

1 of the procedure?

2 A. Yes.

3 Q. How does an irregular astigmatism occur during
4 the lasik procedure, how can it occur?

5 A. Certain flap complications can result in an
6 irregular astigmatism.

7 Q. With regard to Cheryl Fiorelli did she have an
8 irregular astigmatism following the 3/20/97 lasik
9 procedure, in your opinion?

10 A. I can't state that without a hard contact lens
11 refraction, I can't answer that.

12 Q. You said an irregular was not correctable with a
13 spectacle, but it was correctable with a contact lens?

14 A. With a hard contact.

15 Q. With a hard contact. Is there any type of
16 astigmatism that is not correctable with a spectacle or
17 contact lens?

18 A. No.

19 Q. So everything is correctable with something?

20 A. With a rigid contact lens, correct.

21 Q. Okay. During the first meeting with Cheryl, did
22 you assess her as a surgical candidate at that point?

23 A. No.

24 Q. When did you next see her?

1 A. 2/18/97.

2 Q. Tell me on 2/18/97 what did you do?

3 A. I examined her and noted that she still had giant
4 papillary conjunctivitis that she still had superior
5 pannus extending 1.7 millimeters onto the cornea for
6 much of the cornea, and extending 2.5 millimeters onto
7 the cornea in one area in the left eye. But that the
8 there was no staining.

9 Q. Okay.

10 A. And that the pannus looked a little less
11 succulent.

12 Q. Meaning?

13 A. The vessels extended but they weren't quite as
14 thick.

15 Q. Was that an improvement over 2/10?

16 A. Yes. The staining was gone.

17 Q. And the staining, was that the break in the
18 epithelial layer?

19 A. That's right.

20 Q. Is there any significance to the measurement in
21 the superior pannus still being 1.7 and 2.5?

22 A. Yes. It's still a lot of pannus. There's
23 evidence that there could still be some -- that the
24 cornea has not recovered completely.

1 Q. What was your impression that day?

2 A. My impression that day was that there was no
3 staining. That there was still pannus especially at
4 11:00 in the left eye. That there was giant papillary
5 conjunctivitis especially in the right eye. That there
6 was high myopia and there were large pupils and that
7 there was question of subclinical keratoconus in the
8 right eye, which I doubted.

9 Q. What's that?

10 A. That is a significant corneal asymmetric which I
11 considered and decided she didn't have.

12 Q. Topography, what did you do for the topography?

13 A. What is topography?

14 Q. Yeah.

15 A. Topography is a measurement of your shape of the
16 cornea and also the curvature of the front of the
17 cornea and both shape and curvature are mapped.

18 Q. How are they mapped, is it a computer you're
19 talking about, a diagram you just draw yourself, where
20 are they?

21 A. No, they're printed out. The shape and curvature
22 are measured. Do you want to know how the computer
23 does it?

24 Q. No, what I want to know is, are they done? Where

1 are they? You're showing me a colored diagram, just
2 explain it to me?

3 A. Okay. This is the shape of the left cornea, this
4 is height, and this is curvature. The lower areas are
5 blue and purple, the higher areas are red and yellow
6 and the in between is green. And this shows that it
7 was lower, above, and below, and higher at the two
8 sides neighboring it intensely which is a symmetrical
9 pattern of the astigmatism.

10 Q. Okay.

11 A. And this is curvature and it's showing where the
12 cornea is steeper and where it is fatter and where it
13 is steeper above and below which again, it is the same
14 pattern of astigmatism.

15 Q. The diaphragm that you're referring to, is that
16 actually the drawing that was done on the 18th or is
17 that another one?

18 A. This was not done on the 18th, no.

19 Q. Is there one that you have that was done on 18th?

20 A. Probably.

21 MR. KAFRISSEN: You know, while I'm
22 at it, why don't we mark the doctor's chart
23 as Nevyas-Wallace 2 and the Delaware Valley
24 Institute Record as Nevyas-Wallace 3.