

**SETTLEMENT DEMAND**

**PRIVILEGED/CONFIDENTIAL COMMUNICATION**

**DATE:** \_\_\_\_

**Addressee:**

**Our Client** : **Jane Doe**  
**Your Insured** : **XXXXX**  
**Claim Number** :  
**Date of Loss** : **MM DD, 2021**

Dear \_\_\_\_:

This office represents Jane Doe concerning the injuries she suffered from a surgery error that occurred due to the negligence of your insured on MM DD, 2021.

**As particularly set forth below, please accept our client's settlement demand in the amount of \$\_\_\_\_.** If this amount exceeds your insured's available policy limits, please consider this a policy limits demand. Acceptance of the policy limits is conditioned upon a receipt of a certified copy of the policy declaration page. Our client will be responsible for any and all liens that may attach to this settlement. **This settlement offer shall remain open for 30 days from the date of this letter, through and including \_\_\_\_\_.**

**FACTUAL SUMMARY**

Jane Doe, a YY-year-old woman, presented to XXXX Clinic on MM DD, 2021, for her vision problems. Her surgical history was significant for appendectomy, ovarian cyst removal, tonsillectomy, and LASIX surgery. She had a family history of cataract, glaucoma, hypertension, and stroke.

On MM DD, 2021, Ms. Doe presented to Mark XXX, O.D., at XXXX Clinic, P.S. XXXX Clinic, P.S. for blurred vision in her left and right eyes. Her blurred vision was associated with floaters, photophobia, and fuzziness, and it was more pronounced on the left. On examination, with wearing glasses, her eye measurements were -2.50 -1.50x176, add: +2.50 in her right eye and - 3.50 -1.75 x 015 add: +2.50 in her left eye. Her autorefraction eye measurements were -2.50 -1.50 x176 in her right eye and -3.50 -1.25 x 024 in her left eye. Keratometry revealed flat to be 43.25, axis to be 174, steep to be 45.00, and axis to be 084 in her right eye as well as flat to be 43.25, axis to be 003, steep to be 43.25, and axis to be 003 in her left eye. The right and left pupils were normal. In Randot testing, left eye was suppressed. The intraocular pressure was 18 in both eyes. External eye examination was normal with normal lid position, nasolacrimal, and orbital exam. The conjunctivae were white and quiet. Corneas and iris were clear with slit lamp

examination. Slit lamp examination of the lenses revealed posterior polar, brunescens lens, and 2+ posterior subcapsular lenses in both right and left lenses. A non-dilated ophthalmoscopic examination of the optic discs, retina, and vessels were normal. Fundus photos were obtained and were normal. She had dense posterior subcapsular cataract. She was diagnosed with age related cataract in both eyes distributed in right nasal peripheral cornea and left central cornea and presbyopia. She was referred to Paul XXX, M.D., or Bruce XXX for Toric Intraocular Lens (IOLs). She was counseled regarding lens implantation for cataract and glasses for presbyopia. Refraction was performed and glasses were prescribed. (*BATES Ref: MM DD-15 XXXX Clinic 0009 - MM DD-15 XXXX Clinic 0012*)

On MM DD, 2021, Mark XXX, O.D., examined Ms. Doe at for vision problems and it was worse on the left eye. On examination, while wearing glasses, her eye measurements were -2.50 -1.50x176, add: +2.50 in right eye and - 3.50 -1.75 x 015 add: +2.50 in left eye. Her autorefraction eye measurements were -3.00 -1.50 x 007 in right eye and -3.25 -2.25 x 0.27 in left eye. Keratometry revealed flat to be 43.25, axis to be 173, steep to be 45.50, and axis to be 083 in right eye as well as flat to be 43.00, axis to be 004, steep to be 46.50, and axis to be 094 in left eye. The right and left pupils were normal. External eye examination was normal with normal lid position, nasolacrimal, and orbital exam. The conjunctivae were white and quiet. Corneas and iris were clear with slit lamp examination. Slit lamp examination of the lenses revealed posterior polar, brunescens lens, and 2+ posterior subcapsular lenses in both right and left lenses. A non-dilated ophthalmoscopic examination of the optic discs, retina, and vessels was normal. She was diagnosed with age related cataract. She was referred to Paul XXX, M.D., in Tacoma, for cataract surgery in right eye using -1.00 SPH using Toric Intraocular Lens (IOLs). Benzodiazepines and Versed were prescribed for high anxiety. She was counselled regarding lens implantation for cataract. A correspondence with referral was sent to Dr. XX. (*BATES Ref: XXXX Medical Record - 000010 - XXXX Medical Record - 000012, XXXX Medical Record - 000009*)

On MM DD, 2021, Ms. Doe presented to Jeffrey XX, XXX and Victoria XXX, O.D., at XXXXX for evaluation of cataracts. She complained of worsening of decreased/blurry vision and glare for two years and it was more pronounced on the left. It affected her distant vision, and she had difficulty driving at nights. Her condition also affected her near vision, and she had difficulty performing her activities of daily living and seeing details in vision. She had fevers and weight loss. On examination, the eye measurements with glasses included the following: spherical: -2.75; cyclical: -2.25; axis: 171 in right eye and spherical: -4.00; cyclical: -1.75; axis: 019 in left eye. The autorefraction measurements included: Spherical: -2.75, cyclical: -1.50, axis: 173, Dva 20/25 +2 in right eye; Spherical: -4.00, cyclical: -1.75, axis: 019, Dva 20/30 -2 in left eye.

The Auto keratometry revealed: K1 43.50, Merid 171, average 44.50, delta Ks 2.00, steeper Merid 081, K2 45.50, Merid 081 in right eye; K1 43.25, Merid 178, average 44.25, delta Ks 2.00, steeper Merid 088, K2 45.25, Merid 088 in left eye. The lenstar keratometry revealed: K1 43.48, Merid 169, average 44.26, delta Ks 1.55, steeper Merid 079, K2 45.03, Merid 079 in right eye; K1 43.26, Merid 005, average 44.17, delta Ks 1.82, steeper Merid 095, K2 45.25, Merid 095 in left eye. The pentacam keratometry revealed: K1 43.20, Merid 171, average 44.10, delta Ks 1.80, steeper Merid 081, K2 45.00, Merid 081 in right eye; K1 43.10, Merid 001, average 44.15, delta Ks 2.10, steeper Merid 091, K2 45.20, Merid 091 in left eye. The surgery keratometry revealed: K1 43.48, Merid 169, average 44.26, delta Ks 1.55, axial length

25.45, K2 45.03, Merid 079 in right eye; K1 43.26, Merid 005, average 44.17, delta Ks 1.82, axial length 25.53, K2 45.08, Merid 095 in left eye.

The intraocular pressures were 15 mmHg in right eye and 16 mmHg in left eye. An external examination of the right eye revealed conjunctiva chalasis with oily tear film in right eye as well as white and quiet conjunctiva with oily tear film in left eye with slit lamp examination. She was diagnosed with age-related cataracts in bilateral eye and regular astigmatism in bilateral eye. Dr. XXX discussed the risks, benefits, alternatives of cataract surgery and the possibilities of glare, streaks, arcs, and halos. The refractive endpoint and the need for medications at distance and near postoperatively, were discussed. Dr. XXX and Ms. Doe confirmed staggered myopia endpoint with right eye aimed for -1.00D. However, the endpoint for left eye was pending.

Therefore, Ms. Doe was recommended to undergo CE Toric Intraocular Lens (IOL) implantation in right eye first with -1.00D endpoint per referral, and later in left eye after two weeks following confirmation from Dr. XXX regarding endpoint in CE left eye. Dr. XXX was also advised to confirm the availability of proper Toric IOL on the day of surgery. The pros and cons of toric Intraocular Lens (IOL) including no guarantee of spectacle independence at distance or near with Toric IOL were discussed. Dr. XXX also discussed the risks of needing IOL reposition if IOL rotated off axis. Dr. XXX opined that the toric IOL might reduce astigmatism but might not eliminate all the astigmatism. Ms. Doe agreed to proceed with surgery on December 2, 2021. A correspondence regarding the evaluation was sent to Dr. XXX. (BATES Ref: XXXX Medical Record - 000050 - XXXX Medical Record - 000055, XXXX Medical Record - 000044 - XXXX Medical Record - 000045, XXXX Medical Record - 000056)

On the same day, an Optical Coherence Tomography (OCT) of Ms. Doe's both eyes were obtained at XXXXX and the study was unremarkable. (BATES Ref: XXXX Medical Record - 000047 - XXXX Medical Record - 000048)

On MM DD, 2021, Ms. Doe had a telephone conversation with Ms. Hannah XX at XXXXX. Ms. Doe had concerns about the injection used to numb the eye during surgery due to her having reactions to numbing agents in the past. Ms. Larson advised that a technician would call her back to discuss. (BATES Ref: XXXX Medical Record - 000015)

On MM DD, 2021, Ms. Doe signed a consent for cataract and lens implantation surgery, at XXXXX. (BATES Ref: XXXX Medical Record - 000066 - XXXX Medical Record - 000069)

On the same day, (MM DD, 2021) at 2:52 p.m., Ms. Doe was examined by Dr. XX at XXXXX for the planned IOL implantation in right eye under retrobulbar anesthesia. On checking her vitals, at 2:21 p.m., her BP was 152/99, temperature was 97.50, and pulse was 78. (BATES Ref: XXXX Medical Record - 000040 - XXXX Medical Record - 000041)

On the same day (MM DD, 2021), Ms. Doe had a pre-operative evaluation with Arlissa XXX, CRNA. The pre-operative diagnoses included combined forms of age-related cataract in right eye and regular astigmatism in bilateral eye. The risks, benefits, and alternatives of the anesthesia plan were discussed. Her American Society of Anesthesiology physical status score was II. The anesthesia start time

was 2:56 p.m. The anesthesia technique planned was retrobulbar and the anesthetic medication included Xylocaine 4% plain MPF 4 ml. Her vital signs were stable. (*BATES Ref: XXXX Medical Record - 000032 - XXXX Medical Record - 000033*)

Subsequently, Dr. XX performed IOL implantation in Ms. Doe's right eye under retrobulbar anesthesia. The operative eye was prepped in the usual sterile ophthalmic manner. The anterior chamber was filled with Healon and a CCC capsulotomy was performed. The lens nucleus was removed with phacoemulsification. The effective phaco time was 8.1 seconds. Healon was used to fill the anterior chamber to aid IOL placement. The IOL was placed in the capsular bag. The toric was aligned at 079 degrees. Viscoelastic was irrigated and aspirated from the anterior chamber and the incision(s) were self-sealing. Dr. XX opined that there was significant chemosis from the block. The administration of 5 ml of artificial tears to the operative eye on an as-needed basis and 5 ml of Pred-Moxi-Nep every other day was recommended. Ms. Doe tolerated the procedure well and was sent to TLC in satisfactory condition. (*BATES Ref: XXXX Medical Record - 000039*)

Subsequently, Ms. Doe had a post-operative evaluation with Dr. XX. The post-operative vitals were stable, and the post-operative site was good. She was alert and oriented. The post-operative instructions were reviewed and given to Ms. Doe. (*BATES Ref: XXXX Medical Record - 000034 - XXXX Medical Record - 000035*)

On the same day (MM DD, 2021), at 9:24 p.m., Ms. Peyton XX, at XXXXX received the following communication from Ms. Lisa. It was reported that Ms. Doe called with concerns for a dislodged lens. She stated that her vision was a bit blurry/hazy, and she stated that her vision appeared to be like she was looking through something. Ms. Doe had multiple questions as to whether she ruined the surgery, and whether it could be fixed. The following were discussed: effects of the dilation drops; difficulty to assess if there were any injuries over the phone and whether her complaints were due to dilation/anesthesia. Ms. Doe was instructed to sleep that night and have an evaluation the following day. Ms. Doe stated that her eye was sore, and therefore, Tylenol and Ibuprofen were prescribed. She was advised to keep the tape over the eye to keep the eye shut until anesthesia wore off. (*BATES Ref: XXXX Medical Record - 000015*)

On MM DD, 2021, Ms. Doe presented to Bradley XXX, O.D, at XXXXX for a post-operative examination. She complained of pain and lid swelling in her right eye. On examination of her right eye, the intraocular pressure was 24 mmHg, and it was swollen. The pupils were dilated and there was marked edema in her upper and lower lids with mild erythema in her upper lid. The wound was intact in conjunctiva with 4+ chemosis 360 and 1+ injection. She was diagnosed with significant chemosis secondary to retrobulbar block. She was advised to continue taking PMN (Prednisone/Moxifloxacin/Nepafenac) four times a day as well as use artificial tears and cool compress for comfort. She was advised to follow up with Dr. XXX in one week. Dr. XXX further drafted a correspondence to Dr. XXX regarding the visit on MM DD, 2021. It was opined that the typical 4–6-week post-operative exam with dilation should be done and it should include confirmation of proper IOL alignment by checking the position of the peripheral markings on the IOL. Ms. Doe should be referred to XXXX for IOL adjustment on the next available surgical day should she be symptomatic because of rotational instability. (*BATES Ref: XXXX Medical Record - 000024 - XXXX Medical Record - 000026, XXXX Medical Record - 000027 - XXXX Medical Record - 000028*)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Ms. Doe was not satisfied with the post operative results of her right eye, and she suffered blurred vision and irritation in her right eye, despite instilling Pred-Moxi-Nepa combination drop. On examination, with Snellen chart, the visual acuity was 20/50 in right eye. The keratometry revealed flat 43.25, axis 162, steep 45.50, and axis 072 in right eye and flat 42.50, axis 003, steep 47.25, and axis 093 in left eye. Her intra-ocular pressures were 18 mmHg in right eye and 21 mmHg in left eye. She was diagnosed with age-related cataract in both eyes. Counseling was provided. (BATES Ref: MM DD-15 XXXX Clinic 0004 - MM DD-15 XXXX Clinic 0005)

On MM DD, 2022, Ms. Doe had a telephone conversation with Ms. Sharon XX at XXXXX. It was reported that Ms. Doe consulted an optometrist on MM DD, 2022, for cataract in her right eye. Her right eye did not heal and there was persistent redness and swelling in her right eye. She was advised to follow up with the optometrist on MM DD, 2022, for a follow-up appointment. Ms. Doe desired to cancel the appointments related to her left eye until her right eye healed. (BATES Ref: XXXX Medical Record – 000014 - XXXX Medical Record – 000015)

On MM DD, 2022, Dr. XXX returned to Dr XXX's phone call. It was reported that Ms. Doe was doing better with resolving chemosis and lid edema secondary to retrobulbar block. She continued to have Subconjunctival hemorrhage (SCH). Ms. Doe was under the impression that XXXX had documented a reaction or allergic response to Retro Bulbar Block (RBB). However, there was no record of allergic response to retrobulbar block on reviewing her chart note, operative note, and post-operative visit with Dr XXX. Her post-operative findings were secondary to the retrobulbar block delivery. There was no indication that she experienced an allergic reaction and there was no documentation in XXXX record. Dr. XXX stated that there was no need for her to be concerned about an allergic response with any future utilization of retrobulbar block and further stated that her outcome/experience was uncommon but was a possible risk with RBB. (BATES Ref: XXXX Medical Record – 000014)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Ms. Doe was not satisfied with the post operative results of her right eye, and she continued to suffer blurred vision and discharge from the right eye. She stated that she was not able to get the eye drops due to miscommunication with the pharmacy and physician. She had difficulty driving and difficulty reading. Her condition worsened since the previous visit. She was unable to work and read and was very unhappy with the results of the surgery and the experience at the clinic she was referred to. Her right eye was completely swollen and shut after the surgery. On examination, with Snellen chart, the visual acuity was 20/80 in right eye and 20/400 in left eye as well as J6-1 in right eye and J9-1 in left eye.

The keratometry revealed flat 43.25, axis 174, steep 45.50, and axis 084 in right eye and flat 43.00, axis 003, steep 45.50, and axis 093 in left eye. Her intra-ocular pressures were 15 mmHg in right eye and 17 mmHg in left eye. The slit lamp examination of the right eye lens revealed pseudophakia PCIOL cantered in bag perfect axle. She was diagnosed with age-related cataract in both eyes. Bland ointments at bedtime and instillation of Pred acetate four times a day for three weeks were recommended. She was referred to Dr. XX for implantation of a left toric implant set at -2.50 SPH in left eye. (BATES Ref: XXXX Medical Record - 000006 - XXXX Medical Record - 000008)

On MM DD, 2022, Dr. XXX drafted a correspondence to Dr. XX, in which Dr. XXX stated that Ms. Doe's visual acuity was 20/20 in right eye with refractive outcome at -100 SPH as targeted. However, she continued to have hyperemia and claimed that XXXX did not give her more post operative drops or call her back, so she was put on a course of Pred acetate 1% to whiten her eye and calm her down and she was prescribed Plus bland ointment at night. She also claimed her right lid drooping was more since the surgery. Dr. XXX recommended scheduling left eye surgery in XXX. (BATES Ref: XXXX Medical Record - 000005)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX and Thalia XX at XXXXXX. She complained of glare in both eyes, and it affected her near and distance vision, and her condition was associated with bright lights. She complained of decreased vision, which was more pronounced on the left. It affected her near and distance vision and her condition affected her daily activity and chores. She complained that the vision in her right eye was not clear and reported more blurring of vision in left eye. She did not wear her spectacles and was not able to drive. She stated that she required more light for both eyes for reading. On examination, the intraocular pressure was 16 mmHg in right eye and 19 mmHg in left eye. There was trace injection in her right conjunctiva and mild Anterior Basement Membrane Dystrophy (ABMD) in left cornea. There was vitreous syneresis in left eye. She was diagnosed with combined forms of age-related cataract in left eye, presence of intraocular lens, and regular astigmatism in bilateral eye. She was recommended to undergo CE Toric IOL implantation in left eye. The increased potential of Posterior Capsule Opacification (PCO) and future need for Yttrium Aluminum Garnet (YAG) capsulotomy secondary to nature of cataract were discussed. Continued monitoring of the intraocular lens was recommended. (BATES Ref: XXXX Medical Record - 000018 - XXXX Medical Record - 000023, XXXX Medical Record - 000017)

On MM DD, 2022, Ms. Doe had a telephone conversation with Kristina XXX at XXXXXX. She wanted to talk about compensation for her botched surgery in XXX. The processes at XXXX were explained. (BATES Ref: XXXX Medical Record - 000014)

On MM DD, 2022, Ms. Doe presented to Walter XXX, M.D., at XXXXXX for cataract evaluation in her left eye. She stated that she underwent cataract surgery in her right eye and was not happy with the outcome. She thought that XXXX made a mistake. There was PCO in right eye, interfering with visual acuity. There was IOL in place in right eye and cataract in left eye and vertical cylinder in both eyes. She subsequently underwent a YAG procedure in her right eye. The following were ordered: IOL master in both eyes, IOL calculation in both eyes, and specular microscopy in right eye. A toric lens implantation in left eye was suggested and phaco in left eye was recommended. Administration of nonsteroidal anti-inflammatory drugs for right eye, thrice a day, for five days was recommended. (BATES Ref: MM DD-15 XXXXX - 000002)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Dr. XXX was unsure whether to use toric lens for left eye. On MM DD, 2022, as per Dr. XXX, there was -1.00 SPH in right eye. It was recommended to attempt to make -2.50 for near vision. (BATES Ref: MM DD-15 XXXXX - 000003)

On MM DD, 2022, Ms. Doe underwent phacoemulsification with posterior chamber and intraocular lens placement in left eye under local with monitored anesthesia care by Dr. XXX. The pre and post

operative diagnosis was combined forms of age-related cataract in left eye. She had decreased vision in the left eye. On examination, she was found to have best corrected acuity of 20/60, with a nuclear, cortical, and subcapsular cataract. Following the surgery, she was taken to the recovery room in stable condition. She was advised to follow up after the surgery, or with the referring physician. (BATES Ref: MM DD-15 XXXXX - 000004 - MM DD-15 XXXXX - 000005)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. The surgical sutures were removed from the left eye and antibiotics were discontinued. The dosage of Prednisone and NaCl was decreased to two times a day. She was advised to follow up in two weeks. (BATES Ref: MM DD-15 XXXXX - 000006)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Her right eye surgery was bothering her. On examination, there were plugged meibomian glands, misdirected lens, and trichiasis laterally and nasally. There was PCO in her left eye. She was diagnosed with blepharitis in both eyes; trichiasis in right and left eyes primary laterally and nasally; and subtle PCO in left eye. The right upper and lower lids were epilated and the lids in both eyes were expressed. She was advised to follow up in two to three months. (BATES Ref: MM DD-27 UPDATED XXXXX 0009)

On MM DD, 2022, Ms. Doe complained that her left eye was hit with a stick. Her visual acuity was ok. An appointment was scheduled for the following day. (BATES Ref: MM DD-27 UPDATED XXXXX 0009)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Her left eye was hit by a stick, and she had some pain and irritation in her left eye. However, her visual acuity was good, and she wore new glasses for driving. On examination, the epi surface was distorted and elevated at 5'o clock in her left eye. Instillation of Prednisone gtts thrice a day and Muro gtts in left eye were recommended. She was advised to follow up in one week. (BATES Ref: MM DD-27 UPDATED XXXXX 0010)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. The visual acuity in her left eye was not as clear as she felt. There was some PCO in her left eye, making things cloudy for Ms. Doe. She was recommended to undergo a YAG procedure in left eye in 90 days. Prednisone was discontinued. She was advised to follow up in three to four weeks. (BATES Ref: MM DD-27 UPDATED XXXXX 0011)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Her vision was not clear as before and she wanted a re-check of her right eye. On examination, her visual acuity was 20/20. There was subtle haze in left eye with PCO. She underwent YAG in her left eye and IOP in left eye after the procedure was 17 mmHg. Dr. XXX opined that the haze would improve after YAG. Her right cornea was clear. There was shallow anterior chamber in left. Diclofenac was given to use three times a day for five days and then discontinue. She was advised to follow up in one month. (BATES Ref: MM DD-27 UPDATED XXXXX 0012)

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. She noticed single floaters in left eye. On examination, her visual acuity was 20/20-2. There were misdirected left lashes. Her visual acuity and intraocular pressures were good. She underwent epilation in her both upper and lower left lids. She was advised to follow up in one month. (BATES Ref: MM DD-20 XXXXXXXX 0003)

On MM DD, 2023, Ms. Doe had a follow-up with Dr. XXX. She had some trouble seeing street signs and she was under a lot of stress. On examination, she had trouble focusing. She was advised to follow up in three months. (BATES Ref: MM DD-20 XXXXXXXX 0001)

### **NEGLIGENCE AND LIABILITY**

Upon thorough review of the available medical records, the deviations noted in the standard of care provided for Ms. Doe at XXXXX are listed below:

- **Deviation in administration of retrobulbar anesthesia during the cataract surgery on MM DD, 2021**
- **Failure to provide adequate post operative care following right eye cataract surgery on MM DD, 2021.**

It is evident that Ms. Doe was inappropriately managed at XXXXX, intra-operatively and post-operatively, which in turn resulted in posterior capsule opacification in her right eye.

### **SUMMARY OF MEDICAL ILLNESSES**

As a result of the deviation in the standard of care rendered at XXXXX, Ms. Doe sustained the following injuries:

- **Right chemosis following retrobulbar block**
- **Right lid edema**
- **Right lid drooping**
- **Blurred vision**
- **Discharge from right eye**

### **Personal Injury Photographs**

(BATES Ref: COMBINED 0001 - COMBINED 0003)



### MEDICAL EXPENSES

The medical expenses for treatment of injuries that Ms. Doe suffered because of the negligence of your insured amounted to \$6,447.44. Copies of the medical bills are attached and itemized below: (BATES Ref: XXXX STATEMENT 0001, MM DD-15 XXXX Clinic 0013 - MM DD-15 XXXX Clinic 0016, Billing 0001- Billing 0004)

XXXXX	:	\$3,116.00
XXXX Clinic	:	\$232.00
XXXXX	:	<u>\$3,099.44</u>
<b>Total Medical Expenses</b>	:	<b>\$6,447.44</b>

### FUTURE MEDICAL EXPENSES

Ms. Doe's right eye visual disturbances remain unresolved. Therefore, she will require further follow-ups and treatment for her right eye visual symptoms due to posterior capsule opacification (PCO). PCO can cause a gradual deterioration of visual acuity, which would otherwise improve after a successful procedure. PCO not only causes quantitative visual disturbances but also reduces the quality of vision, leading to reduction in contrast sensitivity, halo effect, and lack of binocular vision. PCO obscuring the visual axis can be treated with either surgical intervention such as posterior capsule scraping or non-surgically with Nd: YAG laser capsulotomy. There are few complications from Nd: YAG laser capsulotomy such as a rise in intraocular pressure, glaucoma, cystoid macular edema, and retinal detachment.

Therefore, in view of aforementioned factors, Ms. Doe will need to follow up with an ophthalmologist for an evaluation of her visual symptoms and further appropriate management. She will have to undergo surgical procedures if needed to prevent further worsening and loss of vision in right eye. Following the surgical procedure, she will need post-operative care to prevent further complications. She will require a follow-up with the optometrist until her right eye vision is restored completely.

<b>Surgical procedures and post op care</b>	:	<b>\$14,000.00-\$17,000.00</b>
<b>Ophthalmologist evaluations</b>	:	<b>\$3,000.00-\$4,000.00</b>
<b>Optometrist follow-ups</b>	:	<b><u>\$1,500.00-\$2,500.00</u></b>
<b>Total Future Medical Expenses</b>	:	<b>\$18,500.00-\$23,500.00</b>

### NON-MEDICAL OUT-OF-POCKET EXPENSES

The out-of-pocket expenses incurred for Ms. Doe because of her injuries amounted to \$2,975.00. Due to her persistent vision issues and inability to make repairs to the property promptly, Ms. Doe lost rent from two tenants. She also hired an additional labor for rental unit work that Ms. Doe would ordinarily do.

In addition, her daughter spent about \$500.00 for gas to drive to take care of business since the cataract surgery. (BATES Ref: ACCOUNTING FOR XXXX TO PAY ME 0001)

<b>Losses from tenant rent compensation</b>	:	<b>\$1,650.00</b>
<b>Additional expense of hired tenant help</b>	:	<b>\$572.00</b>
<b>Additional expense from hired work</b>	:	<b>\$253.00</b>
<b>Gasoline for transportation</b>	:	<b><u>\$500.00</u></b>
<b>Total Out-of-Pocket Expenses</b>	:	<b>\$2,975.00</b>

### **PAST LOSS OF INCOME**

Ms. Doe, a painter, had been earning \$384.00/weekend workshop at XXX as well as \$192.00 per day at XXX. In addition, her average income from painting sales was \$650.00 per month. As a result of the blurry vision from right eye surgery on MM DD, 2021, Ms. Doe was unable to attend the painting workshops between XX 2021 and MM DD 22. As a result, she lost \$1,536.00 (\$384.00 x four weekends) at XXX and \$768.00 (\$192.00 x four classes) at XXX Center. Additionally, she lost \$3,900.00 (6 months x \$650.00) loss from not being able to work on painting art and promote it online and other places to sell it. Therefore, in total, she suffered a past loss of income of approximately \$6,204.00. (BATES Ref: ACCOUNTING FOR XXXX TO PAY ME 0001)

Teaching income losses	\$2,304.00
Losses from painting sales	\$3,900.00
<b>Total income loss</b>	<b>\$6,204.00</b>

### **FUTURE LOSS OF INCOME**

Due to her injuries, Ms. Doe will continue to suffer from vision issues and will have to attend her follow-up consultations. She will be unable to continue with her painting work efficiently and therefore, the future loss of income will exceed \$\_\_\_\_\_.

### **LIFESTYLE IMPACT**

Prior to the surgery on MM DD, 2021, at XXXXX, Ms. Doe had been living a happy and a peaceful life with her family. She underwent the IOL implantation surgery in right eye with hopes of leading a better life. However, due to negligence during the operative and post operative phases, Ms. Doe suffered from multiple complications including persistent blurred vision, lid edema, and hyperemia. She also suffers from worsening of right lid drooping. She had to undergo Yttrium Aluminum Garnet (YAG) procedure and take numerous medications for treating the complications.

Due to the persistent visual issues, Ms. Doe is unable to work and read. Her condition affects her activities of daily living and household chores. As a result, she suffers from emotional distress and

depression. She refrains and is unable to paint and take painting classes. As a result, she has lost self-confidence and motivation, due to which the chances of developing depression are high.

Overall, if Ms. Doe had been rendered an appropriate management intraoperatively and postoperatively, she would have led a better and peaceful life. Her injuries are likely to continue to negatively affect her in the future as well.

#### **SUMMARY OF DAMAGES**

<b>Medical Expenses</b>	<b>:</b>	<b>\$6,447.44</b>
<b>Future Medical Expenses</b>	<b>:</b>	<b>\$18,500.00-\$23,500.00</b>
<b>Out-of-pocket Expenses</b>	<b>:</b>	<b>\$2,975.00</b>
<b>Loss of Income</b>	<b>:</b>	<b>\$6,204.00</b>
<b>Future Loss of Income</b>	<b>:</b>	<b>\$</b>
<b>Lifestyle Impact/Loss of Activities</b>	<b>:</b>	<b>\$</b>

#### **CONCLUSION**

Demand is hereby made for the sum of \$\_\_\_\_\_. If this amount exceeds your insured's policy limits and any applicable excess policies please provide the declaration page. Ms. Doe will be responsible for any and all liens. This demand shall remain open for 30 days from the date of this letter, through and including \_\_\_\_\_.

Yours very truly,