

1 only without glasses was the best she could hope for.
 2 Q. Okay. So tell me what could she see with her
 3 glasses prior to the lasik 3/20 surgery in the right
 4 eye?

5 A. 20/70.

6 Q. And in her left eye what could she see with her
 7 glasses?

8 A. 20/70+2.

9 Q. Wait a minute, I think I said right eye, did I
 10 say right eye or left eye?

11 A. I think first you said right and then you said
 12 left.

13 Q. Oh, I did, okay, that's what I wanted to make
 14 sure. Let me go back to the 3rd of March. You had
 15 told me what measurements you had done that day, did
 16 you have further discussions with Cheryl that day about
 17 surgery?

18 A. Yes.

19 Q. On a day, March 3rd?

20 A. March 3rd, yes.

21 Q. Tell me what did you talk about then?

22 A. We talked about potential complications.

23 Q. Okay. What did you talk about?

24 A. I told her that I divide the potential

1 second was overcorrection. She could end up with
 2 farsightedness, and I told her that either the myopia
 3 or the astigmatism could be undercorrected or
 4 overcorrected.

5 Q. Okay.

6 A. We talked about glare and halo and star burst
 7 symptoms and I told her that everyone experiences those
 8 in the first couple of weeks. That I expect the person
 9 at highest risk for experiencing those is somebody with
 10 a high correction and somebody with large pupils and
 11 that her pupils were relatively large, larger than
 12 average, although they're not huge and that her
 13 correction was certainly high so that put her at risk
 14 for glare and halo symptoms. And I asked her whether
 15 she had glare and halo symptoms with her contact
 16 lenses, and she said, yes. And I said this will not
 17 get rid of them, that it could very likely get worse.
 18 And she said is there anything that can be done if they
 19 do, and I said, yes, we could give you pilo carpine
 20 drops which would make your pupils smaller and that
 21 often is helpful with glare and halo symptoms, they
 22 tend to get better with time, but they may not go away
 23 completely and they may be bothersome. And then we
 24 talked about a regular -- actually, no. We talked

1 complications of lasik in two groups, serious and rare
 2 complications is one group and less serious but less
 3 rare complications is the second group.

4 Q. Okay.

5 A. I told her that of the serious and rare
 6 complications, the first one to consider is infection.
 7 That with any operation anywhere in the body there is a
 8 risk of infection and that there's a possibility of
 9 getting an infection with an organism for which we have
 10 no antibiotic and that the eye could be lost. And she
 11 said to me, you mean I could go blind? And I said,
 12 yes, but I can't say that's the worst thing that could
 13 happen because you could die, nobody's died yet, but
 14 you could be the first.

15 Q. Okāy.

16 A. And then we talked about the possibility that the
 17 microkeratome could, instead of creating a thin flap,
 18 could go through the cornea and enter the eye and that
 19 the eye could be lost from that.

20 Q. Okay.

21 A. And then I told her that we would talk about the
 22 less serious but less rare complications. The first of
 23 which is undercorrection, meaning she could still have
 24 some of her nearsightedness after the surgery. The

1 about the loss of best corrected visual acuity and I
 2 told her that if possible that the vision she gets with
 3 her glasses might turn out to be better than what she
 4 gets with or without them after the surgery. That with
 5 any glass she may not be able to see after the surgery
 6 as well as she sees with her glasses before the surgery
 7 even if her uncorrected acuity is improved.

8 Q. Now, let me ask you this. In 1997, what were
 9 your hours like?

10 A. What were my hours?

11 Q. In the office, what were your hours?

12 A. What time of day was I seeing her?

13 Q. No.

14 MS. NEWMAN: He wants to know
 15 overall, in general what were your hours.

16 THE WITNESS: What time was I
 17 starting in the morning and until when was
 18 I seeing patients?

19 BY MR. KAFRISSEN:

20 Q. Yes.

21 A. Well, it varied from day-to-day, I almost always
 22 start at 8:00.

23 Q. Okay.

24 A. And then somewhere between 3:00 p.m. and 8:00