Q. Do you have any recollection of that having happened?
A. No.
Q. Can you tell me what significance, if any, the fact that the keratome is recorded as having stopped three-quarters of the way on forward and one-quarter of the way on the backward pass?
MS. NEWMAN: Objection to form.
MS. POST: You can answer.
THE WITNESS: The significance is that the microkeratome that was in use at that time, and is still in use pretty widely, had a gear system which could sometimes hang up momentarily, and if the laser hesitates, it could create some unevenness in the cut making the corneal flap. The significance here is that it stopped toward -- I don't know -- the three-quarters was recorded either by the nurse or the optomestrist who was assisting, who obviously couldn't be looking in the microscrope, but it looked to them as if it hesitated when it was pretty well through the pass, and, therefore it would have no significance really, except to, you know, we

note everything that happens in the procedure. No clinical significance.
BY MR. KAFRISSEN:
Q. Okay. During the course of your treatment of Cheryl and the course of your follow-up visits for her right eye, did you ever record an irregular astigmatism in her right eye?
MS. POST: On his visits with her?
MR. KAFRISSEN: Right.
THE WITNESS: I don't recall that. I'd have to look through all the records again. I don't recall ever -- I don't recall there being an irregular astigmatism. This would be partly a function of the par topography. That would be the only way we really could tell if there's irregular astigmatism. As I recall, the topography looks wonderful. I don't see anything here that would suggest that.
BY MR. KAFRISSEN:
Q. Okay. Are you reviewing them?
A. Yes, I am. I'm just looking to see whether there's anything that I would have noted with regard to any kind of astigmatism, irregular or otherwise. No, I don't have anything that I can see here.

Q. Okay. Can the keratome stopping and the procedure being continued cause an irregular astigmatism?
MS. NEWMAN: Objection.
MS. POST: Objection to form. At what point during the pass and it's on the forward or backward pass? Are you talking under these circumstances where it's noted to be three-quarters of the way through?
MR. KAFRISSEN: Yes.
MS. NEWMAN: I would object to the form as including three-quarters of the way through measurement because there's been testimony that it was seven-eighths.
MS. POST: With that in mind.
BY MR. KAFRISSEN:
Q. With what is written here.
A. If the keratome would hesitate within the center of the pupil, it could affect the vision, whether it would be irregular astigmatism or not. If it hesitates outside of the pupillary area, it would have no effect at all.
Q. Okay. You had described the different things that you may do as an assistant prior to the procedure in terms of the centering the beam, the power of the beam,

preparing the microkeratome. In terms of the performance of the procedure and the post-op, is there anything that you as an assistant do?
MS. POST: When you say post-op, you mean that day as opposed to a post-op visit?
MR. KAFRISSEN: Right. Meaning in the operating room after the procedure ends.
MS. POST: Okay.
THE WITNESS: The procedure is in the hands of the surgeon and there isn't much the assistant does except observe and be there to be called upon should there be any problems. Mostly, we're concerned about mechanical problems, laser problems, that might need a hand, but, no, during the actual procedure itself, there's nothing the assistant would do but stand by.
BY MR. KAFRISSEN:
Q. Okay.
A. Perhaps pass an instrument to the surgeon if the surgeon needed an instrument.
Q. At any time did you become aware that the March 20 procedure was decentered?
MS. POST: Objection to form. You can

answer.
THE WITNESS: I must say that decentration is a relative thing. Everybody is somewhat decentered and it's a question of whether it's clinically decentered or not. Very seldom are we utterly on zero, but from what I could see looking at the topographies, I would say the centration here was not bad, pretty good, particularly looking at the subtraction topography that shows what Fiorelli's cornea looked like before and after and then subtracting it. From what I can see right here, it looks like a target to me. It's quite centered.
BY MR. KAFRISSEN:
Q. Can you show me which page you're referring to?
A. This was the May 12 topography. There's a subtraction done on that date. The other dates there's no subtraction that I can see but there may be some. There's quite a few topographies.
Q. You were referring to one --
A. This is the page.
Q. Oh, it's a May 12, 1997, number one. There are three...

A. That's before, after and subtracted. The upper one is prior; the lower one is that date, and the one on the left is the computer subtracting them to show exactly what was done. This shows exactly how thick the corneal area taken out was and exactly how much was taken out each position.
Q. Okay. Now, after the March 21st surgery --
MS. POST: March 20th.
BY MR. KAFRISSEN:
Q. -- March 20th surgery, it looked like you had seen Miss Fiorelli on the 21st for her first post-op visit; is that right?
A. Yes.
Q. Okay. And when you saw her on the 21st, can you tell me -- well, tell me what you did first.
A. I examined her under the slitlamp. I put a drop of fluorozene <TPHRAOU-R> seen in to see if the edges of the ablation were staining, the edges of the flap were staining.
Q. And why would you do that?
A. To see if the flap had obtained a good adherence.
Q. And what did you find for that?
A. Everything looked fine.