

Nevyas, M.D.

1 A. I wrote that in my handwriting next to the left
 2 eye refraction, yes.
 3 Q. That refers to the left eye?
 4 A. That's correct.
 5 Q. Did you make any observation with regard to the
 6 right eye as to whether there were any visual
 7 disturbances?
 8 A. She complained of distortion and halos with the
 9 right eye. She said there were no halos in the left.
 10 Q. Okay. Where -- oh, okay. I don't see in the
 11 typewritten version where it says: Complaint of
 12 distortion and halos.
 13 A. Let's find the typewritten version. It somehow
 14 didn't get on there but it is on the handwritten.
 15 Q. Okay. Now, when you saw her on the 24th, from
 16 your evaluation of the left eye, had you obtained the
 17 result which you had hoped to obtain with the yag?
 18 A. Yes.
 19 Q. And when you evaluated her on July 24 with
 20 regard to her right eye, was the result that was desired
 21 obtained?
 22 A. It looked good but I would always prefer that
 23 the patient have no complaints, and, obviously, she was
 24 still complaining so I couldn't be happy about that.
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1 Q. Is there any notation as to whether her
 2 complaints had changed at all in character from before
 3 the 7/10 Lasik enhancement to the right eye and after?
 4 A. I only made what you see there in the notes. I
 5 didn't discuss her previous complaints. Indeed, I hadn't
 6 seen her, but I was concentrating on the eye I had just
 7 performed the capsulotomy on, and that one compared to
 8 before she complained of halos before and no halos after,
 9 at least on that visit.
 10 Q. And when did you next see --
 11 A. According to this record, it was on December
 12 the 3rd. Is that what you have?
 13 Q. That's what I have, December 3, 1997. And can
 14 you tell me when you saw her then, what did you do?
 15 A. I examined her, external slitlamp examination.
 16 I stained the cornea to see if there was any fluorozone
 17 staining. I examined the eyelids. I questioned her on
 18 how she's doing.
 19 Q. And what was her overall assessment?
 20 A. She had very strange complaints. I have vague
 21 complaints, Estopia (ph) is a term that we use for
 22 somatic complaints being expressed visually.
 23 Q. Meaning?
 24 A. That is, complaints that may not be based in
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1 physical problems but perhaps in mental problems. It was
 2 my impression that she had a lot of complaints beyond
 3 what I could see a base for, and some people express
 4 their anxieties in terms of physical complaints, and I
 5 felt that hers was perhaps somewhat that.
 6 Q. Okay.
 7 A. Let me see. Vague symptomatology, okay. She
 8 was -- what she complained of, I couldn't get a clear
 9 symptom that I could relate to any ocular problem that I
 10 could detect and it was vague and...
 11 Q. Did she have any complaints of any ocular
 12 problems?
 13 A. Foreign body sensation and aching. Foreign
 14 body sensation in the brow and aching of the upper part
 15 of the left eye -- no, I'm sorry, not lower, lower -- I
 16 didn't read my writing correctly. Lower foreign body
 17 sensation and upper aching on the left eye. Vague
 18 aching.
 19 Q. Did she have any complaints of halos?
 20 A. I don't have it noted here. Obviously, she
 21 didn't tell me or I would have written it down. Her
 22 complaint was achy pain and foreign body sensation. I
 23 found no foreign body. I examined her eyelids.
 24 Sometimes a little cyst on the eyelid can give you that,
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1 and I didn't find any, and I also didn't find any corneal
 2 staining with fluorozone, which would indicate if there's
 3 any keratitis, any inflammation of the cornea would show
 4 up by staining so she had nothing. That's why I said I
 5 could find no physical basis for any of her complaints.
 6 Q. How would you assess whether she was
 7 experiencing halos, for instance?
 8 A. I ask her. There's no other way. Halos are
 9 completely subjective. Many people have halos under
 10 circumstances where we might not expect and many people
 11 have no halos under circumstances where we might. It
 12 varies. This is strictly the patient telling what she
 13 feels or says she feels.
 14 Q. Can you assess glare or starbursts or double
 15 vision?
 16 A. We're talking about monocular double vision
 17 here, I assume, you see with one eye. That's purely
 18 subjective, and glare is subjective, as are starbursts.
 19 There are tests you can do. You can put a contact lens
 20 on a patient with some of these -- some distortions and
 21 if the contact lens remedies them, it's probably due to
 22 surface irregularity of the cornea.
 23 I can't do any test for foreign body
 24 sensation or aching, and starbursts are something one
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1 would see at night. If the starbursts are due to a large
 2 pupil, we can give a drop to make the pupil smaller and
 3 see if it helps. Again, it's subjective but the patient
 4 can report whether it's helped.
 5 Q. From your review of the records, do you see any
 6 other visit that indicates you saw Cheryl after December
 7 3, 1997?
 8 A. Whatever's written there. This was some time
 9 ago when I transcribed it. Whatever I wrote on the typed
 10 sheets are when I saw her.
 11 Q. I didn't see anything on the typed sheets but
 12 just in terms of your picking out your handwriting, I
 13 couldn't pick out your handwriting.
 14 A. I'll go through.
 15 (Pause)
 16 No. I don't see anything else here
 17 that's in my handwriting.
 18 Q. During the course of -- oh, let me ask you
 19 something else. Have you seen any of the records from
 20 the treatment after January of 1999, which is when Cheryl
 21 left your office?
 22 A. I have a record of seeing something but I don't
 23 recall exactly. I know that she had a lens exchange
 24 performed and I may have seen some of the records of
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1 that. I believe I had seen something somewhere along the
 2 line -- I don't know where, whether it was sent to the
 3 office or whether I saw it through you. I don't know.
 4 Q. Did you, during the course of time that you saw
 5 Cheryl, ever see that her left eye was decentered?
 6 A. No. That the lens was decentered.
 7 Q. That the lens was decentered, sorry.
 8 A. No. As far as -- not as far as I can tell
 9 here, no.
 10 Q. Did you have any concern when you performed the
 11 yag that the plate lens could migrate in a person with a
 12 person with a high myop?
 13 A. I don't think it's a question of being a high
 14 myop, but some of the plate lenses have migrated. I'm
 15 not sure where you mean migrate. They can become
 16 decentered by a squeezing process where they can be
 17 squeezed in the capsule, although this one had been
 18 pretty stable. I'm not sure that it had any clinical
 19 decentration at any point. It looked pretty good to me
 20 when I last saw her.
 21 We purposely make a relatively small
 22 capsulotomy. We don't want to make a gigantic one;
 23 otherwise, it's possible the lens could migrate backward,
 24 which it did not.
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