



# Cornea Consultants

CORNEA & REFRACTIVE SURGERY

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*Cornea and External Disease*  
*Cataract and Implant Complications*  
*Specialty Contact Lenses*

31 March 2003

Frederic S. Eisenberg, Esquire  
Litvin, Blumberg, Matusow & Young  
Philadelphia, PA

RE: Keith Wills

Dear Mr. Eisenberg:

In addition to examining your client, Mr. Keith Wills, I have also reviewed the records and depositions you provided concerning his eye evaluation and treatment.

**The clinical history** is summarized as follows: In June 1997, Mr. Wills first came under the care of Dr. Herbert Nevyas for refractive surgery evaluation. During this initial examination on 26 June 1997, Dr. Nevyas noted that Mr. Wills had last worn his soft contact lenses three days previously. On examination, uncorrected visual acuity in the both eyes was counts fingers at four feet. Subjective refraction was -10.75 -0.75 x 53 degrees improving vision to 20/20 minus 3 in the right eye and 13.0 -0.50 x 135 degrees improving vision to 20/20 minus in the left eye. Pupil diameters were 5 mm under normal lighting and 6.25 mm under dim light conditions. The remainder of the anterior segment, intraocular pressure, ophthalmoscopy and topography examinations were normal. Dr. Nevyas told Mr. Wills that he was an excellent candidate for laser vision corrective surgery and recommended LASIK procedures for both eyes. Dr. Nevyas further requested that Mr. Wills obtain a peripheral retina examination by a retina specialist. Notably neither cycloplegic refraction nor corneal thickness measurements (pachymetry) were performed at this or any subsequent examination.

Dr. Nevyas next saw Mr. Wills more than 3 months later, on 7 October 1997, the date of his first LASIK procedure on the left eye. The operative report form indicated that Mr. Wills' preoperative diagnosis was "high myopia", and the ablation zone of the excimer laser was 5 mm in diameter. Two days later, on 9 October 1997, Dr. Nevyas performed a LASIK procedure on Mr. Wills' right eye. Again, the preoperative diagnosis was "high myopia", and the laser again used performed a 5 mm diameter ablation.

Following surgery, Mr. Wills developed difficulty with both distance and near vision. He repeatedly complained to Dr. Nevyas that he had double vision, pain, glare, fluctuation of vision, halos, and starburst phenomena. Dr. Nevyas assured him that these problems would improve over time. After these initial LASIK surgical procedures, Dr. Nevyas performed multiple surgical enhancement interventions, but nevertheless, to date, Mr. Wills continues to suffer from significant visual glare, halo and starburst with multiple ghost images.

**Eye examination** performed by me on 21 January 2003, revealed uncorrected visual acuity of 20/30- in the right eye and 20/30+ in the left eye, albeit with subjectively significant multiple imaging. With manifest refraction right eye: +0.50 -2.25 x 110 gave 20/40 vs. left eye: -1.0 -1.25 x 125 gave 20/40. With gas permeable contact lenses and spectacle over-refraction, 20/30 was obtained with each eye. Keratometry was right eye: 36.0 x 150 / 36.0 x 70 and left eye: 37.0 x 55 / 36.5 x 135 without distortion. Externally both eyes were uninflamed. Neuromuscular exam revealed pupillary diameters under dim light conditions of 6 mm both eyes (Colvard pupillometer). By slitlamp, the corneas were clear with LASIK flaps in good

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