Narrative Summary

Jane Doe is a 70-year-old woman, with a surgical history of appendectomy, ovarian cyst removal, tonsillectomy, and Laser-Assisted in Situ Keratomileusis (LASIK) surgery. She has a family history of cataract, glaucoma, hypertension, and stroke.

On MM DD, 2021, Ms. Doe presented to Mark XXX, O.D., at XXX 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. Slip lamp examination of the lenses revealed posterior polar, brunescent 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 XX, M.D., or Bruce XX for Toric Intraocular Lens (IOLs). She was counseled regarding lens implantation for cataract and glasses for presbyopia. Refraction was performed and glasses were prescribed.

On MM DD, 2021, Ms. Doe had a follow-up with Dr. XXX for vision problems and it was worse on the left eye. 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 -3.00 -1.50 x 007 in her right eye and -3.25 -2.25 x 0.27 in her left eye. Keratometry revealed flat to be 43.25, axis to be 173, steep to be 45.50, and axis to be 083 in her 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 her 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. Slip lamp examination of the lenses revealed posterior polar, brunescent 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. She was diagnosed with age related cataract. She was referred to Paul XX, M.D., in XX, for cataract surgery in her right eye using -1.00 SPH using Toric Intraocular Lens (IOLs). Benzodiazepines and Versed were prescribed for high anxiety. She was counseled regarding lens implantation for cataract. A correspondence with a referral was sent to Dr. XX.

On MM DD, 2021, Ms. Doe presented to Jeffrey XXX, XX Technician and Victoria XX, 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 visually. 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. XX 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 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 the 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. XX also discussed the risks of needing IOL reposition if IOL rotated off-axis. Dr. XX opined that the toric IOL might reduce astigmatism but might not eliminate all astigmatism. Ms. Doe agreed to proceed with surgery on MM DD, 2021. A correspondence regarding the evaluation was sent to Dr. XXX.

On the same day, an Optical Coherence Tomography (OCT) of Ms. Doe's both eyes were obtained at XXXXX and the study was unremarkable.

On MM DD, 2021, Ms. Doe had a telephone conversation with Ms. Hannah XX at XXXXX. Ms. Doe had concerns about injections used to numb her eye during surgery due to her having reactions to numbing agents in the past. Ms. XX advised that a technician would call her back to discuss.

On MM DD1, 2021, Ms. Doe signed a consent for cataract and lens implantation surgery, at XXXXX.

On the same day, (MM DD1, 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.

On the same day (MM DD1, 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.

Subsequently, Dr. XX performed IOL implantation in Ms. Doe's right eye under retrobulbar anesthesia. The operative eye was prepped in 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.

Subsequently, Ms. Doe had a post-operative evaluation with Dr. XX. The postoperative 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.

On the same day (MM DD1, 2021), at 9:24 p.m., Ms. Peyton XX, at XXXXX received the following communication from Ms. XX. It was reported that Ms. Doe called with concerns about a dislodged lens after being rear ended on her way home. 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 the collision or from the 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.

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. There was an intact wound in the conjunctiva with 4+ chemosis 360 and 1+ injection. She was diagnosed with significant chemosis secondary to retrobulbar block. Dr. XXX reassured that everything appeared Within Normal Limits (WNL) and the expected course of resolution of post operative chemosis was reviewed. 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 postoperative 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.

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, sleep 45.50, and axis 072 in right eye and flat 42.50, axis 003, sleep 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.

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 a cataract in her right eye. Her right eye did not heal and there was persistent redness and swelling in her right eye. The optometrist opined that her right eye would require some more time to heal, and 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 right eye until her right eye healed.

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 some resolving 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.

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 pharmacy and physician. She had difficulty driving and difficulty reading. Her condition was worse 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, sleep 45.50, and axis 084 in right eye and flat 43.00, axis 003, sleep 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 slip 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 left toric implant set at -2.50 SPH in left eye.

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 Bellevue.

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XX and Thalia XX at XXXXX. She complained of glare in both eyes, which affected her near and distant 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 distant 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 the future need for Yttrium Aluminum Garnet (YAG) capsulotomy secondary to nature of cataract were discussed. Continued monitoring of the intraocular lens was recommended.

On MM DD, 2022, Ms. Doe had a telephone conversation with Kristina XX at XXXXX. She wanted to talk about compensation for her botched surgery in XXX. The processes at XXXX were explained.

On MM DD, 2022, Ms. Doe presented to Walter XXX, M.D., at XXXX 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 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.

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. The visual acuity in her right eye had improved after the YAG procedure. Dr. XXX was unsure whether to use the toric lens for her left eye. On MM DD, 2022, as per Dr. XXX, there was -1.00 SPH in her right eye. It was recommended to attempt to make -250 for near vision.

On MM DD, 2022, Ms. Doe underwent phacoemulsification with posterior chamber and intraocular lens placement in her 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 surgery, or with the referring physician.

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Her visual acuity was better. 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.

On MM DD, 2022, Ms. Doe had a follow-up with Dr. XXX. Her vision was clear at times. Her right eye surgery was bothering. 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 her both eyes were expressed. The gtts were discontinued. She was advised to follow up in two to three months.

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, the following day.

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.

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 YAG procedure in her left eye in 90 days. Prednisone was discontinued. She was advised to follow up in three to four weeks.

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 a subtle haze in her left eye with PCO. She underwent YAG in her left eye and IOP in her 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 a shallow anterior chamber in her left eye. Diclofenac was given to use three times a day for five days and then discontinue. She was advised to follow up in one month.

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.

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.

Personal Injury Photographs