

Nevyas, M.D.

1 Q. Okay. Did you ever have an opinion as to
 2 whether the left eye had been overcorrected?
 3 A. It wasn't. My opinion right now looking at the
 4 amount of correction, I think it's quite good. Once you
 5 have a lens of an eye removed, you can no longer focus,
 6 and she has it set, according to what I see here, at
 7 about a minus three, which is good reading distance.
 8 Some people like to hold things out a little further, and
 9 that can be adjusted if she wanted. We could do things
 10 to adjust it, but it's pretty good. With this --
 11 particularly with this high a myopia, it's very hard to
 12 get exact. The formulas we use are based on the
 13 appearance of the eye after surgery, and, therefore,
 14 certain things are made an educated guess at. In other
 15 words, we measure the anterior surface of the corneal
 16 curvature and we measure the length of the eye, and then
 17 we have to estimate where the lens is going to sit within
 18 the eye because it isn't there. And I thought that was
 19 pretty close, pretty good. Making her a little bit
 20 myopic is fine. Then she can read with that eye. The
 21 other eye being for far, and as it worked out, she had
 22 one for far and one for near, which is the ideal
 23 situation.
 24 Q. Did you play any role in the vag procedure done
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1 in December 1998? I didn't see anything but I just want
 2 to be sure.
 3 A. I don't think so. As I gathered, Doctor
 4 Wallace felt -- she was complaining again of halos and
 5 felt maybe the edge of the -- I made the capsulotomy
 6 small because of the possibility of posterior
 7 dislocation. She felt that it was because of that and
 8 enlarged it a little bit, as I recall. Is that what
 9 you're talking about? Maybe I'm...
 10 Q. I'm talking about the December '98 surgery,
 11 which was a vag.
 12 MS. POST: No. It was the December vag.
 13 THE WITNESS: That isn't the one I did.
 14 MR. KAFRISSEN: No.
 15 THE WITNESS: That's what I'm talking
 16 about. Let me look in the record. It's
 17 listed that she did one. I just don't see the
 18 note in the records, but I recall from my
 19 review of the records that because the patient
 20 kept complaining of halos in the eye which had
 21 had the lensectomy, trying to find a cause,
 22 Doctor Nevyas-Wallace thought that perhaps my
 23 capsulotomy was annoying her, that the edge of
 24 it was somehow distorting the light rays and
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1 she could make it a little bigger to get the
 2 edge of the capsulotomy out of the pupillary
 3 edge.
 4 BY MR. KAFRISSEN:
 5 Q. Okay. And that's the procedure that was
 6 performed in December of '98?
 7 A. I believe so. I don't have...
 8 Q. Here's what I have.
 9 A. I'm looking for the office record. That's what
 10 would -- here it is. This is fine. This is -- yeah,
 11 there were some Elschng pearls. That is a term for lens
 12 material which has overgrown and covered the posterior
 13 capsule that were still visible within the pupil, so she
 14 zapped those little pearls to get them out of the way to
 15 see whether that would help relieve her persistent
 16 complaints.
 17 Q. The other question I had, did you have anything
 18 to do with that surgery?
 19 A. No. I had nothing to do with that.
 20 Q. Do you have any recollection of any discussions
 21 between you and Cheryl Fiorelli at any time, either the
 22 specific discussion or just generally?
 23 A. I'm sure I talked to her when I saw her. I
 24 don't recall much except that she appeared to be an
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1 anxious person who seemed to have complaints in excess of
 2 what I could find physically. She was always
 3 complaining. I do remember that, but we tried our best
 4 to try to remedy her complaints.
 5 Q. Do you have any recollections of any
 6 discussions about Cheryl with Doctor Nevyas-Wallace?
 7 A. I'm sure we must have discussed some aspects of
 8 the case but I don't recall specifically.
 9 Q. Okay.
 10 A. No more than is down on the records, that she
 11 had problems and we were looking for a solution. I
 12 should say she had complaints, but, in general, I do
 13 recall being kind of surprised that she wasn't rather
 14 pleased to have gotten as far as she had since her vision
 15 was improved and she was freed from being a 15 diopter
 16 myop. She seemed to want a degree of perfection which
 17 was a little inconsistent with what she had understood on
 18 the operative consents and which was beyond her level of
 19 best corrected vision prior. She was better than she was
 20 before and she was better without glasses. Most patients
 21 that I see would consider that quite an accomplishment,
 22 and most 15 diopter myops would be grateful to be in her
 23 shoes.
 24 Q. And that opinion of her, does that take into
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1 consideration all of the notes about halos, night vision
 2 starsbursts, glare effects?
 3 A. Absolutely. Everybody gets some. I'm not
 4 convinced that her decentration, as we've described it,
 5 is really significant on that, since it was small, but
 6 she complained and we tried our best to center it, and we
 7 did. At the same time, her refractive error improved
 8 both from the enhancements which Doctor Wallace had done
 9 and perhaps also from time. Time does smooth out corneas
 10 to an extent. We have to give it time and we explained
 11 that to her, and she did improve. Her last correction
 12 when I saw her was quite good.
 13 Q. Do you have an opinion as to whether the
 14 surgeries that you and Doctor Nevyas-Wallace performed
 15 were necessary procedures?
 16 A. It's never necessary to get rid of glasses or
 17 contact lenses. It's a choice that the patient makes.
 18 It's strictly elective. She could have worn glasses.
 19 Contacts, she was not getting along well with, as I
 20 recall, and she might not have done as well with them,
 21 but she could have worn glasses. They would be extremely
 22 thick and she would be totally helpless without them and
 23 she would have a constricted visual field with the thick
 24 glasses but she could have done it. This was her choice.
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1 Q. The amounts billed for the procedures, were the
 2 bills -- the amounts that were actually billed, were
 3 those amounts reasonable for the services rendered?
 4 MS. POST: Objection to form. He
 5 doesn't have it in front of him so if you
 6 have...
 7 MR. KAFRISSEN: I can give it to you.
 8 MS. POST: Reasonableness, I don't --
 9 if you want to ask if that's what he
 10 customarily bills, I think that's a more
 11 relevant question, appropriate question.
 12 THE WITNESS: I think they were
 13 unreasonable only inasmuch it was a bargain.
 14 The amount of work and time that we spent on
 15 this was by far in excess. This amount of
 16 money is nothing compared to the amount of
 17 time and effort we spent trying to get this
 18 gal comfortable. The surgical fee -- excuse
 19 me.
 20 MS. POST: You answered the question.
 21 MR. KAFRISSEN: We can mark the five
 22 pages as Nevyas 2.
 23 MS. POST: The bills, okay.
 24 BY MR. KAFRISSEN:
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