

Nevyas, M.D.

1 MR. KAFRISSEN: That's right, but what I
2 want to know is he's assisting in -- the
3 doctor is assisting in the surgery so now does
4 he look at the preoperative refraction prior
5 to surgery?

6 MS. NEWMAN: That's a different
7 question.

8 MS. POST: Let me just -- in 1997 was it
9 his practice -- since he doesn't remember this
10 surgery, was it his practice, when assisting,
11 to look at the preoperative refraction? I'll
12 let him answer that.

13 BY MR. KAFRISSEN:

14 Q. You can answer that.

15 A. Well, I don't know whether I always did, but I
16 often would look at the notes on the patient to see what
17 the patient's preoperative refraction was.

18 Q. Okay. If you had a concern about the procedure
19 being performed given the preoperative refraction, is
20 that something that it would be your standard practice
21 and procedure to voice prior to the procedure being
22 performed?

23 A. Yes.

24 Q. Okay. Do you know whether you had a concern
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Nevyas, M.D.

1 laser?

2 A. Yes. I might have been. I often, as part of
3 my assisting, while the surgeon was doing one thing, I
4 might have been doing something else, and those other
5 things might have included checking the laser beam for
6 the evenness of the beam, the fluence -- that is, the
7 amount of power of the beam, and the centration -- I'm
8 just -- yeah, yeah, the centration of the beam with the
9 reticle of the microscope, yes. That would be part of
10 the preparation of the laser, and other things I might do
11 would be to prepare the regular keratome, and that had to
12 be assembled and inspected carefully. The blades have to
13 be inspected beforehand so I did those things to
14 facilitate the surgery.

15 Q. Okay. Tell me how you would help with
16 centering of the beam.

17 A. Well, I would look through the microscope and
18 make -- and have the laser set to a six millimeter wide
19 ablation, circle six millimeters, which should fall right
20 within one of the designated circles in the reticle in
21 the eyepiece in the microscope, and then by adjusting
22 the final turning mirror of the laser, sitting at the
23 microscope, I would make sure that the laser ablation
24 fell exactly within the centration reticle so that by
Simpkins Court Reporting (215) 676-4921

Nevyas, M.D.

1 about Cheryl Fiorelli having this procedure given her
2 preoperative refraction?

3 A. I don't think I would have a concern. I don't
4 think I did at that time, certainly, because we had -- I
5 have done considerably higher than that procedure -- than
6 that amount at that time with very good results; however,
7 because of the general reports of some people having
8 problems with very high ones, we're not doing them much
9 higher than that now.

10 Q. Much higher than what?

11 A. Fifteen.

12 Q. Oh, okay. When you're assisting in a
13 procedure, do you do an independent evaluation of the
14 patient prior to the surgery or is it the surgeon who
15 does that?

16 A. No. The surgeon does that.

17 Q. When you're assisting -- I'm just trying to
18 figure out exactly what goes on, but, I mean, is it
19 essentially, when you're an assistant, the first time you
20 come into contact with the procedure is when they're
21 prepped and in the room?

22 A. That's correct.

23 MS. NEWMAN: Do you mean the person?

24 MS. POST: The patient.

Simpkins Court Reporting (215) 676-4921

Nevyas, M.D.

1 centering the eye on a given point, the laser beam would
2 be centered.

3 Q. Okay. Now, would the surgeon recenter the beam
4 or is it a process where both the surgeon and the
5 assistant center the beam?

6 A. No. It would be centered either for a given
7 setting of the interpupillary distance of the
8 microscope, and I would leave her interpupillary
9 distance in there and just -- it's a monocular procedure.

10 Using the eyepiece that has the reticle, the left
11 eyepiece, I would see that the beam is centered within.

12 Q. Okay. There is an eight -- it's actually a
13 nine-page document dated 3/20/97, that page one is the
14 informed decision consent or refusal for laser -- it's
15 basically the laser informed consent for the 3/20
16 procedure, and on page eight there is a physician's
17 signature. Page nine is actually a true/false quiz. Do
18 you see that?

19 A. Yes.

20 Q. Page eight, whose signature is at the
21 physician's signature?

22 A. That is my signature.

23 Q. Okay. And can you tell me how your signature
24 came to be on the physician's signature for the informed
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Nevyas, M.D.

1 MS. NEWMAN: You said the procedure.

2 MR. KAFRISSEN: The patient.

3 MS. POST: Do you want to rephrase it.

4 MR. KAFRISSEN: Let me rephrase it so
5 it's clear.

6 BY MR. KAFRISSEN:

7 Q. The first time, as an assistant, that you
8 really come into contact with the person is when they are
9 prepped and in the surgical area?

10 MS. POST: The patient.

11 MR. KAFRISSEN: The patient.

12 THE WITNESS: Yes.

13 BY MR. KAFRISSEN:

14 Q. Are you aware of any calculation being made
15 prior to surgery with regard to how much corneal tissue
16 was to be remaining following the procedure?

17 A. I am not.

18 Q. Is there anything in the records that indicates
19 that any such calculation was made that you've seen?

20 A. I didn't notice, but, again, I haven't gone
21 through the records very carefully but I didn't notice.

22 I don't recall seeing any.

23 Q. With regard to the March 20, 1997 procedure, as
24 an assistant, are you involved in the centering of the
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Nevyas, M.D.

1 consent document.

2 A. The informed consent documents are presented to
3 the patient and given the patient to take home and read,
4 usually, and after the patient returns, one of the
5 doctors is asked to sign the form. I probably signed it
6 on the day of surgery because there was no signature
7 there so I signed it, meaning that I had approved the
8 fact that the patient had read and initialed everything.

9 Q. Okay. The fact that you have signed it, does
10 that indicate, as a matter of practice, that you have
11 reviewed the consent form with the patient and explained
12 the risks and alternatives to the procedure?

13 A. No. It means that some physician has but it
14 could be either of us.

15 Q. Okay. Do you have any recollection of having
16 gone through the risks of the procedure or alternatives
17 to this procedure with Cheryl Fiorelli?

18 A. No. I have no recollection. That doesn't mean
19 that I might not have discussed it with her if she had
20 been in the office. I don't recall.

21 Q. Okay. There is a note on the operative form
22 about the laser keratome stopping on its forward and its
23 backward pass.

24 A. Yes.

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