

Nevyas, M.D.

THE WITNESS: I'm not sure.

- 1 BY MR. KAFRISSEN:
 2 Q. Do you know if it was in your office prior
 3 to --
 4 A. As I said, I don't remember exactly when we got
 5 the instrument.
 6 Q. Okay. When you say -- you had just mentioned
 7 that in certain patients it had been reported, issues of
 8 thickness or people with thin corneas, issues that had
 9 arisen when they went through this procedure, the ALK
 10 procedure. Do you recall when, approximately, those
 11 articles started coming out?
 12 A. Not exactly. I couldn't name you a date.
 13 Q. No. Without naming a date, but would it be
 14 before the Lasik surgery started or after the Lasik
 15 started?
 16 MS. POST: Before he started doing
 17 Lasik?
 18 MR. KAFRISSEN: Right.
 19 THE WITNESS: Probably after but, again,
 20 I'm not sure. If one searches the literature,
 21 one might find articles many years ago that
 22 discuss thickness. I'm not sure.
 23 BY MR. KAFRISSEN:
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- 1 Q. In March of 1997, am I correct that both you
 2 and Anita Nevyas-Wallace were employees of -- who was
 3 your employer?
 4 A. The corporation, Nevyas Eye Associates.
 5 Q. At the time of the surgeries in 1997 and 1998
 6 on Cheryl Fiorelli, were you continuously employed by
 7 Nevyas Eye Associates?
 8 A. Yes.
 9 Q. So that anything you were doing was on behalf
 10 of Nevyas Eye Associates?
 11 A. Yes.
 12 Q. With regard to the surgery and the treatment of
 13 Cheryl Fiorelli.
 14 A. I'm not sure I understand the question, but,
 15 yes, that was the employment situation. It was on behalf
 16 of myself and my practice.
 17 Q. Okay.
 18 A. I own Nevyas Eye Associates.
 19 Q. And between 1997 and 1998, was Anita Nevyas-
 20 Wallace also an employee continuously for Nevyas Eye
 21 Associates?
 22 A. Yes.
 23 Q. Can you tell me about how thick a normal cornea
 24 is?
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- 1 A. About 500 microns. That's half a millimeter.
 2 Q. And how thick is a -- is there a normal
 3 thickness of a Lasik flap?
 4 A. Yes.
 5 Q. And how thick is a normal Lasik flap?
 6 A. Usually about 160 microns. That's what we set
 7 it for.
 8 Q. And would you agree with me that the Lasik
 9 procedure reduces the thickness of the cornea?
 10 A. Sure.
 11 Q. Were you aware, as of 1997, that the Lasik
 12 procedure reduced the thickness of the cornea?
 13 A. Yes.
 14 Q. And would you also agree that the ALK
 15 procedure, which preceded Lasik, reduced the thickness of
 16 the cornea as part of the procedure?
 17 A. The central thickness in the zone that was
 18 operated. It reduces only the central thickness, both of
 19 them.
 20 Q. Okay. The thickness of the normal cornea, when
 21 you say 500 microns, is that what you're talking about,
 22 the central thickness?
 23 A. Yes. I'm talking about the center. It gets
 24 thicker in the periphery.
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- 1 Q. To correct nearsightedness, as in Cheryl
 2 Fiorelli, would you be flattening or rounding the central
 3 cornea?
 4 MS. POST: Objection to form. You can
 5 answer.
 6 THE WITNESS: Flattening.
 7 BY MR. KAFRISSEN:
 8 Q. In 1997, was there any way to measure the
 9 remaining -- the thickness of the remaining cornea?
 10 A. Yes.
 11 MS. POST: After surgery? Is that what
 12 you're asking?
 13 MR. KAFRISSEN: After surgery,
 14 THE WITNESS: Yes.
 15 BY MR. KAFRISSEN:
 16 Q. And can you tell me how that was done.
 17 A. Ultrasonic pachymetry (ph). I'm sure we had the
 18 ultrasonic pachymeter sometime around there. In '97 I
 19 know we had it because I see it on the records now that
 20 I've looked.
 21 Q. And can you tell me what significance is there,
 22 if any, of the post-surgical corneal thickness.
 23 A. Well, most people feel that one should leave
 24 200 to 250 microns of corneal base beyond the ablation in
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- 1 order not to run the risk of having ectasia post-
 2 operatively, and the postoperative thickness would tell
 3 you the full thickness of the cornea. Assuming the flap
 4 is 160 microns, if you subtract that from the
 5 postoperative thickness, you would have the thickness of
 6 the base that was left.
 7 Q. Was corneal thickness a factor in planning the
 8 Lasik surgery prior to March of 1997?
 9 A. I really don't know if it was a factor or not.
 10 Obviously, the gross appearance of the cornea was. I do
 11 not have in the record here -- perhaps you have it; I'm
 12 not sure, since I didn't see the patient initially --
 13 Q. Right.
 14 A. -- and I have not gone over the records in
 15 great detail, I do not know whether corneal thickness was
 16 measured ultrasonically prior, but I do see on this
 17 chart, as of July of '97, corneal thickness was measured
 18 ultra-sonically, and the corneas were actually thicker
 19 than normal and far thicker than needed for the amount of
 20 Lasik that she had, if that's what you're asking.
 21 Q. Okay. Well, I did ask that, but I also -- I
 22 guess what I was asking is not necessarily with relation
 23 to Cheryl Fiorelli, but, in general, as of 1997 -- let's
 24 say the beginning of 1997, when a surgeon is planning a
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- 1 procedure, a Lasik procedure, is corneal thickness -- was
 2 corneal thickness a factor to be considered?
 3 MS. POST: The only reason I'm objecting
 4 is because you're venturing into the realm of
 5 expert opinion, and he's not here to give
 6 opinions as to anything that he was not
 7 involved in, and what you're leading up to is
 8 Doctor Nevyas giving an opinion, basically,
 9 about what was done, and I don't want to go in
 10 there. If you're talking about his general
 11 knowledge as to whether he did it, that's
 12 fine, but if you're asking is it done by other
 13 people, then that's where I don't think it's
 14 an appropriate question.
 15 MR. KAFRISSEN: Well, actually, I am
 16 asking about his general knowledge, but I
 17 still think it is an appropriate question
 18 because he assisted in the Lasik procedure of
 19 3/20/97.
 20 MS. NEWMAN: But that's not doing a pre-
 21 operative study.
 22 MS. POST: That's not dealing with the
 23 preoperative issues, and he was not involved
 24 in the preoperative issues.
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