1 (Whereupon Exhibits Nevyas-Wallace 2
2 and 3 were marked for identification.)
3 MS. NEWMAN: What was the question?
4 MR. KAFRISSEN: The doctor was
locating the 2/18 topography.
6 THE WITNESS: I have the 2/18
7 topography.
8 BY MR. KAFRISSEN:
9 Q. The 2/18 topography, what did you learn as a
10 result of reading the 2/18 topography?
11 A. I learned that there was astigmatism. It showed
12 what astigmatic axis is.
13 Q. Okay.
14 A. And that was completely symmetrical in the left
15 eye and almost completely symmetrical in the right eye.
16 Q. What do you mean by oblique astigmatism in the
17 note?
18 A. Oblique means not perfectly vertical or perfectly
19 horizontal. Anything other than perfectly vertical or
perfectly horizontal is oblique.
21 Q. And what do you mean by oblique astigmatism?
22 A. The meridian, the axis of the astigmatism, is not
23 90 degrees and it's not 0 degrees, it's something else.
24 Q. You did a refraction that day the 2/18?

A. Yes, I did.
Q. You also did a vision test?
3 A. Yes.
4 Q. And if you can just explain to me why this vision
5 with correction differs from the vision that you came
6 up with, with the refraction?
7 A. First, I should mention that, that is Dr.
[illegible]erling's refraction, not my own.
9 Q. Now, which refraction are you referring to?
0 A. 2/18, Dr. Sterling did a refraction.
1 MS. NEWMAN: Why don't we clear this
2 up, did you do a refraction on 2/18?
3 THE WITNESS: No, I didn't.
4 BY MR. KAFRISSEN:
5 Q. Dr. Sterling did the refraction?
6 A. Yes.
Q. And who is Dr. Sterling?
A. An optometrists who is a member of our staff.
Q. The vision test, was that done by you or someone
else?
A. One of the technicians, someone else.
Q. And your impression was high myopia, what's the
significance of high myopia?
A. That she is highly nearsighted.

1 Q. Is there any significance to high myopia with
2 regard to the surgery that you had discussed with her
3 on February 10?
4 A. I don't understand the question.
5 Q. Does it matter to you how the degree of her
6 myopia in considering whether to perform surgery on her
7 or not?
8 A. Yes.
9 Q. And why is that?
10 A. Because we need to set the laser to correct the
11 amounts of myopia, it's important to know how much
12 myopia there is.
13 Q. Okay.
14 A. And we need to determine candidacy.
15 Q. Now, large pupils, you put your impression, why
16 did you put large pupils into your impression?
17 A. Because in assessing candidacy we base that
18 partly on deciding what the likelihood of the patient
19 having any sort of postoperative symptom and that's
20 among the things we take into account.
21 Q. And that day you developed a plan?
22 A. The plan was to put her back on the Flarex.
23 Q. What is Flarex for?
24 A. It's an anti-inflammatory drop which she had been

1 on. I took her off that when she had corneal staining
2 because it's not going to heal well -- it would treat
3 the inflammation, and now that the epithelium is coming
4 along, we can treat the inflammation and I put her on
5 the Flarex and I kept her on the tears.
6 Q. She was to return in two weeks?
7 A. Yes.
8 Q. Did she return in two weeks?
9 A. Yes.
10 Q. When she returned in two weeks, that was the 3/3
11 visit?
12 A. 3/3.
13 Q. Her vision was essentially -- no, one better, I
14 guess, in her left eye. Tell me what you did when you
15 saw her on 3/3?
16 A. Well, I noted that her soft contact lenses had
17 now been out for a month. The technician checked her
18 vision -- do you want me to read you everything that
19 the technician wrote?
20 Q. Well, that's what I wanted to know is who is
21 doing what?
22 A. The technician checked her vision and it was
23 20/70 in the right eye, 20/70+2 in the left. No
24 improvement with pinhole, the drops she was on were the