

1 MS. NEWMAN: And the last of those  
2 was in --

3 MR. KAFRISSEN: July of '97.

4 MS. NEWMAN: Okay.

BY MR. KAFRISSEN:

6 Q. So tell me '95 to '97 tell me what do you consider  
7 to be postoperative symptoms, you told me postoperative  
8 is things patient experience, what is that, explain it?

9 A. Postoperative symptoms include loss of best  
10 corrective visual acuity. Need I explain what that is?

11 Q. Sure?

12 A. Best corrective visual acuity means the best  
13 vision the patient is able to get with glasses or  
14 contact lenses.

15 Q. Okay.

16 A. And loss of best corrective visual acuity means  
17 that even with glasses or contact lenses the patient  
18 can't see as well before -- after surgery, as he did  
19 before surgery so that's the loss of best corrective  
20 visual acuity.

21 Q. Anything else?

22 A. Sure. Glare, halo symptoms, star burst.

23 Q. Okay.

24 A. Undercorrection, overcorrection.

1 A. They begin to diminish.

2 Q. Do they ultimately disappear?

3 A. Usually, but not always.

4 Q. Overcorrection, you said, is common in the first  
5 few days?

6 A. Yes.

7 Q. And then what happens with overcorrection?

8 A. With healing, the amount of correction diminishes  
9 usually to the intended correction.

10 Q. When you were performing surgery in 1995, 1996,  
11 1997 and what you had learned in your training, is  
12 there any degree of overcorrection that you would  
13 consider to be undesirable?

14 A. Yes.

15 Q. And what is that?

16 A. If the patient remains overcorrected after the  
17 three month healing period, that's not what we wish.

18 Q. You mentioned these all under postoperative  
19 symptom as opposed to surgical complications, where  
20 would you put decentration?

21 A. Surgical complications.

22 Q. Do you know what the rate of occurrence of  
23 decentration is?

24 A. Worldwide?

1 Q. Okay.

2 A. Foreign body sensation. I can't think of any  
3 others.

4 Q. Can you tell me what is the rate of occurrence of  
5 these post operative symptoms in your experience?

6 A. Each one? They all have different rates of  
7 occurrences.

8 Q. How about glare?

9 A. It depends how long you've been in postoperative.

10 Q. Why is that?

11 A. Because I expect everyone to have certain  
12 symptoms at first.

13 Q. What symptoms do you expect people to have at  
14 first?

15 A. Everybody should have a foreign body sensation  
16 the first night.

17 Q. Okay.

18 A. A scratchy feeling. Everybody should glare,  
19 halo, and star bursts in the first couple of weeks.  
20 Most people are overcorrected for the first few days,  
21 some longer.

22 Q. After the first couple of weeks, you said glare,  
23 halo, star burst, what happens to most people after the  
24 first couple of weeks with the glare, halos?

1 Q. Yeah, just generally?

2 MS. NEWMAN: Between 1995 and 1997?

3 THE WITNESS: I don't.

4 BY MR. KAFRISSEN:

5 Q. The post operative symptoms, would you agree with  
6 me, that they can be caused by surgical complications?

7 A. They can.

8 Q. Well, that's what my question is. Can they be  
9 caused by surgical complications?

10 MS. NEWMAN: She said they can.

11 THE WITNESS: That is one cause.

12 Surgical complications are one possible  
13 cause of symptom.

14 BY MR. KAFRISSEN:

15 Q. What are other causes of postoperative symptoms?

16 A. Sometimes they occur in the absence of surgical  
17 complications.

18 Q. In 1997, when a patient was sent to you by an  
19 optometrist, was this any arrangement for fee splitting  
20 between you and the optometrist?

21 MS. NEWMAN: I'm going to object and  
22 instruct her not to answer that question.  
23 When you ask a question about fee splitting  
24 between medical practitioners, I believe,