

Nevyas, M.D.

1 with what's in your records?

2 A. Yes.

3 Q. Can you tell me what you did on that visit.

4 A. One day postoperative visit, as in the other
5 situations, I examined her with a slitlamp to be sure
6 that the flap was in position --

7 Q. And --

8 A. -- and that there was no inflammation or
9 infection.

10 Q. And what did you find?

11 A. The flap was in good position and I would have
12 made a note if there were any inflammation or infection,
13 so it was not there.

14 Q. And did you examine her left eye?

15 A. I'm sure I looked at it. Obviously, there was
16 nothing unusual or I would have noted it.

17 Q. Okay. Did the second enhancement have the
18 desired effect as of 7/11/1997?

19 A. I haven't testified what the desired effect
20 was. I think you should ask Doctor Wallace exactly what
21 she was hoping to accomplish. It looks like, from her
22 record, that the vision was much better and refractive
23 error was reduced. She had very little astigmatism and
24 essentially no refractive error. If that's what she was
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1 lens would not remedy the clouding of the capsule.

2 Q. Okay. Would you agree that a plate lens has a
3 high risk of clouding?

4 A. No.

5 MS. POST: Objection to form.

6 BY MR. KAFRISSEN:

7 Q. And why not?

8 A. Lenses don't cloud.

9 Q. Would you agree that the capsule has a high
10 risk of clouding with a plate lens?

11 MS. POST: Objection to form. I don't
12 know what you mean by a high risk. High risk
13 compared to what?

14 MR. KAFRISSEN: Compared to other type
15 of lenses that use a larger opening.

16 THE WITNESS: No. The other way around.

17 The plate lens is biconvex and a biconvex lens
18 tends to press back on the capsule and keep
19 cells from growing in. A planoconvex lens has
20 a higher rate of capsular clouding than a
21 biconvex lens, but, nevertheless, any lens can
22 -- I mean behind the capsule can cloud with
23 any lens, and the younger patient has a more
24 likely -- is more likely to have clouding.
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1 aiming to accomplish, then she was successful.

2 Q. Okay. Now, the next time that I have you
3 seeing her is July 14, 1997, and that is at the Surgical
4 Center.

5 A. I don't have it.

6 MS. POST: Off the record.)

7 (Discussion held off the record.)

8 THE WITNESS: Doctor Nevyas-Wallace had
9 seen her and I must have been in the office at
10 the same time and did the capsulotomy, did the
11 actual doing of it, whatever reason, probably
12 because it was more convenient to have me do
13 it at that time.

14 BY MR. KAFRISSEN:

15 Q. That's where I'm getting to. Is there a part
16 of the handwritten note that's in your handwriting?

17 A. Yes.

18 Q. Which part's that?

19 A. Where it says: Central yag cap O.S., and the
20 arrow probably I drew.

21 Q. So that's, like, at the bottom -- middle of the
22 page, very bottom?

23 A. Yes.

24 Q. Now, let me go to the yag then on the 7/14.
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1 MS. NEWMAN: Note my objection to the
2 form of the question because there was no
3 distinction between whether we're talking
4 about lenses that are available today or
5 lenses that were available in July of 1997.

6 (Pause.)

7 MS. POST: Just so that we can deal with
8 the objection, was your question dealing with
9 the lenses that were available in 1997 as
10 opposed to anything that was available now or
11 available --

12 MR. KAFRISSEN: Yeah. What's available
13 then, not necessarily what's available today.

14 MS. NEWMAN: To clarify, Doctor Nevyas,
15 was your answer in relation to the lenses that
16 were available in '97?

17 THE WITNESS: It doesn't make any
18 difference. You missed the point.

19 BY MR. KAFRISSEN:

20 Q. Did you consider, in leaving the plate lens in
21 place, the risk of retinal detachment?

22 MS. POST: Objection to form.

23 MS. NEWMAN: Objection to relevance.

24 MS. POST: And he also said -- what I
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1 What was the -- you were now the surgeon on that?

2 A. Yes.

3 Q. Did anyone assist you?

4 A. No.

5 Q. And where was that surgery performed?

6 A. That's in a laser room that is adjacent to and
7 part of the Surgery Center but it is adjacent also to the
8 office.

9 Q. Now, in terms of that procedure, what was the
10 purpose of the yag that you were doing on the 14th?

11 A. To improve her vision.

12 Q. And can you tell me what problem, if any, she
13 was having with her vision that needed to be improved by
14 the yag?

15 A. Well, two things. It says she was seeing some
16 halos first and, secondly, the fact that there was any
17 significant amount of capsule clouding means that she
18 could see better, so it was to give her better vision;
19 just as if one's glasses are dirty, cleaning them
20 improves the vision.

21 Q. Now, when you were performing this procedure,
22 why did you choose to do a yag capsulotomy rather than a
23 lens replacement?

24 A. Because the capsule was clouded. Replacing the
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1 think my problem is, Sam, just -- and maybe
2 you want to lay the foundation -- he's already
3 testified that he didn't consider replacing
4 the lens, and I don't know whether you've
5 explored why not, so if that -- even if it was
6 a consideration so...

7 MR. KAFRISSEN: Well, I think I had
8 asked the doctor -- I think I had asked the
9 doctor why was the yag done instead of a lens
10 replacement, and the doctor had answered the
11 question that he wouldn't have done the lens
12 replacement. That's why I'm saying --

13 MS. POST: Yeah, so I guess the question
14 is: Was a replacement a consideration?

15 THE WITNESS: It is not an alternative.
16 They're two different things. That's like
17 saying: Why did you eat lunch rather than go
18 bowling? They're two different things. They
19 don't accomplish the same purpose. If you're
20 hungry, you eat lunch; you don't go bowling.

21 BY MR. KAFRISSEN:

22 Q. Well, I understand that they're two different
23 things. What I'm asking is, the problem, you were
24 saying, was that there was clouding in the capsule; is
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