

- 1 that right?  
 2 A. Of the capsule. Not of the lens.  
 3 Q. That's right. But what I'm asking you is  
 4 clouding -- let me ask it this way then. What is the  
 5 incidence of clouding with a plate lens?  
 6 A. I imagine it's about 30 percent or so. That's  
 7 a rough guess maybe. Depending on age. Younger people  
 8 cloud more.  
 9 Q. And what --  
 10 A. As opposed to what?  
 11 Q. As opposed to another type of lens.  
 12 A. What other type did you have in mind?  
 13 Q. What other types were available in 1997?  
 14 A. Planoconvex lenses and biconvex lenses. The  
 15 biconvex lenses have a lower incidence of clouding than a  
 16 planoconvex. The incidence of clouding wouldn't have  
 17 been any different with any other biconvex lens.  
 18 Q. How about an acrylic lens?  
 19 A. I don't think it makes much difference.  
 20 Q. Or a polymethylmethacrylate lens?  
 21 A. It would probably have a higher incidence of  
 22 clouding.  
 23 Q. The plate lens or the polymethylmethacrylate,  
 24 which would be higher?  
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- 1 A. The polymethylmethacrylate lens is usually, but  
 2 not always, planoconvex, and it is the shape rather than  
 3 the material which determines the incidence of clouding  
 4 usually.  
 5 Q. Well, let me ask you this. Is clouding more or  
 6 less common with one type of lens than another?  
 7 A. Yes.  
 8 MS. POST: In 1997.  
 9 MR. KAFRISSEN: Right, and also in a  
 10 young person like Cheryl.  
 11 THE WITNESS: Clouding is always a  
 12 little more common with a young person, but if  
 13 you wait long enough, a very large percentage  
 14 of capsules cloud.  
 15 BY MR. KAFRISSEN:  
 16 Q. Is it more or less common with certain types of  
 17 lenses?  
 18 A. It is more common with lenses where the surface  
 19 opposed to the capsule is flat as opposed to when it is  
 20 convex.  
 21 Q. What controls whether the surface is flat or  
 22 convex?  
 23 A. The way the manufacturer makes it.  
 24 Q. Okay. Did you consider any alternatives to  
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- 1 performing the yag capsulotomy on the 14th?  
 2 A. No. The only alternative would be surgically  
 3 going in to open the capsule or possibly surgically  
 4 aspirating the material that had deposited in the  
 5 anterior surface. The first operation would increase the  
 6 risk of infection -- would present a risk of infection,  
 7 which there is none with the yag capsulotomy, and the  
 8 second procedure would risk infection as well as probably  
 9 allow the capsule clouding to come back again in another  
 10 few months or years, so, therefore, our solution to  
 11 capsule clouding, with almost no exceptions, is yag laser  
 12 capsulotomy, which is what I did on her.  
 13 Q. Okay. Did you have a preoperative diagnosis?  
 14 A. Aftercataract, A-F-T-E-R, cataract, it's one  
 15 word. That is the name of the clouded capsule.  
 16 Q. And were there any surgical complications that  
 17 you're aware of?  
 18 A. Absolutely not.  
 19 Q. Did any unexpected events occur post-  
 20 surgically?  
 21 A. No.  
 22 MS. POST: That day immediately as  
 23 opposed to days later?  
 24 MR. KAFRISSEN: Right.  
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- 1 THE WITNESS: Not that I know of.  
 2 BY MR. KAFRISSEN:  
 3 Q. Okay. What was your postoperative diagnosis?  
 4 A. Clouded capsule or aftercataract.  
 5 Q. And what was your postoperative prognosis?  
 6 A. Good from the standpoint of the capsule,  
 7 certainly. Once the capsule is opened, it's opened. It  
 8 does not go back.  
 9 Q. Now, did you follow the postoperative course or  
 10 did Doctor Nevyas-Wallace follow the postoperative course  
 11 or was it a combination?  
 12 A. Whatever's on the record. I think we both saw  
 13 her postoperatively.  
 14 Q. Yeah. There is a 7/24 visit that you had  
 15 performed.  
 16 A. I had seen her then, yes. In fact, I noted  
 17 that her halos were on gone on the left eye at that time.  
 18 Q. Let me get -- I'll get to that in one minute.  
 19 Did you note that the lens was decentered prior to the  
 20 July 14 surgery?  
 21 A. No.  
 22 MS. POST: Did he make any notation that  
 23 it was?  
 24 MR. KAFRISSEN: Yes.  
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- 1 THE WITNESS: No. If I had felt that  
 2 there had been a clinical amount of  
 3 decentration, I might have done something  
 4 else, recentered it or replaced it, but I  
 5 didn't feel there was one, and her pupil was  
 6 dilated for the capsulotomy.  
 7 BY MR. KAFRISSEN:  
 8 Q. That's what I was going to ask you. Were you  
 9 able to tell that the lens was properly centered prior to  
 10 performing the yag?  
 11 A. Yes.  
 12 Q. And tell me how you were able to tell that  
 13 again.  
 14 A. By looking at it.  
 15 Q. You looked at it and it had --  
 16 A. With a slitlamp and it looked adequately  
 17 centered to the pupil.  
 18 Q. Did you make any observations during the July  
 19 14 surgery concerning the power of the lens that had been  
 20 chosen?  
 21 A. No. The power of the lens has nothing to do  
 22 with capsulotomy surgery. I simply did the technical  
 23 task of making the opening in the capsule because of the  
 24 clouding to improve her vision.  
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- 1 Q. Okay. Now, you saw her on the 24th, and it  
 2 looks like a refraction was done on the 24th of --  
 3 A. I refracted her myself on that day. That's my  
 4 handwriting.  
 5 Q. Okay. Was the power of the lens chosen for the  
 6 left eye the appropriate power for Cheryl?  
 7 MS. POST: I'm going to ask when he saw  
 8 her on the 24th, did he believe that the power  
 9 of the lens was appropriate, okay.  
 10 MR. KAFRISSEN: Yeah.  
 11 THE WITNESS: Yeah. I think it was  
 12 wonderful. It gave her a great reading eye,  
 13 much better vision with the mild correction  
 14 than she had prior to surgery. She was doing  
 15 wonderfully, and her other eye had vision with  
 16 correction equal to what she had prior with  
 17 her full 15 diopter medical correction.  
 18 BY MR. KAFRISSEN:  
 19 Q. The 24th visit, can you tell me what did you do  
 20 on the 24th?  
 21 A. I examined her with a slitlamp and I refracted  
 22 her.  
 23 Q. And now you noted here -- in the typewritten  
 24 version you have: no halos noted.  
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