

1 sheet that you felt wasn't as it should be?

2 A. No.

3 Q. Did you consider Cheryl a good candidate for
4 lasik?

5 A. I considered her a good candidate with some -- as
6 long as she was aware of the things that I mentioned.

7 Q. Tell me what are the things you mentioned, again?

8 A. That her best corrective visual acuity was not
9 going to improve with surgery and was not high to begin
10 with. And that she might have a problem with glare and
11 halos.

12 Q. And the problem with glare and halo that you
13 mentioned, am I correct, that problem it's normal after
14 surgery that it fades and goes away with time?

15 A. Yes.

16 Q. And is that what you explained to her?

17 A. I explained that to her, as well as my special
18 concerns for her.

19 Q. And your special concerns for her --

20 A. Were that she might have persistent glare and
21 halo.

22 Q. Why did you consider her a good candidate for
23 lasik?

24 A. Because she was highly motivated, and had corneal

1 topography that did not disqualify her. Had pupil size
2 that was, although a little bit larger than normal, it
3 was not out of the realm of reasonable candidacy. And
4 because she seemed to consider her glasses to be quite
5 a handicap.

6 Q. Were there medical reasons for her to have this
7 surgery in your opinion?

8 MS. NEWMAN: Well, it's clear that
9 she's got a best corrected visual acuity of
10 20/70. She said that she considered
11 herself -- Dr. Nevyas-Wallace said that the
12 plaintiff considered herself a high
13 handicap with glasses other than what's
14 already been discussed.

15 BY MR. KAFRISSEN:

16 Q. Well, other than what we've already discussed, in
17 your opinion, when you were evaluating her medically,
18 did you think there were medical reasons for her to be
19 having this surgery?

20 A. I felt that this was elective surgery and that
21 she could wear glasses.

22 Q. My question was, did you feel that there were
23 medical reasons for her to have this surgery?

24 MS. NEWMAN: She just answered it.

1 It was elective surgery.

2 BY MR. KAFRISSEN:

3 Q. So you did not feel that there were any medical
4 reasons for her to have the surgery?

5 MS. NEWMAN: That's what my objection
6 was --

7 MR. KAFRISSEN: I understand that she
8 said it was elective surgery, but that's
9 not the question.

10 MS. NEWMAN: But that's where my
11 objection comes in. I don't think there's
12 any argument, we're not talking about a
13 woman who is coming in with 20/20 vision
14 and no need for glasses or any type of
15 visual correct measures. And when you say
16 there is no medical reason, I think we have
17 been talking about medical reasons for
18 hours at this point.

19 MR. KAFRISSEN: Okay.

20 BY MR. KAFRISSEN:

21 Q. I guess, I just don't have it straight in my
22 head. It was elective because she could wear glasses?

23 A. Yes.

24 Q. Okay. You've talked about different

1 considerations, different things that you explained to
2 her, can you tell me what are the factors that you
3 considered prior to recommending the surgery for her,
4 for Cheryl?

5 A. I considered the level of her refractive error,
6 the health of her eyes, and any problems that she had
7 in the past, the size of her pupils, the appearance of
8 her corneal topography, the steepness of her corneas, I
9 think that's it.

10 Q. What was the upper limit, upper refractive error
11 that you would operate on in 1997?

12 A. In 1997 --

13 MS. NEWMAN: Can you answer the
14 question?

15 THE WITNESS: Me?

16 MR. KAFRISSEN: I'm asking you.

17 MS. NEWMAN: Can you answer the
18 question?

19 THE WITNESS: Can I answer the
20 question? In 1997, the upper limit would
21 have been in the range of 16 diopters of
22 myopia.

23 BY MR. KAFRISSEN:

24 Q. Was there any standard in the medical community