

Nevyas, M.D.

1 would be the cause of overcorrection.

2 Q. Okay. When you saw Cheryl on the 21st, did she
3 have any visual effects that you noted?

4 A. I don't know what you mean by "effects."

5 Q. Halos, starbursts.

6 A. I wouldn't have asked. On the first day it
7 doesn't make any difference. The first day I would
8 expect her vision to be poor, her to have some over-
9 correction. Good vision doesn't usually come up well,
10 especially in someone in this high amount of myopia, for
11 several weeks.

12 Q. Okay. Let me just go back to that for one
13 second. When you talk about the vision, if she had
14 reported halos and/or starbursts or any of these visual
15 effects over the first few weeks, is that something that
16 you would have expected to be normal following this
17 surgery?

18 A. Yes.

19 Q. Okay. Now, when did you next see Cheryl?

20 A. According to the record that I have here, it
21 was on May 16.

22 Q. Did you -- in looking at the Surgery Center
23 record, I couldn't see anything in the March 20 surgery
24 on the left eye. There was a lensectomy done on the 27th
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1 of March. Did you have anything to do, either assisting
2 or planning, pre-op, post-op, anything to do with the
3 March 27, '97 surgery?

4 A. Not to my recollection.

5 Q. Okay. Taking a look at the records, do you see
6 any indication in the records that you had anything to do
7 with that surgery?

8 A. No.

9 Q. Okay. Now, do you have any recollection of
10 having discussed the lensectomy with Cheryl Fiorelli at
11 any time prior to the surgery?

12 A. No.

13 Q. Do you have any recollection of having
14 discussed the performance of a lensectomy with Doctor
15 Nevyas-Wallace prior to March 27?

16 A. I have no recollection today, no.

17 Q. Do you know why Doctor Nevyas-Wallace was
18 performing a lensectomy on the left eye rather than a
19 Lasik procedure on the right -- that was done on the
20 right eye?

MS. NEWMAN: Objection.

MS. POST: Wait, wait. Do you want to
know why at the time if he knew why?

MR. KAFRISSEN: Yeah.

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MS. POST: Okay. Did you know why in
1997?

THE WITNESS: At that time she may have
mentioned it to me but I don't recall. I can
speculate reasons, but that would be my
speculation at this point. I don't recall
discussing it.

BY MR. KAFRISSEN:

Q. Okay. Do you know why the lensectomy on the
left eye was done seven days after the Lasik on the right
eye?

A. Well, from the record, I gather the patient was
unhappy with the imbalance now and wanted to get
something done on the other eye, and why it was done as a
lensectomy rather than as a Lasik, I could give you my
assumptions but I don't recall discussing it.

Q. Okay. Do you know why a plate lens, a silicone
plate lens was used in the March '97 left eye procedure?

A. For the same reason we were using silicone
plate lenses of that variety for all of our cataract
procedures, or at least for the majority of them at that
time: namely, that it was the most advanced lens at the
time. It allowed us to avoid certain types of
contamination which could lead to infections since it was
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1 a lens which we could perfectly sterilely place in a lens
2 injector and put the lens injector into a small incision,
3 which was so small it didn't require suturing, and inject
4 it directly into the eye. Other lenses would have to be
5 contaminated by the conjunctival bacterial flora. In
6 other words, there was more risk of infection, for one.
7 We'd have to make a larger incision, which would induce
8 astigmatism. This lens could be injected through a tiny
9 three millimeter incision, which did not create
10 astigmatism and which did not require suturing and
11 therefore left the patient more comfortable and
12 eliminating the astigmatism of suturing and the various
13 risks accompanying suturing also. These were the reasons
14 we used that lens at that time.

15 Q. Okay.

16 A. We used many hundreds of them.

17 Q. When did that lens come into use?

18 A. I don't know the exact date when it came into
19 general use. I can tell you when we began using it. I
20 made a note of that and I'm going to have to look up my
21 note.

22 Q. Okay.

23 A. It's a Bausch & Lomb lens, the C-10-UB. The
24 first ones we put in were in September of 1995.
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1 Q. And have you continued using that lens or did
2 there come a time when you stopped?

3 A. No. There was an improved model which became
4 available in May of '97 called the C-11, and we switched
5 to that, and then in June of '98 there was a further
6 improvement called the LI-6IU -- LI-6IU, excuse me.

MS. NEWMAN: What was that date?

THE WITNESS: June of '98. And that's
the lens that we're currently using for most
cases now. All of these are foldable silicone
lenses which can be injected through a small
incision.

MS. NEWMAN: And was the lens that was
inserted in the Plaintiff a foldable --

THE WITNESS: The Plaintiff had a C-10.

MS. NEWMAN: Is that a foldable lens
that can be --

THE WITNESS: Oh, yes, foldable silicone
lens that was injected through a small
incision.

MS. NEWMAN: Thank you.

THE WITNESS: A self-sealing incision.

BY MR. KAFRISSEN:

Q. Are all three of these lenses that you've
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1 mentioned plate lenses?

2 A. No. The first two are. The third is a three-
3 piece lens.

4 Q. Can you tell me what difference, if any, is
5 there between the C-10 and C-11?

6 A. The C-11 has larger fixation holes to allow
7 tissue to grow through to stabilize it in place so that
8 there would be less likelihood of it becoming decentered
9 later on as a result of contraction of the capsula bag.

10 Q. Do you know whether any attempt was made prior
11 to the March 27th procedure to fit Cheryl with a contact
12 lens in the left eye?

13 A. I think she had been wearing contact lenses
14 prior to surgery, unless I'm mistaken. Again, I hadn't
15 treated her before. I thought she had been and that she
16 was dissatisfied and unhappy with being dependent upon
17 her contact lenses. I didn't see her before.

MS. POST: You weren't involved --

MR. KAFRISSEN: That's fine.

MS. NEWMAN: Off the record.

(Discussion held off the record.)

(A break was taken at this time.)

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