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[1]	Herbert J. Nevyas, M.D.	[1]	
[2]	developing malingering or hysteria, as the case may	[2]	
[3]	be. They do not include optic nerve problems,	[3]	
[4]	although I guess if something had happened the day	[4]	
[5]	after, we might be concerned, but actually he went	[5]	
[6]	through a bunch of different retinal people, and	[6]	A. T
[7]	everybody said his retina was fine. So they are not	[7]	
[8]	considered adverse events and they are not listed	[8]	
[9]	under — I believe in our protocol we have a list of	1.000	
[10]	things that we check off. It is either present or	[10]	
[11]	not present or zero or whatever percentage, and that	[11]	
1021	is presented to the FDA. None of these things were	[12]	
	within the range that we report to the FDA because	10.00	before so he couldn't have anticipated any of them.
1 S. 1 S. 1	none of the things we have mentioned have anything		
	to do with having LASIK surgery.	[14]	answered.
[16]	Q: The four things that you mentioned that we	[15]	
1.000	have been talking about, did you anticipate that any	· ·	after his LASIK surgery, did you note when — are
	of them were going to happen post LASIK?	1000	you the one that made these four different diagnoses
[19]	MS. KRAMER: I'm going to object.		as you went along?
[20]	MR. LAPAT: Objection.	[20]	
[21]	MS. KRAMER: How do we make that when he	1.00	were impressions. He didn't say they were
[22]	didn't see him beforehand? So just hypothetically?	[22]	
[23]	Q: Hypothetically for LASIK patients in general,	[23]	
[24]	was there any way to anticipate that any one of	[24]	
[25]	those four things would happen?	1.	possibilities. At the time that you noted these
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[1]	Herbert J. Nevyas, M.D.	141	Herbert J. Nevyas, M.D.
[2]	A: Yes.	1	four possibilities, did you feel that there was any
[3]	MR. LAPAT: Objection.	1	way that they could have been anticipated in
[4]	Q: And how would you be able to anticipate?	1.000	advance?
[5]	A: I would anticipate the development of a	[5]	
[6]	cataract because I dilate the patient well and	[6]	
[7]	examine to be sure we don't have a cataract		NE LABAT OLI -
0.00	developing, and if that is the case, we do not do	[8]	
	LASIK. We do LED surgery. I cannot anticipate	1.00	at one time. He made one at another time. Does he
[10]	malingering. That's where a patient plans ahead to		feel they should have been made in advance of what?
[1 1]	try to bankroll his future upon us or our insurance.	[11]	
[12]	Q: Can you anticipate hysteria?		surgery.
[13]	A: No, not unless the patient's responses are	[13]	
[14]	very odd. Some patients will present with a strange	[14]	
		[15]	
100 20	the patient doesn't seem to be reasonable, I might	[16]	
[17]	be concerned.	[17]	
[18]	Q: Can you anticipate a physical problem that is		because, first of all, what you are trying to do is
[19]	retinal?		have him act as an expert against a codefendant and
[20]	A: Not if it is not there at the time I examine	1	I think he has already answered the question in
[21]	him, no.		stating that they were not things to be predictible
[22]	Q: If the patient, when examined preoperatively,	1 and a	in general, which he went through. Unless there is
[23]	그는 것 같은 것을 것 같이 것 같이 많은 것 같이 많이 많이 있는 것 같이 많이	[23]	
	I'm not sure I understood your answer. Does that	1	would be any different.
	mean you could anticipate nuclear sclerosis?	[25]	