is not consistent with the standard of care. The resultant scars on her back, some of which would seem to me to be unnecessary, are symptomatic due to pain and pulling sensation. The latissimus flap did nothing to help reconstruct this patient's right breast. … For the right, [Patient A] will need significant revisions. This will require multiple procedures in all likelihood."

MD-1 described the projected course of treatment on the right as removing the mislocated tissue, followed by tissue-expander placement and subsequent expansion in the office, and eventual exchange with an implant. He further noted, "We may consider imaging her chest as well, to see what tissues are present from the prior purported latissimus flap procedure, and where they are located." Shortly after this

appointment, on August 6, 2024, Patient A called RBC to cancel the revision surgery that had been scheduled with Dr. Espino for September 6, 2024.

j. On January 24, 2025, MD-1 performed a revision of reconstructed right breast with latissimus flap debridement, and delayed reconstruction of the right breast with prepectoral tissue expander and acellular dermal matrix allograft placement. In his operative note, MD-1 described debulking the "completely malpositioned" latissimus flap from the prior surgery, noting that there was "no muscle associated with this flap."[3] After dissecting the tissue, he noted, "This flap could not be advanced medially into appropriate position, as it was nowhere near a position appropriate for a breast mound." Ultimately, he removed the tissue, which measured approximately 15 cm x 10.5 cm x 2 cm (i.e., approximately 6" x 4" x 1") and weighed 225 grams (i.e., nearly 8 ounces).

k. In her interview with the DHP investigator in January 2025, Patient A stated that since Dr. Espino's surgery, she has experienced pain on her right side, is not able to lie on her right side, and had not been able to get out of bed by herself until recently. She also noted extensive scarring from that surgery.

2. Dr. Espino violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (18) and 18 VAC 85-20-26(C) of the Regulations in the care and treatment of Patient B, a 51 year-old female, at RBC and Chippenham Hospital between 2023 and 2025. Specifically:

a. Patient B presented to RBC on July 17, 2023, for a consultation about removal of her bilateral cosmetic breast implants, one of which had ruptured and both of which were over 25 years old. During this appointment, Patient B saw Dr. Espino's nurse practitioner. The nurse practitioner discussed the patient's recent mammogram, which showed scattered areas of fibroglandular tissue and

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[3] In her operative note, Dr. Espino had written that "The muscle-sparing latissimus dorsi flap was raised inferiorly and was kept connected to a 3cm cuff of latissimus dorsi muscle that encompassed the descending branch of the thoracodorsal artery, as demonstrated by repeat intraoperative ultrasound."

collapse of the left implant.[4] The nurse practitioner also documented the patient's report of prior negative results to genetic testing for breast cancer mutations, and benign results from a 2005 lumpectomy. In a written statement submitted to the DHP investigator, Patient B said that the nurse practitioner told her "that Dr[.] Espino had looked at my files and I was high risk for breast cancer and I was better off doing a double mastectomy," as compared with simply removing the implants. Patient B further said she had informed the providers that her BRCA testing had been negative, but "Dr[.] Espino said it didn't matter." At the conclusion of this 60-minute appointment, the nurse practitioner made the following treatment plan: "Will schedule risk-reduction mastectomy w saline implant removal and immediate mentor [brand] silicone implant reconstruction with RBC staff."

b. On or about August 4, 2023, a scheduling request signed by Dr. Espino was sent to Chippenham Hospital to schedule Patient B for surgery on August 28, 2023 due to "high risk breast cancer." The pre-op orders, also signed by Dr. Espino the same day, state: "I have discussed bilateral nipple sparing mastectomy with implant reconstruction with [Patient B] including risks, benefits and alternatives to treatment and he/she consents." However, there is no indication in Patient B's RBC chart that Dr. Espino had met or spoken with Patient B as of the date on this document.

c. Six days before the scheduled surgery, on August 22, 2023, Patient B returned to RBC and met with Dr. Espino for "Pre-Surgery Talk." Dr. Espino's progress note from this appointment was virtually identical to the note prepared by the nurse practitioner at the prior appointment, including listing the same 10-year and lifetime breast cancer risk figures that the nurse practitioner had calculated (7.5% risk over 10 years and 24.1% lifetime risk, as compared with peer group risks of 2.7% and 9.2%, respectively). After a 20-minute appointment, Dr. Espino described the planned surgery as "b/l NSM

[4] The patient's RBC chart, as provided to the DHP investigator, did not include the complete imaging report from the July 11, 2023 mammogram.

[nipple sparing mastectomy] with implants procedure." There is no indication in the note that Dr. Espino had discussed with the patient the size of implants to be placed during the procedure.

d. Without having appropriately advised Patient B of the risks of surgery as compared with the expected benefits, as well as alternative treatment options, on August 28, 2023, Dr. Espino performed a bilateral nipple-sparing mastectomy with direct-to-implant based reconstruction for a diagnosis of "high risk for breast cancer." Dr. Espino recommended and proceeded with this surgery despite the fact that Patient B (i) lacked any known genetic mutation placing her at greater risk for developing cancer, (ii) lacked a strong family history of multiple first- or second-degree relatives who had developed breast cancer, (iii) did not have a history of high-radiation treatment to the chest area, which can increase the risk for cancer, (iv) had no history of lobular carcinoma in situ, which indicates a heightened risk of cancer, (v) had no personal history of breast cancer, and (vi) lacked a lifetime risk for developing breast cancer sufficiently high to weigh in favor of prophylactic mastectomy as compared with close monitoring.

e. After surgery, Patient B followed up at RBC with Dr. Espino's nurse practitioner on 14 occasions between September 2023 and June 2024. The initial appointments were focused on wound care, but between the November 8, 2023 and February 6, 2024 appointments, Patient B was involved in a motor vehicle accident, resulting in tenderness to her right upper breast/lateral lower chest area, likely from the seat belt. At the February 6, 2024 appointment, the nurse practitioner documented the following from her physical exam of Patient B: "Left breast fuller in upper pole. Right upper lateral breast/upper chest TTP [tender to palpation]. +Denting upper pole right breast. medial aspect of right breast IMF [inframammary fold] w 0.5cm x 0.5cm open wound has finally healed." She also documented that the patient "has had setbacks since MVC. Discussed concern for mild contracture on left and the denting on right that is giving her pain. Discussed potential surgical options if they would not improve[,]

if needed." That day, the nurse practitioner assessed a contusion of the right breast and prescribed cyclobenzaprine and Toradol. At an appointment on April 9, 2024, the nurse practitioner noted that Patient B "now has capsular contracture on left and chronic right breast/chest pain. Discussed b/l implant recon[struction] revision, R fat grafting procedure in detail along w post-op care/restrictions. Patient is scheduled for procedure on 8/12/24." There is no indication in the RBC chart that Patient B had seen or spoken with Dr. Espino about having a second surgery prior to it being scheduled.

f. At another office visit with the nurse practitioner, on June 18, 2024, Patient B reported "a 'bubble' in left breast. Left breast/chestwall [sic] have become increasingly tender over past few weeks as well as she feels like breast has gotten smaller. She is concerned about intactness of her implant post MVC." At this appointment, the nurse practitioner ordered an MRI to check the status of the implants, with attention to the left for "Concern for inappropriate orientation vs disruption of shell from MVC."[5] On or about August 13, 2024, a scheduling request signed by Dr. Espino was sent to Chippenham Hospital to schedule surgery on August 19, 2024,[6] due to "high risk for breast cancer." The pre-op orders form, signed by Dr. Espino on August 12th, states: "I have discussed Bilateral Breast Implant Reconstruction Revision, Bilateral Breast Fat Graft with [Patient B] including risks, benefits and alternatives to treatment and he/she consents." However, there is no indication in Patient B's chart from RBC that Dr. Espino met with or spoke to Patient B about this procedure prior to signing the pre-op orders.

g. On August 19, 2024, Dr. Espino performed her second surgery on Patient B at Chippenham Hospital. The operative note is inaccurate and/or incomplete. For example, the operative note described the procedure as bilateral breast capsulectomies for a diagnosis of "high risk for breast cancer." In fact, the patient's risk for cancer was extremely low following the prophylactic double

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[5] Patient B underwent an MRI to "Evaluate implant status" on July 23, 2024, but there is no indication in her RBC chart that the results were discussed with her prior to surgery on August 19, 2024.
[6] It is not clear from the RBC chart why this surgery was moved back by one week from its original August 12, 2024 date.

mastectomy. Further, the body of the operative note explained the indication for surgery differently: "[Patient] developed bilateral breast capsular contracture, baker grade IV, after being involved in a car crash. she desired capsulectomies with implant replacement for symptom relief." As another example, Dr. Espino's written response, submitted to the DHP investigator on June 9, 2025, stated, "During the procedure, [Patient B] also received bilateral fat grafting as fat was removed from her belly and put into her breast/upper chest area"; however, the operative note makes no mention of fat harvesting or grafting. The note also fails to mention the size of the implants that were placed during this procedure.

h. Patient B followed up post-operatively with the nurse practitioner on August 27, 2024; September 3, 2024; and September 19, 2024. At the latter appointment, the nurse practitioner noted the patient was concerned about "asymmetry on right breast," and they discussed "expected lower success rate for fat grafting and sometimes need for repeated fat grafting." That day, the treatment plan was documented as "Will schedule procedure w RBC staff." Four days later, on or about September 23, 2024, a scheduling request signed by Dr. Espino was sent to Chippenham Hospital for a "Right Breast Fat Graft," to take place on October 25, 2024, due to "high risk for breast cancer." The pre-op orders form, signed by Dr. Espino the same day, states, "I have discussed Right Breast Fat Graft with [Patient B] including risks, benefits and alternatives to treatment and he/she consents." As with the patient's second surgery, however, there is no other indication in Patient B's RBC chart that Dr. Espino met or spoke with her about the need for another surgery prior to the submission of the pre-op orders, nor is there any indication that Dr. Espino saw the patient prior to the date of the third surgery.[7]

i. Chippenham Hospital's informed consent form for the third surgery describes the October 25, 2024 procedure as "right breast fat graft" -- as had been discussed at the last three office visits

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[7] Patient B had additional office visits at RBC with the nurse practitioner on October 1, 2024 and October 16, 2024. The nurse practitioner's notes from these two appointments describe the upcoming surgery as "R breast fat grafting."

with the nurse practitioner -- but that phrase was crossed out and replaced with "bilateral breast reconstruction revision" (in plain language, "lifting height, flip left implant"). On the day of surgery, Patient B signed this form at 0700, while Dr. Espino signed it at 0800; it cannot be determined from the face of the document when the description of the procedure was altered, although the patient did appear to have written her initials near the revised wording. Dr. Espino's operative note from the October 25, 2024 surgery makes no mention of fat grafting, but states that the patient underwent a bilateral breast reconstruction revision with implants to treat "capsular contracture and... symptom relief."

j. In her Complaint to DHP, Patient B described being told that "One of my fat graft[s] didn't take [and] she said it's a simple fix. In and out to come back. I looked lopsided. So on 10-25-2024 I went in for a simple fat graft and all hell broke loose when she saw me. Surgery got changed," resulting in her third major surgery within 14 months.

k. After her third surgery, Patient B had four follow-up appointments at RBC in November and December 2024, for wound care and continued complaints of pain on the left. During this time, she was prescribed Toradol, lidocaine patches, and Keflex by Dr. Espino or her nurse practitioner, although the dates for each prescription are not clear, as the RBC progress notes include significant amounts of information duplicated from visit to visit. At an office visit with the nurse practitioner on December 23, 2024 (2 months after her third surgery), Patient B was prescribed #28 oxycodone 5mg (Q6H) for "acute postoperative pain."

l. At an office visit on December 31, 2024, Dr. Espino refilled Patient B's prescriptions for oxycodone, Toradol, and Keflex, and instructed her to return on January 10, 2025 for suture removal. On January 10th, Patient B was seen at RBC by MD-2, a general surgeon specializing in breast oncology, who noted:

> [T]his patient is new to me. She had surgery by a surgeon -- Dr. Espino -- who has not been my associate and for whom I do not provide coverage. I do not perform nor do I usually provide post

> op care for breast reconstruction, I am seeing the patient because Dr. Espino did not arrange for appropriate follow up for care for her patient and the patient needed to be evaluated and have suture removal.

Dr. Espino did not document informing Patient B that she would no longer be available and that the patient would be seen by a different physician. Moreover, in her written statement, Dr. Espino admitted that she had not arranged for equivalent coverage for her patients when she left RBC, writing that, "Following my departure, there were no surgeons who specialized in Oncoplastic Surgery handling bilateral mastectomies and immediate reconstruction to my knowledge...."

m. At the January 10, 2025 appointment, MD-2 informed Patient B that, based on her own evaluation, if the patient had come to her prior to undergoing the first surgery, she would not have recommended risk-reducing mastectomies, but rather would have advised annual mammography and a high-risk breast-cancer MRI, lifestyle modifications to lower risk, and possible endocrine therapy. MD-2 further noted that had the patient come in specifically requesting surgery, "I would have had a long discussion with her regarding alternatives, the potential complications of this operation, and would have had at least several discussions with her over the course of multiple visits before proceeding with risk-reducing mastectomies." In response to Patient B's concerns regarding her surgical outcome (cosmesis and asymmetry), MD-2 referred her to a plastic and reconstructive surgeon.

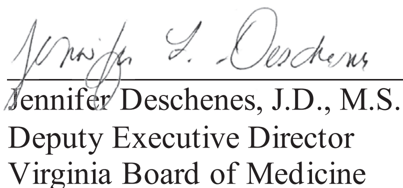
n. Patient B subsequently consulted with a plastic and reconstructive surgeon affiliated with a university medical system ("MD-3"). At an office visit on April 14, 2025, Patient B reported that her left breast had become increasingly uncomfortable and painful. Upon physical examination that day, MD-3 noted deformity suggesting the bilateral implants were malpositioned (flipped). MD-3 also noted that the left side implant had a modified Baker stage IV capsular contracture and there was significant thinning in the upper-pole area on that side. She further reported a modified

Baker stage II/III capsule on the right, and noted that the right implant was inferolaterally displaced as compared to the left, with significant superomedial chest hollowing.

o. Patient B stated that due to the surgeries performed by Dr. Espino, she had delayed wound healing and was unable to work from approximately August 2024 through early January 2025. She also expressed concern about needing additional surgery going forward.

3. Dr. Espino violated Virginia Code § 54.1-2915(A)(18) and 18 VAC 85-20-280(A)(1) of the Regulations in that, within 30 days of changing employment she failed to update her Virginia Practitioner Profile (located at www.vahealthprovider.com). Specifically, as of March 6, 2026, Dr. Espino's Profile continued to list her primary practice address as RBC in Richmond, Virginia, with a secondary address at an RBC office in Fredericksburg, Virginia. By her own admission, however, Dr. Espino left RBC at the end of December 2024, and since that time has been employed as a locum tenens oncoplastic breast surgeon in Montgomery, Alabama.

See Confidential Attachment for the names of the patients and individuals referenced above.



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director
Virginia Board of Medicine

4/7/2026
Date