

- 1 Q. Okay.
- 2 A. Because the rays of light that are being bent are
3 eliminated by the pinhole.
- 4 Q. What did the pinhole tell you on March 3?
A. No improvement with the pinhole.
- 6 Q. Did you have any discussions with Cheryl on the
7 3rd of March?
8 A. Yes.
- 9 Q. Do you recall the substance of those discussions?
10 A. I do.
- 11 Q. What did you discuss on that day?
12 A. We discussed in detail that her best corrected
13 visual acuity is not expected to improve with surgery.
- 14 Q. Okay.
- 15 A. And that her best corrected visual acuity is
16 based on other aspects of her eyes aside from her
17 nearsightedness; that surgery could correct her
18 nearsightedness but wasn't going to change the rest of
19 her vision pathway. We also discussed that --
- 20 Q. What do you mean it would correct her
21 nearsightedness but not the rest of her visual pathway?
22 A. For example, if her retina were preventing her
23 from having excellent vision, getting rid of the
24 nearsightedness wouldn't give her a better retina than

- 1 what she was born with.
- 2 Q. Can you quantify what vision you were expecting
3 then or you would expect then from surgery?
4 A. The only reason to do surgery was to improve her
5 uncorrected visual acuity.
- 6 MS. NEWMAN: Could you repeat that,
7 the only reason to do surgery was to
8 correct her --
- 9 THE WITNESS: Uncorrected -- to
10 improve her uncorrected visual acuity.
- 11 BY MR. KAFRISSEN:
- 12 Q. Define for me just so I know what this term is,
13 define for me visual acuity?
14 A. Visual acuity is the resolution -- how scientific
15 of a definition do you want?
16 Q. I want to know what it means.
17 A. The seconds of arc that individual is able to
18 distinguish.
- 19 Q. Okay. Now, if you were going to explain it to a
20 patient how would explain that?
21 A. How small of a line of printing can you read on
22 the eye chart with whatever lens is put in front of his
23 eye assuming that he has the best possible lens for
24 him. What's the smallest line he can read.

- 1 Q. Prior to the 3/20 surgery, did you have an idea
2 of what Cheryl would expect to get in her right eye in
3 terms of uncorrected visual acuity?
4 A. Yes. I told her it wouldn't be better than her
5 uncorrected acuity preop. And that her -- wait, did
6 you say uncorrected or best corrected?
7 Q. Uncorrected.
8 A. Uncorrected, I misunderstood --
- 9 Q. My understanding is the goal was to correct the
10 uncorrected visual acuity?
11 A. To improve the uncorrected visual acuity.
- 12 Q. Okay. What was the uncorrected visual acuity
13 prior to surgery?
14 A. Let me see if we have that recorded. We don't
15 have a direct measurement of that.
- 16 Q. The corrected --
17 A. I could tell you the uncorrected acuity
18 comfortable to a person with that degree of
19 nearsightedness.
- 20 Q. Okay.
21 A. Which would be finger counting very close to the
22 face.
23 Q. Okay.
24 A. Nothing on the chart.

- 1 Q. Now, the surgery to improve the uncorrected
2 visual acuity prior to surgery on the right eye, did
3 you have an expectation of what the vision would be
4 following surgery for the right eye?
5 A. Uncorrected?
6 Q. Uncorrected.
7 A. That would be improved.
- 8 Q. Did you quantify that in any way?
9 A. No.
- 10 Q. Did you ever discuss with Cheryl what she could
11 expect?
12 A. Yes.
- 13 Q. And what did you tell her?
14 A. I told her that best she could expect is vision
15 as good as she gets with her glasses only without her
16 glasses and that it might not be as good as that, but
17 that was the best she could hope for. And that she
18 might require a thin glass or a contact lens to give
19 her better vision.
- 20 Q. Is that what you told her? I had said to you, I
21 had been talking about the right eye, is that what you
22 told her for both eyes? What did you tell her for the
23 left eye that she could expect from surgery?
24 A. Same thing, what she could see with her glasses