

IN THE COURT OF COMMON PLEAS
FOR THE COUNTY OF CUYAHOGA, OHIO

KEVIN KISS, et al.

Plaintiffs,

vs.

Case No.

THE CLEVELAND CLINIC

CV-402-393

FOUNDATION

Defendants.

- - - - -

Oral deposition of PETER J.
SAVINO, M.D., taken at the offices of
PETER J. SAVINO, M.D., Wills Eye
Hospital, 900 Walnut Street,
Philadelphia, Pennsylvania, on Tuesday,
October 30, 2001, at 3:17 p.m., before
Rosemary Locklear, Registered
Professional Reporter, Certified
Shorthand Reporter (NJ), Certified
Realtime Reporter and Notary Public,
pursuant to notice.

- - - - -

DEPOSITION OF PETER J. SAVINO, M.D.

<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES:</p> <p>2 .</p> <p>3 On behalf of the Plaintiffs:</p> <p>4 Becker & Mishkind Co., LPA</p> <p>5 by, JEANNE M. TOSTI, ESQ.</p> <p>6 Skylight Office Tower</p> <p>7 Suite 660</p> <p>8 1660 West 2nd Street</p> <p>9 Cleveland, Ohio 44113</p> <p>10 216.241.2600</p> <p>11 .</p> <p>12 On behalf of the Defendant:</p> <p>13 Roetzel & Andress Co, LPA</p> <p>14 by, ANNA MOORE CARULAS, ESQ.</p> <p>15 1375 East 9th Street</p> <p>16 Suite 1000</p> <p>17 Cleveland, Ohio 44114</p> <p>18 216.615.7401</p> <p>19 .</p> <p>20 .</p> <p>21 .</p> <p>22 .</p> <p>23 .</p> <p>24 .</p> <p>25 .</p>	<p style="text-align: right;">Page 4</p> <p>1 A. Fair.</p> <p>2 Q. Now, I appreciate you giving</p> <p>3 me your most recent CV, and I'm not</p> <p>4 going to spend a lot of time going</p> <p>5 through your background because it's all</p> <p>6 set forth there.</p> <p>7 If you'd be kind enough</p> <p>8 Just to tell me, though, what does the</p> <p>9 average week for Dr. Savino entail?</p> <p>10 Give me a rundown of if there's</p> <p>11 something you do on Mondays, Tuesdays,</p> <p>12 in general, what your week entails.</p> <p>13 A. Yes. Because I'm at two</p> <p>14 different offices during the week, my</p> <p>15 week is split. Monday morning I see</p> <p>16 patients at my other office at Graduate</p> <p>17 Hospital, where I'm the chairman of</p> <p>18 ophthalmology, and Monday afternoons I</p> <p>19 do surgery there. Tuesday mornings I</p> <p>20 see patients at Wills Eye Hospital and</p> <p>21 Tuesday afternoons I either see patients</p> <p>22 like I was doing now or do surgery</p> <p>23 here. Wednesday morning I see patients</p> <p>24 at Wills and run a lunchtime clinic for</p> <p>25 the residents and the neurologists at</p>
<p style="text-align: right;">Page 3</p> <p>1 PETER J. SAVINO, M.D.,</p> <p>2 having been duly sworn, was examined and</p> <p>3 testified as follows:</p> <p>4 BY-MS.CARULAS:</p> <p>5 Q. Would you please state your</p> <p>6 full name for the record.</p> <p>7 A. Peter Joseph Savino.</p> <p>8 Q. Dr. Savino, we've already</p> <p>9 been introduced. My name is Anna</p> <p>10 Carulas, and I represent the Cleveland</p> <p>11 Clinic in this action.</p> <p>12 You've had your deposition</p> <p>13 taken before; correct?</p> <p>14 A. Yes.</p> <p>15 Q. So you understand you need</p> <p>16 to answer everything verbally for our</p> <p>17 court reporter. Okay?</p> <p>18 A. Yes.</p> <p>19 Q. If you don't understand one</p> <p>20 of my questions, please tell me that and</p> <p>21 ask me to rephrase it. Okay?</p> <p>22 A. Yes.</p> <p>23 Q. If you answer something, I'll</p> <p>24 assume you've understood it. Fair</p> <p>25 enough?</p>	<p style="text-align: right;">Page 5</p> <p>1 Jefferson and whoever else wants to</p> <p>2 come, and then Wednesday afternoon is an</p> <p>3 administrative afternoon for me.</p> <p>4 Thursday morning I see patients at Wills</p> <p>5 Eye Hospital and in the afternoon is an</p> <p>6 administrative afternoon or I'll do</p> <p>7 surgery rarely on those days. Friday</p> <p>8 morning I see patients at Graduate</p> <p>9 Hospital. Friday afternoon I see</p> <p>10 patients at Wills Eye Hospital.</p> <p>11 Q. So as far as dividing up</p> <p>12 your time between administrative</p> <p>13 activities and clinical practice, what</p> <p>14 would that split be?</p> <p>15 A. Well, theoretically, it's two</p> <p>16 half days a week administrative but,</p> <p>17 unfortunately, the patient care spills</p> <p>18 over into the administrative days and I</p> <p>19 wind up doing a lot of the</p> <p>20 administrative stuff after 5:00.</p> <p>21 Q. At home or after hours.</p> <p>22 A. Yes. Exactly.</p> <p>23 Q. Now, I know that you have a</p> <p>24 subspecialty of neuro-ophthalmology,</p> <p>25 Is your practice 100</p>

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 6

1 percent neuro-ophthalmology or do you do
2 some what would be considered general
3 ophthalmology as well?
4 A. I do some general
5 ophthalmology, particularly at Graduate
6 Hospital, where I'm the chairman of
7 ophthalmology, but -- so I do both, yes.
8 Q. If you were to split it up
9 in a percentage time, what percentage of
10 your clinical practice would be
11 neuro-ophthalmology?
12 A. Probably 60 or more percent.
13 Q. Now, do you see pediatric
14 patients?
15 A. Yes.
16 Q. And you also see the adult
17 population as well?
18 A. Yes.
19 Q. How would you split that up
20 as far as your practice percentage-wise?
21 A. Many, many more adults, just
22 because that's the way of the practice
23 is.
24 Q. So would that be 90 percent
25 adult?

Page 8

1 A. Well, I may do it about
2 eight to ten times a year.
3 Q. And for how many years have
4 you been doing that?
5 A. Probably 10 or 15.
6 Q. Can you give me an idea
7 across the United States different
8 states where you've actually reviewed
9 cases for attorneys?
10 A. Yes. Pennsylvania, North
11 Carolina, Ohio, Illinois, New York.
12 Q. Do you have any idea as to
13 the split between reviewing cases for
14 defendant physicians or hospitals or --
15 as opposed to reviewing them on behalf
16 of the patient, plaintiffs?
17 A. It's probably about -- it's
18 about even.
19 Q. Okay.
20 A. Except in one case, when I
21 was the expert for both sides.
22 Q. And how did that come about?
23 A. It was a federal issue here
24 of -- in New Jersey where an employee,
25 a doctor employee of a hospital, was

Page 7

1 A. Probably.
2 Q. 90 percent. Okay. All
3 right.
4 And are there pediatric
5 ophthalmologists on staff at the Wills
6 Eye Hospital?
7 A. Yes. We have an entire
8 department of pediatric
9 ophthalmologists.
10 Q. And are there some
11 circumstances where there's an overlap
12 between the practices of the pediatric
13 ophthalmologists and yourself?
14 A. Well, there are patients who
15 are referred in to the pediatric
16 ophthalmologists that wind up having
17 neurologic problems so they're sent to
18 me, and there are patients who are sent
19 to me as having neurologic problems who
20 just end up having straightforward
21 crossed eyes and I send them to them.
22 So yes, there is.
23 Q. Can you tell me how often
24 you get involved in reviewing
25 medical-legal cases such as this?

Page 9

1 riding in an ambulance and the ambulance
2 was involved in an automobile accident
3 across state lines, and I saw the
4 patient and both sides agreed that I
5 was -- could be the expert for both
6 sides so the judge allowed it so...
7 Q. That's unique.
8 A. Yes.
9 Q. Do you have actually a fee
10 schedule, any type of a printed fee
11 schedule for matters such as this?
12 A. Yes.
13 Q. Is that something that you
14 would provide to Miss Tosti so I could
15 have a copy of that?
16 A. Absolutely.
17 Q. Have you kept a bill so far,
18 any type of a billing statement as far
19 as how much time you've devoted to this
20 case?
21 A. I hope so.
22 Q. Would you be kind enough to
23 when you find the printed-out fee
24 schedule also provide Miss Tosti with
25 the bill statement you have so far so I

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 10

1 can have that?
2 A. Yes.
3 Q. Now, do you know how it is
4 that Miss Tosti or her firm found you
5 for this case?
6 A. No.
7 Q. Have you ever worked with
8 either of them before?
9 A. Not that I'm aware.
10 Q. Have you reviewed cases for
11 Ohio attorneys before this?
12 A. Yes.
13 Q. Any names that come to mind
14 that you can recall?
15 A. It was a case where I was
16 the expert witness for the Cleveland
17 Clinic.
18 Q. Besides that case where you
19 were on the flip side, defending the
20 Cleveland Clinic, have you ever reviewed
21 any other cases for Ohio lawyers?
22 A. I'm not aware. There may
23 have been one, but not that I can
24 recollect.
25 Q. Have you ever been involved

Page 11

1 in a medical-legal case with issues
2 similar to the case we are dealing with
3 in this case?
4 A. Yes.
5 Q. And whereabouts was that case
6 or cases?
7 A. Oh, Illinois, Pennsylvania.
8 You know, papilledema is something that
9 we get involved in frequently.
10 Q. Do you keep a record of
11 cases that you've reviewed over time or
12 does your secretary?
13 A. She does. I don't know how
14 far back they go because I have changed
15 secretaries over the years.
16 Q. But you have something that
17 would reflect perhaps the most recent
18 years?
19 A. I do, but I don't know how
20 recent they were.
21 Q. Okay.
22 A. I can look.
23 Q. If you'd be kind enough to
24 look for that as well and send that to
25 Miss Tosti, I would appreciate that.

Page 12

1 Do you get involved in reviewing
2 local cases for here in Philadelphia?
3 A. I have done, yes.
4 Q. Are there any particular
5 attorneys that you can recall that you
6 have reviewed cases for?
7 A. Beasley's group, and there's
8 another group that's a defense group.
9 Beasley is a plaintiffs' attorney, and
10 there's a defense group that I've done
11 two or three cases for. I don't
12 remember their names offhand but I'm
13 sure that my office manager has it. Wolf
14 Block Segal is a plaintiffs' attorney.
15 Q. Can you give me an idea in a
16 given year how many depositions you
17 would give?
18 A. Probably five or six. Most
19 all the reviews come to depositions.
20 Q. And as far as testifying in
21 court, approximately how many times have
22 you done that?
23 A. Maybe three or four.
24 Q. This case is actually set to
25 go to trial in February.

Page 13

1 Do you have plans to come
2 to Cleveland or will Jeanne and I be
3 traveling back out here again?
4 A. No. I love Cleveland in
5 February.
6 Q. It is the spot to be. All
7 right.
8 Now, can you tell me when you were
9 first contacted in this case?
10 A. I don't know.
11 Q. Who was it who contacted
12 you?
13 A. I don't know that either.
14 Q. Do you know whether you had
15 an initial telephone conversation or if
16 it was something that was done more from
17 an administrative standpoint and then
18 they sent materials to you?
19 A. Things are usually done the
20 latter, and what I do is I look and see
21 if it's something that's in my area of
22 expertise. If it's not, I just say no,
23 and then if it is, my office manager
24 makes whatever administrative
25 arrangements have to be made.

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 14

1 Q. So I've looked through as
2 best as I could very briefly the
3 materials you've reviewed. It looks --
4 either you can go through and tell me
5 for the record what you've reviewed or I
6 can help you as we go through here, but
7 it looks as if you have a stack --
8 A. I've reviewed everything at
9 one point or another. I've looked at
10 everything in that stack.
11 Q. So what we have here would
12 be --
13 MS. TOSTI: I think he
14 would prefer if you leave them in the
15 order he has them.
16 MS. CARULAS: This is in
17 order?
18 MS. TOSTI: He had them
19 in an order that he wanted to keep them
20 in.
21 MS. CARULAS: Oh, I'm
22 sorry.
23 THE WITNESS: You should
24 see my desk.
25 MS. TOSTI: So go ahead

Page 16

1 (Discussion off the record.)
2 BY MS. CARULAS:
3 Q. So we have the stack of
4 Cleveland Clinic records.
5 A. They're not only Cleveland
6 Clinic records.
7 MS. TOSTI: There are
8 some tabs here that may be helpful to
9 you.
10 THE WITNESS: There are
11 also a private ophthalmologist's
12 records, there's some records from a
13 children's hospital, the Kid's
14 Rainbow --
15 MS. TOSTI: Kids In The
16 Sun.
17 THE WITNESS: Exactly.
18 -- in there.
19 MS. CARULAS: Okay.
20 BY MS. CARULAS:
21 Q. Then it looked as if you
22 have the records of Dr. Jeffery, Amy
23 Jeffery.
24
25 A. Yes.

Page 15

1 and look through them but please keep
2 them in the order that he put them in
3 because they -- apparently, his thoughts
4 are organized according to that
5 sequence.
6 MS. CARULAS: Oh, okay.
7 No comment on that. All right.
8 BY MS. CARULAS:
9 Q. So it looks as if you were
10 provided with medical records from the
11 Cleveland Clinic Foundation.
12 A. Yes.
13 Q. Do these include all
14 inpatient and outpatient, to your
15 knowledge?
16 A. I don't know if they're all.
17 You can look through them and then you
18 can change the order. It doesn't really
19 matter. I mean, we can deal with it
20 later. But those are the records that
21 I have.
22 Q. Okay. All right. So we
23 have a stack of --
24 A. I don't know what that is.
25 (Interruption for a telephone call.)

Page 17

1 Q. You've reviewed the
2 deposition of Dr. Luciano?
3 A. Yes.
4 Q. And the deposition of Mrs.
5 Kiss?
6 A. Yes.
7 Q. And the deposition of Dr.
8 Kosmorsky.
9 A. Yes.
10 Q. Have you reviewed the
11 deposition of Dr. Cohen, Bruce Cohen?
12 A. If it's not here, I haven't
13 reviewed it.
14 Q. Okay.
15 MS. TOSTI: I don't
16 know. Is it in the pile anywhere?
17 MS. CARULAS: I don't see
18 it, but maybe you can find it.
19 BY MS. CARULAS:
20 Q. We don't see it. So your
21 feeling would be you have not reviewed
22 that deposition.
23 A. That's correct.
24 Q. Now, I notice on the front
25 of the deposition of Dr. Kosmorsky you

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 18

1 wrote "45 minutes" there, which I assume
2 would be the time you spent reviewing
3 this for billing purposes?
4 A. It may not be all of it. It
5 may be all of it, I n other words, when
6 I start, I may sort of only get through
7 half of it and then I'll mark it and
8 I'll put that and they I'll put -- it
9 could have been all of it. I don't
10 know.
11 Q. Now, the fact that --
12 A. But it is for billing
13 purposes.
14 Q. The fact that Dr. Luciano's
15 deposition doesn't have markings on it
16 doesn't mean you didn't read it.
17 A. No. I just probably marked
18 it someplace else.
19 Q. Okay. All right.
20 MS. TOSTI: Can I see
21 this one for a second?
22 MS. CARULAS: Uh-huh.
23 BY MS. CARULAS:
24 Q. Now, we then have the
25 report --

Page 20

1 Q. Is that something I may see?
2 A. You could see if you like as
3 long as you give it back to me.
4 Q. Okay. We can do one of two
5 things. Either we can go afterwards and
6 get a copy of this or maybe when your
7 secretary comes with the CV for Jeanne
8 or we can just attach this to the
9 deposition and then you would get it
10 back with your original.
11 MS. TOSTI: No. How
12 about we leave him with his originals
13 and -- or he can give them to me and
14 then I'll make a copy and give them
15 back to you. I'd like to leave him
16 with his notes.
17 MS. CARULAS: That's fine.
18 That's fine. I've done it either way
19 and either is agreeable with me.
20 BY MS. CARULAS:
21 Q. What I would appreciate you
22 doing, though, is a lot of this is
23 cryptic, and I don't want to take too
24 much time, but I'd like you, if you
25 can, to go through and explain to me

Page 19

1 MS. TOSTI: These are
2 the two family members.
3 MS. CARULAS: Okay.
4 BY MS. CARULAS:
5 Q. So we have in here the
6 deposition of both Mr. and Mrs. Kiss,
7 which you would have reviewed?
8 A. Yes.
9 Q. Then it looks as if
10 subsequent to writing your report you
11 would have reviewed the report of Dr.
12 Boop, the report of Dr. Hedges. That
13 seems to be it.
14 Have you ever seen the
15 report of Dr. Neff?
16 A. No.
17 Q. Now, there was some mention
18 to some personal notes that you have.
19 A. I just as I reviewed things
20 last evening just sort of made notes to
21 myself on the chronology.
22 Q. And that's something you have
23 here with you today?
24 A. Yes. I have it in my
25 pocket.

Page 21

1 what you mean by various notes here.
2 And before we do that,
3 these were notes you wrote last night in
4 preparation for the deposition?
5 A. Yes.
6 Q. Would there be notes at all
7 that you've kept in reviewing this case
8 initially prior to authoring your report
9 in this case?
10 A. No.
11 MS. TOSTI: Doctor, is
12 there any Xerox machine close by here
13 that we can make a quickie copy of
14 them?
15 THE WITNESS: Yes, I'm
16 sure there is.
17 MS. TOSTI: Because that
18 might be easier, and then you can have
19 your original notes.
20 THE WITNESS: Do you want
21 to stop and do that?
22 MS. CARULAS: That would
23 be great. Thank you.
24 (Discussion off the record.)
25 MS. CARULAS: What we'll

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 22

1 do is we'll just mark this as Exhibit
2 A which is two pages, and starts at
3 the very beginning at November of '97.
4 - - - - -
5 (Thereupon, Exhibit-A
6 was marked for purposes
7 of identification.)
8 - - - - -
9 BY MS. CARULAS:
10 Q. You say, "Bumped head. Went
11 to Southwest General Health Center
12 because of right lid swollen"; correct?
13 A. Yes.
14 Q. "Had CT," and you have the
15 diagnosis there.
16 Then you have written
17 down, "I do not have 11/21/97 note of
18 Luciano"?
19 A. Yes.
20 Q. Is that what that is? But
21 then you cross that off.
22 A. Because I found it.
23 Q. And then you put down,
24 "11/21/97 note inadequate."
25 Okay. What do you

Page 24

1 department. And I was looking for an
2 evaluation of patient sent to me with
3 this finding and I examined the patient
4 and they have this neurologic problem
5 and this finding is causing this
6 neurologic problem and the patient needs
7 surgery for this, the standard thing
8 that a surgeon does before taking a
9 patient to surgery. I didn't see that
10 note. The note I did see didn't have
11 any of that, and that's why I wrote
12 down that I thought it was inadequate,
13 from a surgeon's standpoint.
14 And I'm a surgeon. I
15 mean, I know what I'm supposed to go
16 through before I consider surgery, do
17 surgery, and inform the patients about
18 surgery, and I didn't see any of that.
19 So that's what I meant.
20 Q. Okay. All right. I can
21 read the next, "Somehow," that portion
22 there.
23 Then you have another section that
24 you crossed out here. "Now" -- what's
25 that say? No something?

?age 23

1 mean --
2 A. No. 11/21/97. Is that what
3 you said? I'm sorry. Yes.
4 Q. Note inadequate, what do you
5 mean by that?
6 A. Well, I mean, I've looked
7 through all of this, if you want, and
8 to pick out little bits and phrases
9 we're going to -- if you want to go
10 through the chronology later, we'll do
11 it twice. I'll do it however you like.
12 The patient had some sort
13 of an injury where he bumped his head
14 and had a swollen lid and because of
15 that went to this emergency room or to
16 this clinic, whatever it was, and they
17 did a CAT scan and they found that he
18 had sinus disease, it was an air-fluid
19 level and this mass, which they never
20 made a diagnosis of. I mean, I've
21 looked at the report and they've never
22 said what it was.
23 I don't know how the
24 patient was then referred to the
25 Cleveland Clinic neurosurgery

?age 25

1 A. Just what I just told you.
2 Q. Oh, "No good notes."
3 Why did you cross that
4 off?
5 A. Because there -- I said
6 there were no good notes about why the
7 surgery was done on that, and that's
8 true, but there was some documentation.
9 All right? But the documentation was on
10 the day of the surgery by the anesthesia
11 people who cleared him for anesthesia
12 and the pediatricians but there was no
13 note that I found from the neurosurgeon,
14 again, preoperatively. So that there
15 were some notes but they weren't in the
16 neurosurgical section, and I found them
17 when I went back later and that's why I
18 crossed it off.
19 Q. So you subsequently found Dr.
20 Luciano's records?
21 A. No. What I'm telling you is
22 that I found -- never found a preop
23 evaluation from Dr. Luciano saying, I
24 examined the child, this is what he has
25 on clinical evaluation, this is what his

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 26

1 CAT scan or MRI shows, the one is
2 causing the other, by doing the surgery
3 I will make it better, these are the
4 risks and benefits of surgery. Never
5 saw that. And that's what I was
6 looking for.
7 Q. Then you go on to talk about
8 a postop note. "Postop note says
9 indication was third palsy but there was
B0 never a third palsy documented."
11 A. Right. I mean, there was a
12 note by I guess the neurosurgeon that
13 said, you know, we did this operation,
14 the reason we did it was third nerve
15 palsy. But this patient never had a
16 third nerve palsy.
17 Q. And what is a third nerve
18 palsy?
19 A. It's a very specific
20 neurologic set of signs and symptoms
21 that relates to the eye where it's a
22 combination of lid abnormality and eye
23 movement abnormality. And it's very
24 specific.
25 Q. Then you go on, "1/16/98, S"

Page 28

1 it? Yeah. Slightly improved, and that
2 was in quotes so I guess it was the
3 patient's words. But I don't understand
4 that note. All right?
5 Q. I can't read this. "Appears
6 to be" --
7 A. -- "two notes in one."
8 Q. All right.
9 A. And that was my confusion.
10 If you'll read the note, you'll see what
11 I'm talking about.
12 Q. And then why did you cross
13 off the complaints of headache, diplopia
14 times two weeks?
15 A. Because that was in the next
16 note. All right?
17 The next note was the
18 22nd, in which it said the headache
19 started two weeks ago. All right? And
20 that the -- he closes his left eye
21 because he's having double vision.
22 Q. And then down below, "2/9/98,
23 ophthalmology diagnosis papilledema."
24 A. Right. So then nothing
25 happens. The patient is complaining of

Page 27

1 above and then "telephone"? What does
2 that say?
3 A. Right. Sa what happens is
4 that the child has the surgery 12/1/7
5 and the next note that I came across in
6 the neurosurgical notes, there were a
7 series of images which I didn't include
8 in here, but the next patient contact
9 was 1/16/98, or at least that's the next
10 one that's in the records, and it's a
11 telephone contact.
12 Now, I was a bit confused
13 by this note at the end. The note said
14 the patient had severe neck pain, very
15 irritable, appears -- and has been
16 complaining of this headache and double
17 vision for about two weeks, but then at
18 the end of the note it says that it was
19 getting -- it was, quote, slightly
20 improved with some medication so I -- it
21 looked like almost it was two notes
22 combined into one under the same date.
23 So it was very confusing to me. It was
24 almost like they had called before, they
25 said take this, and, well, did you take

Page 29

1 double vision since the beginning, I
2 mean, headache, irritability, stiff
3 neck, double vision from the beginning
4 of January. I couldn't find any note
5 that anything was done or the patient
6 was even seen until there's an
7 ophthalmology note, a Community
8 ophthalmology note, not a Cleveland
9 Clinic note, of 2/9/98.
10 MS. TOSTI: Can I make
11 one correction here?
12 The dates that the doctor
13 has reported for that one telephone
14 call, he's got the 16th down but I
15 think that this may be the one that
16 you're talking about, which I think is
17 dated the 26th and I don't know if
18 1% maybe --
19 THE WITNESS: Yes. And I
20 don't know why -- oh, I put --
21 MS. TOSTI: Yes. I
22 think you have it on your notes as the
23 16th but it's actually dated on the
24 26th.
25 THE WITNESS: Okay. So

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 30

1 that might -- so I don't -- I don't
2 know why I put the wrong date. But
3 anyway --
4 MS. CARULAS: That's okay.
5 THE WITNESS: All right.
6 BY MS. CARULAS:
7 Q. I want to get a feel for
8 what these notes say.
9 A. Right.
10 Q. That's my purpose here.
11 A. So then he sees the
12 ophthalmologist and the ophthalmologist
13 says, oh, you've got papilledema.
14 Q. And what does this mean?
15 "Nothing done except" -- what is that
16 word?
17 A. Well, nothing was done from
18 the beginning of January until he saw
19 the ophthalmologist except re-imaging.
20 Q. "Nothing done except
21 re-imaging" is what it says there.
22 Okay.
23 And then "2/10/98,
24 headache persists."
25 A. Right. So what happens, he

Page 32

1 couple of months later. Continues to
2 have headache, nothing is done in the
3 interim, as far as I can tell, and
4 mother in the note complained that his
5 energy level was low, he doesn't want to
6 get out of bed, et cetera, et cetera,
7 frequent outbursts, to the point where
8 he was even seeing a psychologist, I
9 believe. And then there was this
10 recommendation for more surgery but
11 there wasn't an examination. I mean,
12 there was no examination and it said,
13 well, go to the pediatric neurologist
14 for an examination before the surgery.
15 Now, that doesn't happen for another
16 week.
17 Q. So your next note is
18 "4/14/98, also notes noise, right ears,
19 starting two months ago. States if" --
20 A. States that the visual field
21 was normal but there's no note that it
22 was ever tested.
23 Q. Okay.
24 A. I mean, the note doesn't say
25 we tested the visual, we did this.

Page 31

1 sees the ophthalmologist 2/9, he says,
2 "My God, you've got papilledema, you've
3 got to go see the neurosurgeon," who
4 sees him the next day.
5 The neurosurgical note,
6 very scant, says, headaches persist,
7 and, quote, rule out papilledema. Given
8 Diamox. Follow up by phone. But it
9 was a rule out. I mean, there was no
10 documentation that the patient had or
11 did not have papilledema and there was
12 no treatment plan or follow-up plan for
13 the papilledema.
14 I'm sorry. There was no
15 follow-up plan. He was being treated
16 for increased intracranial pressure by
17 being given Diamox but there was no plan
18 to look for the consequences of
19 papilledema, of chronic papilledema,
20 which happens when you get papilledema
21 and increased intracranial pressure.
22 Q. Let's go to the next page
23 here.
24 A. April 7th was the next note.
25 And he -- now we're in April. It's a

Page 33

1 There's no -- it just says vision
2 normal, vision field normal. Doesn't
3 test it. But he -- whoever it was who
4 examined the patient and it says 11
5 tested it, right, Roman numeral II,
6 there's no indication they ever checked
7 his vision.
8 Q. Okay. So --
9 A. And I would doubt a
10 neurologist checked the patient's vision
11 by having them reading an eye chart.
12 So that can't be can't right. But he's
13 admitted as an emergency the same day
14 after four months, admitted as an
15 emergency and has surgery the next day.
16 Q. And, again, I'm just trying
17 to find out at this point --
18 A. I understand.
19 Q. So what you're saying here,
20 Roman numeral "II intact but how was it
21 tested?"
22 A. Right.
23 Q. "Noted papilledema."
24 A. Right.
25 Q. "Admitted emergently same day

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 34

1 after three months and had surgery."
2 A. Next day.
3 Q. Is that what that little
4 signal is, or what's that -- what's
5 this?
6 A. Had surgery.
7 Q. What's that right there?
8 A. Oh, I don't know what that
9 is.
P0 Q. Okay. "Surgery next day,"
11 circled. And then you have "July 22nd,"
12 circled.
13 What does that refer to?
14 A. That's when they saw
15 Kosmorsky.
16 Q. "Says in discharge note that
17 Cohen recently noted papilledema but was
18 noted by eye doctor in February." All
19 right. Okay.
20 Now, was anything at all removed from
21 this stack of the materials?
22 MS. TOSTI: I'll
23 volunteer that I removed our
24 correspondence as attorney work product.
25 MS. CARULAS: Okay.

Page 36

1 A. Just what she said.
2 Q. Now, besides speaking with
3 Miss Tosti today and -- well, besides
4 that, have you had contact with any
5 other people that have to do with this
6 lawsuit?
7 A. Just other people in your
8 firm.
9 Q. Just from --
10 MS. TOSTI: Aside from
11 counsel?
12 MS. CARULAS: Right.
13 BY MS. CARULAS:
14 Q. Well, you've had discussions
15 with counsel from Miss Tosti's firm.
16 A. Yes.
17 Q. Mr. Becker, perhaps, others
18 from that office.
19 A. Yes.
20 Q. Besides their office, have
21 you had contact with any other
22 individuals that have anything to do
23 with this case?
24 A. No.
25 Q. Now, I take it you have not

Page 35

1 BY MS. CARULAS:
2 Q. Were you given in the
3 correspondence that came from counsel's
4 office, was there any type of a summary
5 at all of facts that you read?
6 A. There may have been.
7 They're usually included, but I never
8 read them. I go through the records
9 myself.
10 Q. So as far as the
11 correspondence, if there was a summary,
12 you wouldn't have read it. You would
13 have simply --
14 A. I may have glanced at it,
15 but I don't remember reading it.
16 Q. Besides the correspondence,
17 was there any type of a chronology that
18 was provided to you?
19 A. No. That's why I had to do
20 this.
21 Q. Anything else that was
22 removed from the file?
23 A. Not by me.
24 Q. Or by anyone else, that you
25 know of.

Page 37

1 examined Kevin.
2 A. No.
3 Q. Do you have any plans to do
4 that before your trial testimony?
5 A. No.
6 Q. Have you reviewed any
7 literature specifically for this case,
8 this medical-legal matter?
9 A. No.
10 Q. Now, as far as the players
11 in this case, I know you mentioned that
12 prior to this case you do not believe
13 you had any dealings with this
14 particular law firm that has retained
15 you in this case.
16 A. That's correct.
17 Q. Do you know any of the other
18 expert witnesses or doctors that
19 provided care?
20 A. Yes.
21 Q. Who do you know?
22 A. I know Tommy Hedges.
23 Q. And how do you know him?
24 A. Well, he's a
25 neuro-ophthalmologist, I'm a

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

Page 38	Page 40
<p>1 neuro-ophthalmologist, it's a small 2 community. 3 Q. You would agree that he's a 4 highly respected neuro-ophthalmologist? 5 A. He's a respected 6 neuro-ophthalmologist. 7 Q. Anyone else besides Dr. 8 Hedges? 9 A. Dr. Kosmorsky. 10 Q. And do you know him in the 11 same circle, basically? 12 A. Well, he did some of his 13 training with me and I do know him 14 from -- have been invited to speak at 15 the Cleveland Clinic by him, et cetera. 16 Q. You've not spoken with Dr. 17 Kosmorsky at all about this lawsuit. 18 A. No. 19 Q. Or Dr. Hedges, for that 20 matter. 21 A. No. 22 Q. Do you know Dr. Luciano or 23 know of him? 24 A. No. 25 Q. So not ever heard of him by</p>	<p>1 to the neurosurgeons' office? 2 A. There are -- there is a 3 neurosurgical inpatient floor in the 4 Wills Eye Hospital, there are 5 neurosurgical operating rooms in the 6 Wills Eye Hospital building, and the 7 offices for the neurosurgeons are, for 8 example, in this building, which is 9 right across the street from Wills, or 10 the that building, which is right across 11 the street. So that they don't have 12 their offices there but they operate 13 there. 14 Q. So does Dr. Neff also have 15 privileges at the Wills Eye center? 16 A. I don't know if he has at 17 this moment but he did have. 18 Q. Do you know who, if at all, 19 he would refer patients to if he needed 20 an ophthalmology consult? 21 A. I have no idea. 22 Q. But there's never been an 23 occasion for the two of you to share a 24 patient. 25 A. Not that I'm aware of.</p>
Page 39	Page 41
<p>1 reputation at all. 2 A. No. 3 Q. Do you know Dr. Bruce Cohen? 4 A. No. 5 Q. Do you know Dr. Marcotty, 6 who was involved in his care? 7 A. No. 8 Q. Do you know Dr. Neff? 9 A. Actually, Dr. Neff is on 10 staff here but I do not know him, 11 wouldn't know him if I bumped into him 12 on the street, 13 Q. So you have not worked with 14 Dr. Neff, do not have any mutual 15 patients, anything of that -- 16 A. No. 17 Q. Now, here at the -- and you 18 know that Dr. Neff has privileges at or 19 is associated with the university of 20 Thomas Jefferson? 21 A. Yes. 22 Q. And maybe I'm not clear on 23 this, but the Wills Eye center, are 24 there neurosurgeons that see patients 25 there or would the patients be referred</p>	<p>1 Q. And as far as the 2 neuro-ophthalmology group here at Wills 3 Eye Hospital, you're the director. 4 A. Yes. 5 Q. And I noticed on the -- on I 6 think your report that there is a 7 co-director? 8 A. Yes. 9 Q. Would that be like a 10 vice-director, basically? 11 A. Yes. 12 Q. And that's Doctor? 13 A. Sergott. 14 Q. Sergott. Okay. 15 How many other 16 neuro-ophthalmologists would be on 17 staff? 18 A. There are two others, one 19 who is inactive because he's out of the 20 country. 21 Q. Who is the other? 22 A. Nancy Swartz. 23 Q. So as far as the decision in 24 this case to actually involve Dr. Neff 25 in this case, you did not have anything</p>

DEPOSITION OF PETER J. SAVINO, M.D.

Page 42

1 to do with that.
2 A. No, not a thing.
3 Q. Did not make any suggestion?
4 A. No, not a thing.
5 Q. Just coincidence that it
6 happened to be.
7 A. Absolutely.
8 Q. Prior to testifying at the
9 trial of this case, as you sit here
10 today, is there any other information
11 that you think you need in order to
12 provide opinions to the jury, or do you
13 feel that you have all the information?
14 A. Well, I mean, obviously, I
15 don't know if I have all of the
16 information. I went over with you the
17 lack of a preoperative note. Obviously,
18 if there is that bit of information and
19 I don't have it, that's important
20 information. So I don't really know how
21 to answer that question.
22 Q. But -- so there's that
23 particular instance. Is there anything
24 else that strikes you that -- you know,
25 for instance, an exam. You've told me

Page 44

1 thought, I need to go to this textbook
2 and look this up or I need to review
3 this or that beforehand.
4 A. No.
5 Q. Now, do you plan to testify
6 as to the standard of care for a
7 pediatric neurosurgeon?
8 A. No. -- no.
9 Q. Your practice has always been
10 exclusively in ophthalmology or
11 neuro-ophthalmology,
12 A. That's correct.
13 Q. Now --
14 A. And, you know, the
15 standard-of-care issue, I'm obviously
16 not a neurosurgeon and not a pediatric
17 neurosurgeon but because I'm a
18 neuro-ophthalmologist, there are many
19 diseases that I share with neurologists,
20 neurosurgeons, pediatric neurologists,
21 et cetera, and there are
22 standard-of-care issues. So, I mean, I
23 couldn't tell whether a neurosurgeon is
24 technically up to the standard of care
25 but there are certain disorders that I

Page 43

1 you don't feel it's necessary for your
2 opinions that you examine Kevin;
3 correct?
4 A. Correct.
5 Q. Is there anything that as
6 you reviewed these materials besides
7 this preoperative evaluation that you
8 said, wow, I really need that in order
9 to complete my picture here?
10 A. Well, if he had other
11 evaluations that are not in here; in
12 other words, if he had certain tests
13 done that I'm saying should have been
14 done but weren't and they were done,
15 then that would be important for me to
16 know too.
17 Q. Anything else that strikes
18 you that you --
19 A. I don't really know what
20 you're asking me. I don't know how to
21 answer it. I mean, if you want to be
22 more specific, I'm happy to --
23 Q. No. I just need to know if
24 there's anything that off the top of
25 your head that as you sat here you

Page 45

1 co-manage or see with neurosurgeons that
2 there is a certain standard of care that
3 I believe that I can testify to.
4 Q. Well, that's what I'm here
5 to find out about.
6 You yourself have never
7 practiced pediatric neurosurgery.
8 A. No.
9 Q. And let me -- to state the
10 obvious, you're not Board-certified in
11 neurosurgery.
12 A. No.
13 Q. And you wouldn't be eligible
14 to take that test.
15 A. That's correct.
16 Q. And so if one were -- would
17 say to you, Dr. Savino, do you feel
18 comfortable stating what is the standard
19 of care for a pediatric neurosurgeon,
20 you would defer that to a pediatric
21 neurosurgeon.
22 A. Not necessarily. For
23 example, if I see a child who has a
24 neurosurgical lesion and they have
25 visual problem and the neurosurgeon

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, N.D.

Page 46

1 says, we don't need to take care of
2 this because and I know they're wrong,
3 he's not -- he's -- that's a neuro --
4 he's a neurosurgeon, a pediatric
5 neurosurgeon, but he's not up to the
6 standard of care for that particular
7 lesion.

8 Q. Okay.

9 A. See, that's the problem.
10 That's where the crossover is.

11 Q. Well, I guess my question
12 is, do you plan at the trial of this
13 case to testify that Dr. Luciano
14 deviated from acceptable standards of
15 care for a pediatric neurosurgeon?

16 A. For a pediatric neurosurgeon
17 with a child with papilledema, yes.

18 Q. Do you plan to testify at
19 all that Dr. Marcotty, the pediatric
20 ophthalmologist, deviated from
21 acceptable standards of care?

22 A. No.

23 Q. You've reviewed his care.

24 A. Yes.

25 Q. And you believe that he

Page 48

1 Marcotty did have a plan to see Kevin
2 in follow-up.

3 A. Yes.

4 Q. And I mean, that would be a
5 reasonable thing for him to do?

6 A. Yes.

7 Q. Okay.

8 A. Or send it to someone that
9 is going to take care of it. Doesn't
10 have to see the patient back. If he
11 says, look, I don't want to do this,
12 it's not what I do, I'm going to send
13 him up to you, you take care of it.

14 Q. But if he chose to follow up
15 and see the patient as well, that's
16 certainly within his province as well.

17 A. Yes. If it's within his
18 area of expertise and he's comfortable
19 dealing with it, yes, that's right.

20 Q. Well, why don't you tell me
21 and list for me so I know exactly what
22 you -- your planned criticisms are what
23 you plan to testify at the trial are
24 your criticisms of Dr. Luciano.

25 A. Well, in a nutshell, we have

Page 47

1 appropriately evaluated Kevin.

2 A. Yes.

3 Q. And you believe that he made
4 appropriate recommendations to Kevin.

5 A. Well, he -- he made -- he
6 evaluated him once and had two choices
7 that I think were equally valid. He
8 didn't completely evaluate him for a kid
9 who has papilledema but he sent him to
10 on a neurosurgeon, which is the right
11 thing to do, and to an institution where
12 there are people like
13 neuro-ophthalmologists that could
14 evaluate him better than Dr. Marcotty
15 could. So I think he did what he was
16 supposed to do.

17 Q. But a pediatric
18 ophthalmologist can evaluate a patient
19 such as this as well.

20 A. That's correct.

21 Q. They're qualified to do it
22 as well as a neuro-
23 ophthalmologist would be.

24 A. Sometimes.

25 Q. And you saw that Dr.

Page 49

1 a child who had papilledema, it became
2 chronic and it was not evaluated or
3 treated adequately and, as a result,
4 he's permanently blind in one eye.

5 Q. When did the papilledema
6 develop?

7 A. The papilledema probably,
8 most likely, almost assuredly, developed
9 at the beginning of January of 1998.

10 Q. And what is your basis for
11 that?

12 A. Because he had the classic
13 symptoms of increased intracranial
14 pressure, and that's what causes
15 papilledema, increased intracranial
16 pressure.

17 Q. Okay.

18 A. Plus he had had a
19 neurosurgical operation. And it's not
20 unusual for people to have increased
21 intracranial pressure after a
22 neurosurgical operation. So if you
23 combine that with the classic symptoms,
24 it's, you know, a medical student
25 diagnosis, essentially.

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 50

1 Q. An# what were the classic
2 symptoms that he had?
3 A. Well, he has headaches, he
4 has double vision, and after a
5 neurosurgical operation, those are the
6 warning signs of increased intracranial
7 pressure, particularly to double vision.
8 I mean, people who have neurosurgical
9 can have headaches but usually the
10 headaches tend to subside. But if you
11 have increasing headaches and double
12 vision, that's a warning sign that the
13 pressure is high.
14 Q. So to recap, it would not be
15 unusual for a patient such as this to
16 have headaches for some time, actually,
17 after this neurosurgical procedure.
18 A. I don't know exactly.
19 Again, it's not my area of expertise.
20 I would expect that you can have
21 headaches after a neurosurgical
22 operation. Some of my neurosurgical
23 friends tell me, oh, no, that's just not
24 the case; they sort of come out of it
25 normally. But I would -- would not

Page 52

1 logical to assume that those symptoms
2 were due to increased intracranial
3 pressure. In fact, it's illogical to
4 assume that they were not.
5 Q. I mean, did this patient
6 have increased intracranial pressure
7 back at the time of the neurosurgery
8 procedure?
9 A. The first neurosurgical
10 procedure? I don't know. No one
11 looked at his optic nerves. So he
12 could have had papilledema before the
13 first surgery was even done. That's
14 correct.
15 Q. So as far as when it
16 developed, you are unable to say
17 specifically when it developed other
18 than it was present on February 9th.
19 A. No, that's not true. What I
20 said was he had signs and symptoms that
21 were unequivocally increased
22 intracranial pressure from at least the
23 beginning of January and had the
24 papilledema documented on February 9th
25 and the symptoms for the previous four

Page 51

1 have that sort of a problem. But a
2 patient who has double vision or has
3 increasing severity of headache, that's
4 not supposed to happen.
5 Q. As far as the length that
6 one would have a headache following a
7 neurosurgery procedure, that's something
8 that you would defer to a pediatric
9 neurosurgeon on that.
10 A. Yes. But here it's more or
11 less of a moot point because on February
12 9th it was diagnosed -- I mean, an
13 ophthalmologist saw him and they saw his
14 optic nerves were swollen. He had --
15 you don't develop -- he didn't go to
16 the ophthalmologist on February 9th and
17 develop it that morning. You develop
18 papilledema over days and weeks. And if
19 a patient has the symptoms of increased
20 intracranial pressure and then two weeks
21 later -- and they're getting worse and
22 two weeks later he goes to see an
23 ophthalmologist who says, gee, you have
24 papilledema, you have increased
25 intracranial pressure, it is absolutely

Page 53

1 weeks or six weeks are entirely
2 consistent with what was found on
3 February 9th. It would be illogical to
4 think that they were due to anything
5 else.
6 Q. Now, when you talk about
7 papilledema in this setting, I've read
8 about the condition called pseudotumor
9 cerebri. Is that --
10 A. Yes.
11 Q. Is this a similar situation
12 to that?
13 A. Pseudotumor cerebri is a
14 disorder that has very strict
15 definitions. It is increased
16 intracranial pressure with no mass
17 lesions in the brain, in the skull,
18 normal-size ventricles and a normal
19 cerebrospinal fluid except for increased
20 pressure. That's the definition.
21 Q. Would what Kevin had be a
22 similar situation to that?
23 A. No. I mean, he had -- he
24 had an arachnoid cyst, he had had
25 neurosurgery, so no he doesn't have --

E 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgraup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 54

1 one of the MR reports made a comment
2 about his ventricles, so no, he didn't
3 have pseudotumor cerebri.

4 Q. So you've given me the
5 general flavor of the case. I need to
6 know specifics.

7 What is the first thing
8 that you think Dr. Luciano did that
9 deviated from acceptable standards of
10 care?

11 A. From my standpoint as a
12 neuro-ophthalmologist, he didn't pay
13 attention to the papilledema and
14 evaluate it or make sure that someone
15 was evaluating it to prevent the only
16 real consequence of chronic papilledema,
17 which is blindness. That's the only
18 thing that you have to watch out for.
19 And you -- it's easy to do. You just
20 do a visual field on a patient, you
21 check their vision every once in a
22 while, you look in the back of their
23 eyes. That's what you need to do in
24 every patient who's got papilledema.

25 Q. And when do you believe he

Page 56

1 that. In other words, if someone has
2 papilledema, you really need to find out
3 why they have increased pressure. And
4 if this was truly a trial of Diamox,
5 you have to evaluate something before
6 the medicine starts and after it's given
7 to determine whether your trial is
8 working or not. And the thing that had
9 to be done was he just had to be sent
10 down the hall to Dr. Kosmorsky for a
11 vision, for a neuro-ophthalmologic
12 examination. What happened essentially
13 was either the importance or the
14 consequences of papilledema were not
15 recognized or were ignored.

16 Q. So what should he have done
17 at that point?

18 A. He should have either taken
19 care of it himself or referred it to
20 someone who could have monitored this
21 child who had papilledema for visual
22 loss, which is the only, only
23 consequence, permanent consequence, of
24 papilledema, particularly since he was
25 treating him for it.

Page 55

1 first should have done that?

2 A. When the patient after the
3 surgery started complaining of
4 increasing headaches and double vision.

5 Q. And when do you believe that
6 was?

7 A. January of '98.

8 Q. And do you have a specific
9 date or not at this time?

10 A. Well, according to the
11 records, in the -- at the end of
12 January the record indicates that the
13 headache started two weeks before.
14 That's as specific as I can get.

15 Q. And we know that when Dr.
16 Luciano saw the patient on February
17 10th, okay, after the referral from Dr.
18 Marcotty --

19 A. Yes.

20 Q. Are you with me? -- he
21 started the patient on a trial of
22 Diamox. Is that a reasonable approach
23 for the treatment of papilledema from
24 increased intracranial pressure?

25 A. No, not -- no, not just like

Page 57

1 Q. And what is involved in the
2 monitoring?

3 A. You check visual acuity by
4 having him read the eye chart. But,
5 most importantly, you have to check
6 visual field.

7 Q. Okay.

8 A. And you have to look at the
9 optic nerves to see how they're doing.

10 Q. So the -- what you're
11 telling me should have been done that
12 wasn't done is, number one, checking the
13 vision with an eye chart. Correct?
14 Number two, visual field. And, number
15 three, checking the optic nerve.

16 A. But not in that order. In
17 order of importance, the most important
18 test in anyone who has papilledema and
19 you're following is a formal perimetry,
20 formal visual fields. That is the
21 single most important test because what
22 happens, the way you lose vision in
23 papilledema, chronic papilledema, is the
24 vision comes in from the side. By the
25 time you can't read the eye chart,

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 58

1 you've lost the game, it's over.
2 The time you want to make
3 the diagnosis -- and that's why you need
4 a formal perimetry. It's why you can't
5 sort of wave your fingers out here and
6 say do you see them? That's Just not
7 good enough. You need to do the test
8 that was eventually done, and there were
9 a variety of them that were eventually
10 done on this child, that show what the
11 visual field is doing from exam to exam
12 to know, is it getting worse or is it
13 getting better? Is my therapy working
14 and I can continue with it, or is it
15 not working and should I do something
16 else before this child loses vision?
17 Q. So number one, formal visual
18 field.
19 A. Correct.
20 Q. Anything else?
21 A. Just the vision and the --
22 and looking at the optic nerves, You
23 have to make sure that the patient still
24 has papilledema. I mean, a patient who
25 has a mass in the brain could be losing

Page 59

1 vision from something other than
2 papilledema.
3 Q. Okay.
4 A. So the patient could be
5 having double vision from something
6 other than papilledema, so you have
7 to -- other than increased intracranial
8 pressure. So you have to either
9 evaluate it yourself or send it to
10 someone who has the willingness and the
11 ability to do it.
12 Q. And so I understand it,
13 checking the optic nerve is simply
14 checking for the presence or absence of
15 the papilledema.
16 A. No. It's more than that.
17 Q. Okay.
18 A. It's -- that's the first
19 step. And then if it's present, you
20 then have to look at the optic nerve
21 and you have to grade it and you have
22 to -- because -- you have to know how
23 long it's been there and is the optic
24 nerve in danger.
25 For example, if someone

Page 60

1 has increased intracranial pressure, if
2 you looked at this child when he first
3 developed increased intracranial
4 pressure, his optic nerves would have
5 been nice and pink, he may have had
6 some hemorrhages, and you'd look at that
7 and you say, he's not going to lose
8 vision from chronic papilledema because
9 this isn't chronic.
10 As it becomes more
11 chronic, the disk takes on a whole
12 variety of characteristics that are more
13 ominous signs that the patient is going
14 to lose vision even if you correct the
15 situation at that point, so that if you
16 see a patient with papilledema and you
17 see these signs developing, it is
18 another one of the bits of clinical
19 information you have to say, we need to
20 change our treatment now because it's
21 not working; we're losing the battle
22 against blindness in this patient.
23 Q. And at what point -- what is
24 the appearance of an optic nerve where
25 you know it's too late?

Page 61

1 A. Well, no. What I said is
2 when you know it's getting to be too
3 late is that the optic nerve instead of
4 having that nice pink color I talked
5 about becomes grayish or yellow. It's
6 still elevated and it has these crystals
7 that are in there that look -- that are
8 called pseudodrusen, we call them. And
9 they're just signs of chronicity. And
10 what you see actually is you see the
11 nerve fibers are actually disappearing.
12 You can look at the retina, which has a
13 certain thickness, particularly in kids,
14 and you can see that it's thinning out.
15 So those are all the things that you
16 want to look for because even -- you
17 can imagine if you've lost the nerve
18 fibers, even if you then correct the
19 situation, those nerve fibers don't grow
20 back, they're gone. So you want to
21 institute the therapy before that loss
22 happens.
23 Q. And so just so I understand,
24 what would be the picture of the optic
25 nerve where it's too late?

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D

Page 62

1 A. Well, when it's too late,
2 it's when it's flat and pale. Before
3 that, you never know if it's too late
4 until you treat it.

5 Q. What is the point in time
6 where papilledema exists -- and let me
7 start over.

8 Papilledema is just a
9 sign; correct? I mean, papilledema is
10 not a condition itself.

11 A. That's correct. It's a sign
12 of a variety of conditions but it --
13 it -- it means -- when we as
14 neuro-ophthalmologists talk about
15 papilledema, there's only one cause, and
16 that's increased intracranial pressure.
17 So it is a sign of increased
18 intracranial pressure.

19 Q. Nothing else could cause
20 papilledema.

21 A. Not the way
22 neuro-ophthalmologists use the term.

23 Q. Others may use it
24 differently?

25 A. Incorrectly. They may use

Page 64

1 is -- and we're talking back in '97 --
2 is it well documented and well known
3 that formal visual fields can be
4 difficult in a child?

5 A. It -- I don't know what
6 difficult means. Are there some
7 children you can't do visual fields on?
8 Yes. But the only time you know is
9 after you try, and if you can't do it,
10 you can't do it.

11 Q. Are there some pediatric
12 ophthalmologists or
13 neuro-ophthalmologists that prefer
14 confrontational visual fields to check a
15 child's vision?

16 A. Instead of formal perimetry?
17 I certainly hope not.

18 Q. So you would advocate in all
19 children at all times a formal visual
20 field is always better than a
21 confrontational visual field.

22 A. Absolutely.

23 Q. And there are no
24 circumstances where you as a
25 neuro-ophthalmologist are unable to get

Page 63

1 it incorrectly.

2 Q. You would agree that
3 generally out in the community others --
4 there's some disagreement or variance in
5 the use of the word "papilledema."

6 A. That's why I made the
7 statement that when I say papilledema
8 and when Dr. Kosmorsky says papilledema
9 and when Dr. Hedges says papilledema,
10 it's -- it means a specific condition
11 that's due to increased intracranial
12 pressure.

13 Q. Now, as far as visual fields
14 are concerned, is there ever difficulty
15 in obtaining a formal visual field on a
16 child?

17 A. Depends on how young the
18 child is, how bright the child is, how
19 cooperative the child is. It used to
20 be a lot more difficult before computer
21 games. Now it's a whole lot easier.
22 We do visual fields on five year olds
23 all the time because it's like a
24 computer. They're used to doing it.

25 Q. I mean, I guess my question

Page 65

1 a good visual field, formal visual
2 field, on an eight-year-old child.

3 A. That's not what I said.
4 What I said was you try it on every
5 child, and if you can do it, that's
6 better, much better, than
7 confrontational fields. If you can't
8 get it, then you have to do some other
9 way to test the visual fields, if you
10 have to. And that's when
11 confrontational fields come in, only
12 after you've had the kid prove to you
13 that they can't do the formal perimetry.

14 Q. And you would go on to the
15 next step of a confrontational visual
16 field?

17 A. You do the -- you do the
18 next best thing. It's not anywhere near
19 as good and doesn't give you anywhere
20 near as good information but it's better
21 than no information at all.

22 Q. So there's value to it.

23 A. If done correctly, yes.

24 Q. Now, as you look back and
25 attempt to reconstruct what took place

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefargroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 66

1 here, are you able to say to a
2 reasonable degree of medical probability
3 what a visual field, a formal visual
4 field or a confrontational visual field,
5 would have shown in early February of
6 1998?

7 A. Given what his visual field
8 turned out to be, you can very easily
9 go back and reconstruct what the pattern
10 of his visual field loss would be
11 because it's very well known what the
12 pattern of visual loss is in chronic
13 papilledema. He would have started to
14 have a bit of peripheral loss, he may
15 have even started to have that in
16 February, because you can get that a
17 month or two out, but certainly by March
18 or April he probably would have had
19 marked constriction of the visual field,
20 and by the time the vision goes down to
21 below 20/30 or 20/40 the visual field is
22 severely compromised.

23 Q. You said that in February of
24 '98 it's possible that there would have
25 been some evidence on a visual field.

Page 68

1 question for you. And if you have the
2 opinion, fine; if you don't, that's fine
3 too. I just need to know for my
4 purposes later what your testimony will
5 be.

6 As you sit here today,
7 are you able to say that in February of
8 1998, had a visual field been performed,
9 that he would have more likely than not,
10 as opposed to he possibly, could have
11 had a visual field?

12 A. Given the information that's
13 there, yes, he probably -- he would
14 have, within a reasonable degree of
15 medical certainty, had some sort of
16 visual field deficit.

17 Q. And the basis for that is
18 the fact that he was 20/30 in the one
19 eye?

20 A. Is that he had papilledema
21 and his visual function was not normal.

22 Q. Anything else that leads you
23 to that conclusion?

24 A. No.

25 Q. Now, if you -- I may have

Page 67

1 And I guess my question is, are you
2 able to state to a reasonable degree of
3 medical probability more likely than not
4 that a visual field in February of 1998
5 would have shown something?

6 A. I think that the answer to
7 that is yes because, you know, part of
8 my limitation is the tests weren't done.
9 You know, the tests that needed to be
10 done weren't done. However, when he did
11 see the ophthalmologist in February, he
12 did not have normal vision even at that
13 time. His vision in his left eye was
14 down to 20/30, I believe, whereas
15 vision, it's 20/20, so that my suspicion
16 is he was beginning to get some visual
17 difficulty even at that time.

18 Q. Okay.

19 A. So there is a good degree of
20 medical probability that he could have
21 had a visual field deficit even at that
22 time.

23 Q. And that's where we're
24 getting caught up into the could have
25 and would have. Okay? And that's my

Page 69

1 asked you this already and if I did, I
2 apologize.

3 Is there any role for
4 Diamox in this setting, in your opinion?

5 A. Diamox is used to treat
6 pseudotumor cerebri. This child did not
7 have pseudotumor cerebri. Whether
8 neurosurgeons use Diamox to treat
9 increased intracranial pressure
10 postoperatively routinely or after
11 fenestration of subarachnoid cysts I
12 don't really know, but there was no role
13 to treat this child as if he had
14 pseudotumor because he didn't.

15 Q. You confused me with this,

16 If it turns out that in
17 this setting following a cyst such that
18 Kevin had that the pediatric
19 neurosurgery community does use Diamox
20 in this setting, you would defer to them
21 on that.

22 A. Sure. However, the -- where
23 it was lacking is that if they were
24 treating him, if you treat somebody for
25 anything, you have to monitor them to

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 70

1 see if your treatment is working. So
2 if they were treating him for his
3 headache and his headache went away,
4 that's fine. So either they were not
5 treating him for his papilledema because
6 they weren't monitoring it or they were
7 treating him for his papilledema and
8 they weren't monitoring him. So either
9 way, it's a problem.

10 Q. So what is the frequency of
11 monitoring in a setting such as this?
12 So, you know, we know that Dr. Marcotty
13 obtained a -- he checked the vision;
14 right? 20/20 in one eye, 20/30 in the
15 other.

16 A. 20/25 in one eye, 20/30 in
17 the other.

18 Q. Assuming for the sake of
19 argument that a visual field was done at
20 that point in time, okay, what would be
21 the next step as far as monitoring of
22 the patient?

23 A. It depends on a couple of
24 factors. It depends on what the visual
25 field shows at the first test and what

Page 72

1 A. It has no role in evaluation
2 of papilledema unless you're looking for
3 the cause of the increased intracranial
4 pressure.

5 What I'm talking about is
6 increased intracranial pressure is
7 causing a problem. That problem is
8 going to cause the other problem. So
9 you'd have to monitor the effect of the
10 increased intracranial pressure, which
11 is the papilledema, which is going to
12 cause the blindness. And that's not --

13 Q. So the amount of fluid on
14 the scan has no --

15 A. Nothing. It has nothing to
16 do with this.

17 Q. And why is that?

18 A. Because we know, for example,
19 in the pseudotumor patients that their
20 scans look normal yet their pressure is
21 still high.

22 Q. Now, I know you've not had
23 the benefit of reading Dr. Cohen's
24 testimony in this case, who's a
25 pediatric neurologist, but he testified

Page 71

1 the optic nerves look like.

2 If at the first test in
3 any patient that you're looking at with
4 papilledema the optic nerves look like
5 it's acute papilledema and they have no
6 visual field defect, you may see them
7 back in two, three months. If the
8 patient has a visual field defect and
9 the appearance of the optic nerve is
10 tending towards this chronicity that we
11 talked about before, it's just sort of
12 grayish, it's got these things there,
13 it's elevated, et cetera, et cetera, you
14 may want to do it a little bit more
15 frequently, four weeks, something like
16 that.

17 Q. Now, does the imaging in
18 this case, did that play any role?

19 A. No.

20 Q. So CT scans were of no
21 benefit in evaluating the amount of
22 fluid and increased intracranial
23 pressure.

24 A. No.

25 Q. And why is that?

Page 73

1 that in April he performed both a vision
2 check as well as a confrontational
3 visual field and that they were both
4 intact, normal.

5 A. Well, I mean, I haven't read
6 his deposition but I read his note and
7 I understand he said that.

8 Q. Uh-huh.

9 A. There's -- I don't know how
10 he checked his vision. He didn't -- I
11 mean, a pediatric neurologist checking a
12 patient's visual acuity? I don't think
13 so. I mean, I deal with pediatric
14 neurologists all the time, and I can
15 tell you there's nothing with regard to
16 confrontational visual fields.

17 Neurologists just don't know how to
18 check confrontational visual fields. It
19 is the single most difficult thing that
20 I have to teach neurology residents. It
21 is -- it's something that is just not
22 reliable enough. You do it, I encourage
23 them to do it, but it's not reliable
24 enough in their hands.

25 Q. Why would you encourage them

☎ 800.694-4-87

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 74

f to do it?
2 A. Because if you pick up
3 something, you want to investigate it.
4 You know, again, it's some information
5 is better than no information. But the
6 fact that it's -- well, it's normal, I
7 can't tell you how many times I've seen
8 patients from neurologists who say that
9 the confrontational visual fields are
10 normal and I've done them the next day
11 and they're absolutely not normal.
12 Q. Now, what about checking
13 vision; to your knowledge, pediatric
14 neurologists don't ever check vision?
15 A. Pediatric neurologists don't
16 usually check visual acuity.
17 Q. Okay.
18 A. If Dr. Cohen has a thing in
19 his office where he has them read the
20 eye chart with his glasses on, that's
21 different. But he didn't write it.
22 You know, and it was the note is in
23 here someplace that said Roman numeral
24 something through Something intact.
25 It's a standard sort of resident way of

Page 76

1 visual fields. If I thought that the
2 field -- that it was inconsistent with
3 normal visual fields, I would probably
4 do some other tests.
5 Q. And what would be
6 inconsistent with normal visual fields?
7 A. If it -- if it looked like
8 it was dying, if it looked like all of
9 the other disks I've seen that have had
10 visual field defects, that would be
11 inconsistent.
12 Q. If it had that gray, flat
13 look that we talked about?
14 A. Among other things. Right.
15 Not flat. Not flat.
16 Q. But gray and progressing.
17 Are pediatric neurologists
18 trained to be able to check the optic
19 nerve?
20 A. I would hope so.
21 Q. As you look back on this,
22 what do you think should have been done
23 and at what point?
24 A. I think that from the time
25 that the first signs of increased

Page 75

1 notating a very cursory examination of
2 things.
3 Q. If for the sake of argument
4 that this confrontational visual field
5 was done by you, okay, In April and was
6 the same finding that Dr. Cohen has
7 testified he found, what would that tell
8 you?
9 A. It would just tell me that
10 the confrontational fields were normal
11 but it wouldn't mean that the visual
12 fields were normal.
13 Q. So if you had a setting
14 where formal visual fields were done and
15 they weren't reliable because of
16 cooperation issues, then you went on and
17 you did a confrontational visual field
18 and you found it to be intact, what
19 would that lead you to do?
20 A. Well, if it was a patient
21 like this or any patient who I thought
22 had chronic papilledema, I would look at
23 the optic nerve and I would say, you
24 know, that optic nerve is either
25 consistent or inconsistent with normal

Page 77

1 intracranial pressure were conveyed to
2 the neurosurgeon's office, increasing
3 headache, double vision, that should
4 have been the diagnosis that was taken
5 into account. From the time that the
6 ophthalmologist noted that there was
7 papilledema and the neurosurgeon assumed
8 that there was increased intracranial
9 pressure, because he treated the patient
10 with Diamox, the optic nerve function
11 had to be monitored.
12 Q. And we've talked about that.
13 A. Yes.
14 Q. We know that this patient
15 underwent a shunt in April. Shunt was
16 placed; correct?
17 A. Yes.
18 Q. You would agree that the
19 placement of a shunt itself can cause --
20 it has a complication rate; correct?
21 A. I suspect.
22 Q. Do you know what the
23 complications are from shunt placement,
24 or is that within the realm of a
25 neurosurgeon?

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO M.D.

Page 78

1 A. I don't know what the
2 neurosurgical complications are.
3 Q. Do you know what the
4 complications are from a cyst
5 fenestration itself?
6 A. No.
7 Q. Is there a risk of losing
8 vision from a fenestration itself?
9 A. Not that I'm aware of.
10 Q. Is there the risk at all of
11 losing vision from a shunt placement?
12 A. You know, I don't think so
13 in and of itself. There is this whole
14 concept that is sort of quite old that
15 is not really just shunt, it is a rapid
16 decrease in intracranial pressure when a
17 patient has chronic papilledema that you
18 can because of some hemodynamic
19 something or other -- and it was never
20 really well defined in the literature --
21 the optic nerve can infarct, the nerve
22 that's chronically swollen can infarct
23 and the patient who has been slowly,
24 slowly losing vision will go on and lose
25 vision at a much more quicker tempo, to

Page 79

1 the point where when we had patients
2 with chronic papilledema and
3 hydrocephalus or brain tumors, we would,
4 our neurosurgeons and we would put a
5 drain in first and slowly lower the
6 pressure or we would treat the patient
7 aggressively medically first to get the
8 pressure down to try to avoid this
9 sudden change in hemodynamics. We
10 haven't done that for years and we've --
11 I've noted no change in the incidence of
12 this papilledema, loss of vision. So I
13 know it's written about, I know it's
14 talked about. I'm not sure it's a real
15 phenomenon.
16 Q. How do you define chronic
17 papilledema? How long does papilledema
18 need to go on for you to consider it to
19 be, quote, unquote, chronic?
20 A. Months.
21 Q. Months meaning?
22 A. Months.
23 Q. Meaning one month? Two
24 months?
25 A. Yeah, one month, two months.

Page 80

1 Q. So one month would be
2 considered chronic papilledema?
3 A. After one month, sure.
4 (Discussion off the record.)
5 BY MS. CARULAS:
6 Q. And I'm sure you have seen
7 patients that have chronic papilledema
8 for months, even up to many years, who
9 have not suffered any visual problems.
10 A. I have?
11 Q. Have you not?
12 A. No.
13 Q. Have you ever -- you're not
14 aware of patients at all that would have
15 long-standing papilledema?
16 A. No. Patients who have
17 chronic -- who have chronic papilledema
18 have visual field loss.
19 Q. Okay.
20 A. At a minimum.
21 Q. So have you ever had
22 patients that you monitor papilledema
23 for long periods of time?
24 A. I have hundreds of patients
25 that I've monitored with chronic

Page 81

1 papilledema.
2 Q. And do they all suffer
3 visual field loss?
4 A. If I don't treat them, they
5 do.
6 Q. And what do you treat them
7 with?
8 A. Depends on what the cause
9 is.
10 Q. Give me an overview.
11 A. If they have a brain tumor,
12 we have the brain tumor addressed; if
13 they have hydrocephalus, we have them
14 shunted; if they have pseudotumor, I
15 have a regimen that I treat them with.
16 Q. And what do you treat them
17 with?
18 A. I usually start off with
19 weight loss, depending. It depends. If
20 I see a patient who has acute
21 papilledema and the signs, they come to
22 me because they have the signs of
23 increased intracranial pressure,
24 headache, double vision, et cetera, but
25 their papilledema is acute and they have

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 82

1 just a little bit of -- no visual field
2 deficit, and they're overweight, I treat
3 them with weight loss and I follow them
4 with sequential visual fields and disk
5 photographs. I photograph their discs
6 so I can compare it from time to time.
7 If they come in to me and
8 they're already, like a woman did today,
9 already have chronic papilledema and
10 they have visual field loss and their
11 vision is down, I'm going to get a lot
12 more aggressive, and I may take that
13 woman to surgery or have someone take
14 her to surgery as the first option.
15 The in between is the
16 patient who I think is at risk to
17 develop visual loss or is developing a
18 little visual loss, the disk looks a
19 little chronic, I may start them on
20 Diamox if they're not allergic to sulfa.
21 Q. Do you ever have patients
22 that you watch over months to years
23 where all you do is have the weight
24 loss and not treat them with anything
25 else?

Page 83

1 A. Well, you have to understand,
2 the answer to that is yes, but you have
3 to understand in pseudotumor cerebri I
4 believe weight loss is the best, the
5 most effective treatment. So it's not
6 like just weight loss; it's like the
7 ultra treatment. It is the best in
8 patients with pseudotumor cerebri.
9 Q. Can patients have chronic
10 papilledema for years and not suffer a
11 visual field loss?
12 A. No, I don't believe that.
13 Q. Now, what intervention do you
14 believe should have taken place?
15 A. I think that what should
16 have happened is the patient should have
17 been monitored and depending on what was
18 going on with the optic nerves, the
19 neuro-ophthalmologist and the
20 neurosurgeon would have gotten together
21 and the neuro-ophthalmologist would have
22 said, you know, we're getting these
23 visual field defects, this is becoming
24 chronic, we need to lower the pressure.
25 Then it's really up to the neurosurgeon

Page 84

1 to say, well, okay, there's something in
2 his head that I can do to lower the
3 pressure. That's acceptable. He would
4 have said, well, you know, there's
5 really nothing I'm going to do to lower
6 his pressure in his head, that I want
7 to do, that's necessary to do, and then
8 the ophthalmologist would have done
9 another operation, like an optic nerve
10 sheath fenestration or something. So at
11 that point there would have been several
12 options.
13 Q. And as you look back at it,
14 what point in time do you think that
15 would have been?
16 A. Oh, I think that from at
17 least February, when the papilledema was
18 there, there should have been this
19 dialogue going on.
20 Q. Obviously, there was a time
21 frame when monitoring could have taken
22 place; correct?
23 A. Yes.
24 Q. And so as you're looking at
25 this and reconstructing this, at what

Page 85

1 point in time do you believe either an
2 optic nerve sheath fenestration or a
3 shunt or some neurosurgery procedure
4 should have been done?
5 A. At the time that the visual
6 fields showed that the patient was
7 losing vision.
8 Q. And when was that?
9 A. He didn't do the test. I
10 can't tell. And that's the problem.
11 So that by not doing the test, you
12 place everybody at a disadvantage.
13 It's entirely possible
14 that this kid could have had papilledema
15 that preceded the first operation and by
16 the time he was seen it was already
17 chronic.
18 Q. So that what you're saying
19 is that by February even had a shunt
20 been placed or an optic nerve sheath
21 fenestration been done at that point in
22 time, the results would have been
23 irreversible?
24 A. Whatever visual field defect
25 was there would have been -- would have

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 86

1 been irreversible, but at that juncture
2 it's much more likely that whatever
3 visual field deficit was there and was
4 irreversible would not have been
5 visually significant.

6 Q. Explain to me as far as this
7 optic nerve sheath fenestration. I
8 mean, do you believe that the standard
9 of care required that at some point?

10 A. No. That's just a mechanism
11 to -- to reduce the swelling, to prevent
12 the patient from -- from losing further
13 vision. It is just one of a whole
14 variety of treatment regimens that you
15 could use to treat this.

16 Q. When did you start doing the
17 optic nerve sheath fenestrations?

18 A. Oh, I don't remember when I
19 did my first one.

20 Q. Has it been -- I mean, were
21 you --

22 A. 15 years.

23 Q. And in this setting where --
24 would you do them both at the same
25 time, both eyes at the same time?

Page 88

1 since you're trying to reconstruct all
2 of this based on, on the data you have,
3 I mean, are you able to say at what
4 point in time one of those interventions
5 should have taken place, or can you not
6 say that?

7 A. I can say it at the -- that
8 it should have taken place when the
9 visual fields were getting worse. You
10 want to ask me what day of what
11 calendar year it should have taken
12 place, I can't answer that because the
13 tests were never done.

14 Q. And assuming for sake of
15 argument that the visual fields were
16 done say in March and in April and they
17 did not show an abnormality, you would
18 agree in that setting there would not be
19 the indication to go in with either an
20 optic nerve sheath fenestration or a
21 shunt placement.

22 A. If the visual fields were
23 not showing an abnormality and the optic
24 nerves, as we monitor them, were not
25 becoming progressively more chronic

Page 87

1 A. There are some people who do
2 both at the same time. We here do not
3 because there's a small percentage of
4 patients where, for some reason, and we
5 don't know why, you do one eye and the
6 swelling goes down in both eyes.

7 Q. So what is your plan? You
8 do --

9 A. The worst eye first.

10 Q. Based on what?

11 A. Visual fields, how the optic
12 nerve looks, all the visual function
13 testing.

14 Q. And then what's the time
15 frame before you go on with the next
16 study?

17 A. Depends what the status of
18 the next eye is. They're not
19 necessarily the same. They can be very
20 asymmetric, and it may be you only need
21 to do one side, and then if you have to
22 do the second side, you do it when all
23 of those same indicators indicate you
24 have to.

25 Q. So as you look back at this,

Page 89

1 looking, where we knew we were not
2 moving in the right direction,
3 independent of what the visual fields
4 showed, then I would say, sure, then, of
5 course, you observe the patient. You
6 don't do surgery for no reason.

7 MS. TOSTI: Can we
8 clarify we're talking about formal
9 visual fields here?

10 THE WITNESS: That's
11 correct.

12 MS. CARULAS: All right.
13 BY MS. CARULAS:

14 Q. And say you have a setting
15 where you attempt formal visual fields
16 and, as we've discussed, for whatever
17 reason, the child is not cooperative and
18 you can't get a good one and you do a
19 confrontational visual field that you
20 feel comfortable with and it does not
21 show an abnormality and your optic nerve
22 examination does not show the look of
23 the disk that you've said that shows
24 it's progressing. Would you feel
25 comfortable monitoring the patient then?

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 90

1 A. If I did that or someone
2 showed me a photograph that that -- what
3 you stated was true, yes, you're not
4 going to do an operation because
5 someone -- just because someone has
6 increased intracranial pressure to
7 protect their optic nerves but I -- you
8 can't give me that information because
9 no one collected it here. And that's
10 the problem.

11 Q. Now, you've read the report
12 of Dr. Hedges.

13 A. Yes.

14 Q. And we've discussed already
15 this phenomenon of the post-shunt events
16 that can occur.

17 While you've said you
18 yourself have not -- you've never
19 observed that in a patient yourself?

20 A. Well, what I said is I've
21 seen patients who have lost vision after
22 a neurosurgical procedure that lowered
23 intracranial pressure when that patient
24 has had chronic papilledema,

25 Q. Okay.

Page 92

1 You would not disagree,
2 would you, that Dr. Hedges's opinion as
3 to what took place here would be a
4 possibility?

5 A. Oh, I think it's so
6 extraordinarily unlikely, I was
7 surprised to see it.

8 Q. You don't see any way that
9 that could ever have played a role here.

10 A. Given -- given the entire
11 bits of information that we had, if --
12 if I presented this patient to Tom
13 Hedges, his first diagnosis would have
14 been chronic papilledema with visual
15 loss, as was Dr. Kosmorsky's, the
16 neuro-ophthalmologist, as was Dr.
17 Jeffery's, Amy Jeffery's, the
18 neuro-ophthalmologist. I was surprised
19 to see it.

20 Q. Tell me, what is your
21 understanding as to how the visual loss
22 was detected in this case?

23 A. Again, because Dr. Kosmorsky
24 didn't see the patient until July, there
25 was some -- something in something I

Page 91

1 A. The shifting stuff, I don't
2 know what that is. And even if you
3 believe that a rapid lowering of
4 intracranial pressure causes some sort
5 of problem, there are essentially two
6 provisos. One is, as Dr. Hedges says,
7 it's extraordinarily rare. I mean, he
8 uses the word "rare." And, secondly --
9 and this is really very important -- it
10 doesn't happen with normal optic nerves.
11 It only happens on the background of
12 chronic papilledema. So that the optic
13 nerves have to be neglected all of that
14 time and become chronically swollen and
15 be teetering for this to tip them over
16 the edge. This is not someone who has
17 absolutely healthy optic nerve, goes in
18 there, has something done, something
19 shifts and they lose vision. That's
20 just not the way it works, even in the
21 rare instances where Dr. Hedges says it
22 happens.

23 Q. Now, I understand your
24 opinion as to the cause of this and
25 we've been through that.

Page 93

1 read about the child was having some
2 difficulty in sports or something after
3 the second operation. He had been
4 complaining of double vision all the
5 time but no -- no one ever sort of
6 talked about decreased acuity until I
7 think he had some problem with sports
8 and then -- and then he finally got to
9 see Kosmorsky, who found out his vision
10 was quite poor in that eye.

11 Q. Had there been anything prior
12 to that, to your knowledge?

13 A. Not that I remember.

14 Q. Did you see any reference in
15 there that when they discovered the
16 visual field loss, the child was unaware
17 of it?

18 A. Doesn't surprise me. In
19 fact, that -- that is another bit that
20 we teach neuro-ophthalmology,
21 ophthalmology, neurology residents.
22 There's a difference between the sudden
23 onset of visual loss and the sudden
24 discovery of visual loss. It's just
25 typical, I mean classic

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 94

1 neuro-ophthalmology teaching. Slowly
2 progressive visual loss in one eye is
3 hardly ever noticed. Sudden loss is
4 always noted, almost always noted. So
5 that if -- unless it's both eyes, if
6 you came to me and said that this
7 patient has count -- fingers vision and
8 didn't know it, I would say, well, we
9 better make sure. This probably was a
10 slowly progressive loss of vision.

11 Q. And why it they don't notice
12 that they have --

13 A. It's a combination.

14 Q. Just so the record is clear,
15 why is it that a child such as that
16 doesn't notice that they have a vision
17 loss?

18 A. It's not just a child. It's
19 adults as well. And it's a combination
20 of things.

21 First of all, it's one
22 eye. And most of the time we go
23 through life with both eyes open. And
24 that's why I talk about the sudden
25 discovery. I have patients all the time

Page 96

1 versus his central vision loss?

2 A. He had quite extensive visual
3 loss in both, as I remember, from the
4 visual fields that Dr. Kosmorsky did.

5 Q. In your experience, do
6 children who lose vision in one eye
7 adapt better than adults do?

8 A. In what respect?

9 Q. In functioning.

10 A. There are certain things
11 that -- I don't think it's age
12 dependent, to tell you the truth,
13 because there are certain things that
14 you -- if you've had vision in both
15 eyes that you lose that means something.
16 For example, depth perception. You
17 can't see in three dimensions unless you
18 have two eyes that are seeing well and
19 are lined up together. And you -- and
20 you miss that. All right?

21 I worry more about
22 children with one eye. Can you
23 function? Sure, you can function. You
24 know, in some states you can drive a
25 car, with certain regulations and stuff.

Page 95

1 who come in and they have something blow
2 in their eye, they go like this, cover
3 it and rub it and all of a sudden
4 discover they can't see out of their
5 other eye. So with both our eyes open
6 we see as well as we see out of our
7 a better-seeing eye. So you wouldn't
8 necessarily notice it.

9 Decreasing vision in one
10 eye doesn't usually bother your
11 peripheral vision enough that you would
12 notice it. All right? That's the
13 other reason you need to do formal
14 fields. You just don't notice it. And
15 so it's the slowly progressive nature of
16 it and the fact that the other eye is
17 normal.

18 Q. What is the vision loss he
19 has?

20 A. I don't remember offhand.
21 It's in Dr. Kosmorsky's note. I think
22 his vision was hand movements or count
23 fingers in one eye.

24 Q. And was there a difference
25 between the extent of his peripheral

Page 97

1 I worry about kids because it does alter
2 how I treat them. We give them
3 polycarbonate lenses, protective lenses,
4 we warn them to not do certain
5 activities, not do certain sports, and I
6 worry that a 10-year-old, a 12-year-old
7 kid who's got a 60-, 70-year life-span,
8 if something happens to his other eye,
9 his good eye, which can happen to any
10 of us, he doesn't have that other one
11 as a spare.

12 So can he function?
13 Sure. Are there things he can't do?
14 Absolutely. Do I worry? Yeah, I worry
15 more than someone who's 80 and lost one
16 eye because they only have a lot less
17 time frame for them to be carried with
18 their remaining good eye.

19 Q. What are the things when you
20 say he can't do, what are the things he
21 can't do?

22 A. Well, I would not, for
23 example, recommend -- you can do
24 anything you want to do if you want to
25 disregard the consequences, first of

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page: 98

1 all.
2 Because he doesn't have
3 depth perception, I would not want him
4 to be employed around any machine with
5 sharp cutting edges that he has his
6 hands near. All right? I wouldn't
7 want him employed in a -- an occupation
8 where he's sort of off the ground and
9 has to have good depth perception. He
10 couldn't be an ophthalmologist, for
11 example, because we in order to --
12 before we interview people we have them
13 do a stereopsis test. So those are the
14 things he can't do.
15 Recreationally, there
16 would be certain sports.
17 Q. Let me just back up, before
18 we go to that.
19 Any other occupation that
20 you can think of that he would not be
21 able to do?
22 A. I'm sure there are but -- I
23 mean, he couldn't drive a truck. Me
24 couldn't -- couldn't get a license to
25 drive a truck across state lines. So

Page 99

1 there are a whole bunch of things.
2 From a recreational
3 standpoint, if I was the father of a
4 child like this, it's tough not to be
5 overprotective. You know, you've got to
6 walk away from fistfights, you've got to
7 not throw stones. You can't play
8 baseball. I wouldn't have you play
9 hockey. Anything with short, hard,
10 fast-moving objects the kid should
11 avoid.
12 Q. Any child who has a shunt
13 probably cannot -- shouldn't play
14 football or hockey or that sort of
15 thing.
16 A. I don't know that.
17 Q. You're not familiar with
18 that. Okay.
19 Are there a number of professional
20 athletes that have done very well with
21 one eye?
22 A. I don't know.
23 Q. Can you be a pilot? Have
24 there been pilots with one eye?
25 A. I'm not aware that you can

Page 100

1 fly a plane with one eye. I don't
2 know.
3 Q. Never heard of any pilots
4 that have --
5 A. No.
6 Q. -- have one eye. Okay.
7 Would it surprise you if
8 there have been?
9 A. Yes.
10 Q. It would?
11 A. Very much so.
12 Q. Are you aware of -- have
13 there been a number of successful people
14 with one eye?
15 A. No question. Been a number
16 of successful people with no vision.
17 Q. Sure. Absolutely.
18 A. But no pilots.
19 Q. What's that?
20 A. But no pilots.
21 Q. No. Well, who wants to be a
22 pilot now anyway?
23 Do you believe we have covered all of
24 the areas that you plan to express
25 criticisms of Dr. Luciano?

Page 101

1 A. I don't know how to answer
2 that because there are certain things
3 that I hadn't thought of until you asked
4 me the question, so if that comes up
5 again, I mean, obviously, I don't plan
6 to express any other criticisms about
7 anything that we've talked about as
8 we've talked about them, but if there's
9 a new wrinkle or new information or a
10 new question, then I might have
11 something different to say.
12 Q. Okay.
13 A. Or new to say.
14 Q. We know you wrote a report
15 dated March 27th of 2001. Did you
16 write any other reports other than this?
17 A. No.
18 Q. Would you just take a quick
19 look at that for me, please.
20 A. Okay.
21 Q. And you have your conclusions
22 on the next page, I think.
23 A. Okay.
24 Q. Does that basically
25 encapsulate your opinions in this case?

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

Page 102

1 A. Yes.
2 Q. Based on all your review of
3 these materials, is there any other
4 criticism that you have of Dr. Luciano
5 that's not in the report you haven't
6 expressed to me today?
7 A. Again, I don't know how to
8 answer that question. All I can say
9 is, in general, my criticism is not
10 monitoring, not paying attention to the
11 papilledema and not either recognizing
12 or paying attention to the problems that
13 could have occurred with chronic
14 papilledema and not having it monitored
15 either by himself or by somebody else.
16 I n that global statement I think is more
17 or less my...
18 Q. If you decide to review
19 something else between now and February
20 and something new comes to mind that's
21 something we haven't discussed or
22 something that's not set forth in your
23 report, will you be kind enough to
24 advise counsel for the Kiss family so
25 they can advise me of the same?

Page 103

1 A. Absolutely.
2 Q. Hypothetically, had a shunt
3 been placed in March of 1998, can you
4 say what Kevin Kiss's vision would be
5 now?
6 A. It would be closer to what
7 Dr. Marcotty found in February than it
8 was in July, when Dr. Kosmorsky saw him.
9 Q. Are you able to say that had
10 a shunt been placed or an optic nerve
11 procedure been performed during March of
12 1998, that he would not have visual
13 loss?
14 A. Without -- as I said before,
15 without the appropriate evaluations
16 having been done, I have two points, one
17 in February and one in July, and I
18 can't pick out a specific day and say
19 his vision would have been this, his
20 visual field would have been that.
21 Q. Or what his visual outcome
22 would have been had a procedure been
23 performed in March; is that correct?
24 A. That's probably true.
25 Because it would have depended on what

Page 104

1 his visual function was at the time that
2 it was done.
3 Q. So as you sit here today,
4 and for purposes of what you will say
5 in February, which is my whole point for
6 being here today, you are unable to give
7 an opinion to a reasonable degree of
8 medical probability as to what Kevin
9 Kiss's vision would be now had he had a
10 procedure in March of --
11 A. No, that's not true.
12 Q. Okay.
13 A. Had he had a procedure in
14 March, I said, his vision would have
15 been closer to what it was in Dr.
16 Marcotty's office in February than what
17 it was in Dr. Kosmorsky's office in
18 July.
19 Q. But you're unable to say
20 that he would not have visual loss of
21 some extent.
22 A. He might have had visual
23 loss when he saw Marcotty in February
24 but because the appropriate tests were
25 not done, I can't answer the question by

Page 105

1 showing you a test. All I can tell you
2 is within a reasonable degree of medical
3 certainty, because of his outcome,
4 because of what I've seen in the records
5 with the scant information that I have
6 about the visual information, and
7 knowing about the chronic papilledema,
8 the sooner you intervene the better the
9 visual function.
10 Q. And being able to quantify
11 along the continuum of time line, you're
12 unable to do that.
13 A. Because there are no data.
14 Q. And as a result, you're
15 unable to quantify, give an opinion and
16 quantify specifically what would be what
17 at a given point in time.
18 A. No. I -- I gave you my
19 opinion. My opinion is within a
20 reasonable degree of medical certainty
21 that if the shunt or some procedure had
22 been done earlier, his vision would be
23 better.
24 Q. But as far as being able to
25 quantify that, you cannot do that.

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

DEPOSITION OF PETER J. SAVINO, M.D.

<p>Page 106</p> <p>1 A. I have two examinations, one</p> <p>2 in February, one in July. No one</p> <p>3 checked it, so I can't quantify it in</p> <p>4 retrospect.</p> <p>5 Q. That's all I want. You gave</p> <p>6 an opinion earlier that you could</p> <p>7 hypothesize looking backward of what a</p> <p>8 visual field would have shown.</p> <p>9 A. In generalities, certainly.</p> <p>10 Q. And so I simply was asking</p> <p>11 the same question regarding visual loss.</p> <p>12 MS. CARULAS: Okay.</p> <p>13 That's all I have.</p> <p>14 Thank you very much.</p> <p>15 THE WITNESS: You're</p> <p>16 welcome.</p> <p>17 (Whereupon the deposition</p> <p>18 concluded at 4:58 p.m.)</p> <p>19 -----</p> <p>20 .</p> <p>21 .</p> <p>22 .</p> <p>23 .</p> <p>24 .</p> <p>25 .</p>	<p>Page 108</p> <p>1</p> <p>2 PAGE LINE</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12 .</p> <p>13 .</p> <p>14 .</p> <p>15 .</p> <p>16 .</p> <p>17 .</p> <p>18 .</p> <p>19 .</p> <p>20 .</p> <p>21 .</p> <p>22 .</p> <p>23 .</p> <p>24 .</p> <p>25 .</p> <p>ERRATA SHEET</p> <p>CORRECTION</p>
<p>Page 107</p> <p>1 CEFARATTI GROUP FILE NO. 6035</p> <p>2 CASE CAPTION: KEVIN KISS, ET AL. VS. THE</p> <p>3 CLEVELAND CLINIC FOUNDATION</p> <p>4 DEPONENT: PETER J. SAVINO, M.D.</p> <p>5 DEPOSITION DATE: OCTOBER 30, 2001</p> <p>6</p> <p>7 (SIGN HERE)</p> <p>8 The State of Ohio,)</p> <p>9 County of Cuyahoga) SS:</p> <p>10 Before me, a Notary Public in and</p> <p>11 for said County and State, personally</p> <p>12 appeared PETER J. SAVINO, M.D., who</p> <p>13 acknowledged that he/she did read</p> <p>14 his/her transcript in the above-</p> <p>15 captioned matter, listed any necessary</p> <p>16 corrections on the accompanying errata</p> <p>17 sheet, and did sign the foregoing sworn</p> <p>18 statement and that the same is his/her</p> <p>19 free act and deed.</p> <p>20 IN TESTIMONY WHEREOF, I have</p> <p>21 hereunto affixed my name and official</p> <p>22 seal at , this</p> <p>23 day of , A.D. 2001.</p> <p>24</p> <p>25 Notary Public Commission Expires</p>	

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
w.cefgroup.com

A			
ability 59:11 able 66:1 67:2 68:7 76:18 88:3 98:21 103:9 105:10,24 abnormality 26:22,23 88:17,23 89:21 about 8:1,17,18,22 20:12 24:17 25:6 26:7 27:17 28:11 29:16 38:17 45:5 53:6,8 54:2 61:5 62:14 71:11 72:5 74:12 76:13 77:12 79:13,14 89:8 93:1,6 94:24 96:21 97:1 101:6 101:7,8 105:6,7 above 27: 1 107:14 absence 59:14 absolutely 9:16 42:7 51:25 64:22 74:11 91:17 97:14 100:17 103:1 acceptable 46:14,21 54:9 84:3 accident 9:2 accompanying 107:16 according 15:4 55:10 account 77:5 acknowledged 107:13 across 8:7 9:3 27:5 40:9 40:10 98:25 act 107:19 action 3:11 activities 5:13 97:5 actually 8:8 9:9 12:24 29:23 39:9 41:24 50:16 61:10,11 acuity 57:3 73:12 74:16 93:6 acute 71:5 81:20,25 adapt 96:7 addressed 81:12 adequately 49:3 administrative 5:3,6,12 5:16,18,20 13:17,24 admitted 33:13,14,25 adult 6:16,25 adults 6:21 94:19 96:7 advise 102:24,25 advocate 64:18	affixed 107:21 after 5:20,21 33:14 34:1 49:21 50:4,17,21 55:2 55:17 56:6 64:9 65:12 69:10 80:3 90:21 93:2 afternoon 5:2,3,5,6,9 afternoons 4:18,21 afterwards 20:5 again 13:3 25:14 33:16 50:19 74:4 92:23 101:5 102:7 against 60:22 age 96:11 aggressive 82:12 aggressively 79:7 ago 28:19 32:19 agree 38:3 63:2 77:18 88:18 agreeable 20:19 agreed 9:4 ahead 14:25 air-fluid 23:18 al 1:4 107:2 allergic 82:20 allowed 9:6 almost 27:21,24 49:8 94:4 along 105:11 already 3:8 69:18 82:8,9 85:16 90:14 alter 97:1 always 44:9 64:20 94:4 94:4 ambulance 9:1,1 Among 76:14 armount 71:21 72:13 Amy 16:22 92:17 Andress 2:13 anesthesia 25:10,11 anna 2:14 3:9 another 12:8 14:9 24:23 32:15 60:18 84:9 93:19 answer 3:16,23 42:21 43:21 67:6 83:2 88:12 101:1 102:8 104:25 anyone 35:24 38:7 57:18 anything 29:5 34:20 35:21 36:22 39:15 41:25 42:23 43:5,17,24	53:4 58:20 68:22 69:25 82:24 93:11 97:24 99:9 101:7 anyway 30:3 100:22 anywhere 17:16 65:18 65:19 apologize 69:2 apparently 15:3 appearance 60:24 71:9 APPEARANCES 2:1 appeared 107:12 appears 27:15 28:5 appreciate 4:2 11:25 20:21 approach 55:22 appropriate 47:4 103:15 104:24 appropriately 47:1 approximately 12:21 April 31:24,25 66:18 73:1 75:5 77:15 88:16 arachnoid 53:24 area 13:21 48:18 50:19 areas 100:24 argument 70:19 75:3 88:15 around 98:4 arrangements 13:25 Aside 36:10 asked 69:1 101:3 asking 43:20 106:10 associated 39:19 assume 3:24 18:15 2:1 52:4 assumed 77:7 assuming 70:18 88:14 assuredly 49:8 asymmetric 87:20 athletes 99:20 attach 20:8 attempt 65:25 89:15 attention 54:13 102:10 102:12 attorney 12:9,14 34:24 attorneys 8:9 10:11 12:5 authoring 21:8 automobile 9:2 average 4:9 avoid 79:8 99:11	aware 10:9,22 40:25 78:9 80:14 99:25 100:12 away 70:3 99:6 A.D 107:23
			B
			back 11:14 13:3 20:3,10 20:15 25:17 48:10 52:7 54:22 61:20 64:6 65:24 66:9 71:7 76:21 84:13 87:25 98:17 background 4:5 91:11 backward 106:7 baseball 99:8 based 87:10 88:2 102:2 basically 38:11 41:10 101:24 basis 49:10 68:17 battle 60:21 Beasley 12:9 Beasley's 12:7 became 49:1 Becker 2:4 36:17 become 91:14 becomes 60:10 61:5 becoming 83:23 88:25 bed 32:6 before 1:17 3:13 10:8,11 21:2 24:8,16 27:24 32:14 37:4 52:12 55:13 56:5 58:16 61:21 62:2 63:20 71:11 87:15 98:12/17 103:14 107:10 beforehand 44:3 beginning 22:3 29:1,3 30:18 49:9 52:23 67:16 behalf 2:3,12 8:15 being 31:15,17 104:6 105:10,24 believe 32:9 37:12 45:3 46:25 47:3 54:25 55:5 67:14 83:4,12,14 85:1 86:8 91:3 100:23 below 28:22 66:21 benefit 71:21 72:23 benefits 26:4 resides 10:18 35:16 36:2,3,20 38:7 43:6

best 14:2 65:18 83:4,7 better 26:3 47:14 58:13 64:20 65:6,6,20 74:5 94:9 96:7 105:8,23 better-seeing 95:7 between 5:12 7:12 8:13 82:15 93:22 95:25 102:19 bill 9:17,25 billing 9:18 18:3,12 bit 27:12 42:18 66:14 71:14 82:193:19 bits 23:8 60:18 92:11 blind 49:4 blindness 54:17 60:22 72:12 Block 12:14 blow 95:1 Board-certified 45:10 Boop 19:12 both 6:7 8:21 9:4,5 19:6 73:1,3 86:24,25 87:2,6 94:5,23 95:5 96:3,14 bother 95:10 brain 53:17 58:25 79:3 81:11/12 briefly 14:2 bright 63:18 Bruce 17:11 39:3 building 40:6,8,10 bumped 22:10 23:13 39:11 bunch 99:1 BY-MS.CARULAS 3:4	14:21 15:6,8 16:2,19 16:20 17:17,19 18:22 18:23 19:3,4 20:17,20 21:22,25 22:9 30:4,6 34:25 35:1 36:12,13 80:5 89:12,13 106:12 case 1:68:20 9:20 10:5 10:15,18 11:1,2,3,5 12:24 13:9 21:7,9 36:23 37:7,11,12,15 41:24,25 42:9 46:13 50:24 54:5 71:18 72:24 92:22 101:25 107:2 cases 7:25 8:9,13 10:10 10:21 11:6,11 12:2,6 12:11 CAT 23:17 26:1 caught 67:24 cause 62:15,19 72:3,8 72:12 77:19 81:8 91:24 causes 49:14 91:4 causing 24:5 26:2 72:7 CEFARATTI 107:1 center 22:11 39:23 40:15 central 96:1 cerebri 53:9,13 54:3 69:6,7 83:3,8 cerebrospinal 53:19 certain 43:12 44:25 45:2 61:13 96:10,13,25 97:4 97:5 98:16 101:2 certainly 48:16 64:17 66:17 106:9 certainty 68:15 105:3 105:20 Certified 1:19,20 cetera 32:6,6 38:15 44:21 71:13,13 81:24 chairman 4:17 6:6 change 15:18 60:20 79:9,11 changed 11:14 characteristics 60:12 chart 33:11 57:4,13,25 74:20 check 54:21 57:3,5 64:14 73:2,18 74:14,16 76:18 checked 33:6,10 70:13	73:10 106:3 checking 57:12,15 59:13 59:14 73:11 74:12 child 25:24 27:4 45:23 46:17 49:1 56:21 58:10 58:16 60:2 63:16,18,18 63:19 64:4 65:2,5 69:6 69:13 89:17 93:1,16 94:15,18 99:4,12 children 64:7,19 96:6,22 children's 16:13 child's 64:15 choices 47:6 chose 48:14 chronic 31:19 49:2 54:16 57:23 60:8,9,11 66:12 75:22 78:17 79:2 79:16,19 80:2,7,17,17 80:25 82:9,19 83:9,24 85:17 88:25 90:24 91:12 92:14 102:13 105:7 chronically 78:22 91:14 chronicity 61:9 71:10 chronology 19:21 23:10 35:17 circle 38:11 circled 34:11,12 circumstances 7:11 64:24 clarify 89:8 classic 49:12,23 50:1 93:25 clear 39:22 94:14 cleared 25:11 Cleveland 1:7 2:9,17 3:10 10:16,20 13:2,4 15:11 16:4,5 23:25 29:8 38:15 107:3 clinic 1:7 3:11 4:24 10:17,20 15:11 16:4,6 23:16/25 29:9 38:15 107:3 clinical 5:13 6:10 25:25 60:18 close 21:12 closer 103:6 104:15 closes 28:20 Co 2:4,13 Cohen 17:11,11 34:17	39:3 74:18 75:6 Cohen's 72:23 coincidence 42:5 collected 90:9 color 61:4 combination 26:22 94:13,19 combine 49:23 combined 27:22 come 5:2 8:22 10:13 12:19 13:1 50:24 65:11 81:21 82:7 95:1 comes 20:7 57:24 101:4 102:20 comfortable 45:18 48:18 89:20,25 comment 15:7 54:f Commission 107:25 COMMON 1:1 community 29:7 38:2 63:3 69:19 compare 82:6 complained 32:4 complaining 27:16 28:25 55:3 93:4 complaints 28:13 complete 43:9 completely 47:8 complication 77:20 complications 77:23 78:2,4 compromised 66:22 computer 63:20,24 concept 78:14 concerned 63:14 concluded 106:18 conclusion 68:23 conclusions 101:21 condition 53:8 62:10 63:10 conditions 62:12 confrontational 64:14 64:21 65:7,11,15 66:4 73:2,16,18 74:9 75:4 75:10,17 89:19 confused 27:12 69:15 confusing 27:23 confusion 28:9 consequence 54:16 56:23,23
--	--	--	---

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
 Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

consequences 31: 18 56: 14 97: 25 consider 24: 16 79: 18 considered 6: 2 80: 2 consistent 53: 2 75: 25 constriction 66: 19 consult 40: 20 contact 27: 8, 11 36: 4, 21 contacted 13: 9, 11 continue 58: 14 Continues 32: 1 continuum 105: 11 conversation 13: 15 conveyed 77: 1 cooperation 75: 16 cooperative 63: 19 89: 17 copy 9: 15 20: 6, 14 21: 13 correct 3: 13 17: 23 22: 12 37: 16 43: 3, 4 44: 12 45: 15 47: 20 52: 14 57: 13 58: 19 60: 14 61: 18 62: 9, 11 77: 16, 20 84: 22 89: 11 103: 23 correction 29: 11 108: 2 corrections 107: 16 correctly 65: 23 correspondence 34: 24 35: 3, 11, 16 counsel 36: 11, 15 102: 24 counsel's 35: 3 count 94: 7 95: 22 country 41: 20 county 1: 2 107: 9, 11 couple 32: 1 70: 23 course 89: 5 court 1: 1 3: 17 12: 21 cover 95: 2 covered 100: 23 co-director 41: 7 co-manage 45: 1 criticism 102: 4, 9 criticisms 48: 22, 24 100: 25 101: 6 cross 22: 21 25: 3 28: 12 crossed 7: 2 1 24: 24 25: 18 crossover 46: 10 cryptic 20: 23	crystals 61: 6 CT 22: 14 71: 20 cursor 75: 1 cutting 98: 5 cuyahoga 1: 2 107: 9 CV 4: 3 20: 7 CV-402-393 1: 7 cyst 53: 24 69: 17 78: 4 cysts 69: 11	81: 8, 19 87: 17 DEPONENT 107: 4 deposition 1: 12 3: 12 17: 2, 4, 7, 11, 22, 25 18: 15 19: 6 20: 9 21: 4 73: 6 106: 17 107: 5 depositions 12: 16, 19 depth 96: 16 98: 3, 9 desk 14: 24 detected 92: 22 determine 56: 7 develop 49: 6 51: 15, 17 51: 17 82: 17 developed 49: 8 52: 16 52: 17 60: 3 developing 60: 17 82: 17 deviated 46: 14, 20 54: 9 devoted 9: 19 diagnosed 51: 12 diagnosis 22: 15 23: 20 28: 23 49: 25 58: 3 77: 4 92: 13 dialogue 84: 19 Diamox 31: 8, 17 55: 22 56: 4 69: 4, 5, 8, 19 77: 10 82: 20 difference 93: 22 95: 24 different 4: 14 8: 7 74: 21 101: 11 differently 62: 24 difficult 63: 20 64: 4, 6 73: 19 difficulty 63: 14 67: 17 93: 2 dimensions 96: 17 diplopia 28: 13 direction 89: 2 director 41: 3 disadvantage 85: 12 disagree 92: 1 disagreement 63: 4 disappearing 61: 11 discharge 34: 16 discover 95: 4 discovered 93: 15 discovery 93: 24 94: 25 discs 82: 5 discussed 89: 16 90: 14 102: 21 Discussion 16: 1 21: 24	80: 4 discussions 36: 14 disease 23: 18 diseases 44: 19 disk 60: 11 82: 4, 18 89: 23 disks 76: 9 disorder 53: 14 disorders 44: 25 disregard 97: 25 dividing 5: 11 doctor 8: 25 21: 11 29: 12 34: 18 41: 12 doctors 37: 18 documentation 25: 8, 9 31: 10 documented 26: 10 52: 24 64: 2 doing 4: 22 5: 19 8: 4 20: 22 26: 2 57: 9 58: 11 63: 24 85: 11 86: 16 done 12: 3, 10, 22 13: 16 13: 19 20: 18 25: 7 29: 5 30: 15, 17, 20 32: 2 43: 13 43: 14, 14 52: 13 55: 1 56: 9, 16 57: 11, 12 58: 8 58: 10 65: 23 67: 8, 10, 10 70: 19 74: 10 75: 5, 14 76: 22 79: 10 84: 8 85: 4 85: 21 88: 13, 16 91: 18 99: 20 103: 16 104: 2, 25 105: 22 double 27: 16 28: 21 29: 1 29: 3 50: 4, 7, 11 51: 2 55: 4 59: 5 77: 3 81: 24 93: 4 doubt 33: 9 down 22: 17, 23 24: 12 28: 22 29: 14 56: 10 66: 20 67: 14 79: 8 82: 11 87: 6 Dr 3: 8 4: 9 16: 22 17: 2, 7 17: 11, 25 18: 14 19: 11 19: 12, 15 25: 19, 23 38: 7 38: 9, 16, 19, 22 39: 3, 5, 8 39: 9, 14, 18 40: 14 41: 24 45: 17 46: 13, 19 47: 14 47: 25 48: 24 54: 8 55: 15 55: 17 56: 10 63: 8, 9 70: 12 72: 23 74: 18 75: 6 90: 12 91: 6, 21 92: 2, 15
---	--	--	---

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

<p>92:16,23 95:21 96:4 100:25 102:4 103:7,8 104:15/17 drain 79:5 drive 96:24 98:23,25 due 52:2 53:4 63:11 duly 3:2 during 4:14 103:11 dying 76:8</p>	<p>essentially 49:25 56:12 91:5 et 1:432:6,6 38:15 44:21 71:13,13 81:24 107:2 evaluate 47:8,14,18 54:14 56:5 59:9 evaluated 47:1,6 49:2 evaluating 54:15 71:21 evaluation 24:2 25:23 25:25 43:7 72:1 evaluations 43:11 103:15 even 8:18 29:6 32:8 52:13 60:14 61:16,18 66:15 67:12,17,21 80:8 85:19 91:2,20 evening 19:20 events 90:15 eventually 58:8,9 ever 10:7,20,25 19:14 32:22 33:6 38:25 63:14 74:14 80:13,21 82:21 92:9 93:5 94:3 every 54:21,24 65:4 everybody 85:12 everything 3:16 14:8,10 evidence 66:25 exactly 5:22 16:17 48:21 50:18 exam 42:25 58:11,11 examination 32:11,12 32:14 56:12 75:189:22 examinations 106:1 examine 43:2 examined 3:2 24:3 25:24 33:4 37:1 example 40:8 45:23 59:25 72:18 96:16 97:23 98:11 except 8:20 30:15,19,20 53:19 exclusively 44:10 Exhibit 22:1 Exhibit-A 22:5 exists 62:6 expect 50:20 experience 96:5 expert 8:21 9:5 10:16 37:18</p>	<p>expertise 13:22 48:18 50:19 Expires 107:25 explain 20:25 86:6 express 100:24 101:6 expressed 102:6 extensive 96:2 extent 95:25 104:21 extraordinarily 91:7 92:6 eye 1:14 4:20 5:5,10 7:6 26:21,22 28:20 33:11 34:18 39:23 40:4,6,15 41:3 49:4 57:4,13,25 67:13 68:19 70:14,16 74:20 87:5,9,18 93:10 94:2,22 95:2,5,7,10,16 95:23 96:6,22 97:8,9 97:16,18 99:21,24 100:1,6,14 eyes 7:21 54:23 86:25 87:6 94:5,23 95:5 96:15,18</p>	<p>feeling 17:21 fenestration 69:11 78:5 78:8 84:10 85:2,21 86:7 88:20 fenestrations 86:17 fibers 61:11,18,19 field 32:20 33:2 54:20 57:6,14 58:11,18 63:15 64:20,21 65:1,2,16 66:3,4,4,7,10,19,21,25 67:4,21 68:8,11,16 70:19,25 71:6,8 73:3 75:4,17 76:2,10 80:18 81:3 82:1,10 83:11,23 85:24 86:3 89:19 93:16 103:20 106:8 fields 57:20 63:13,22 64:3,7,14 65:7,9,11 73:16,18 74:9 75:10,12 75:14 76:1,3,6 82:4 85:6 87:11 88:9,15,22 89:3,9,15 95:14 96:4 file 35:22 107:1 finally 93:8 find 9:23 17:18 29:4 33:17 45:5 56:2 finding 24:3,5 75:6 fine 20:17,18 68:2,2 70:4 fingers 58:5 94:7 95:23 firm 10:4 36:8,15 37:14 first 13:9 52:9,13 54:7 55:1 59:18 60:2 70:25 71:2 76:25 79:5,7 82:14 85:15 86:19 87:9 92:13 94:21 97:25 fistfights 99:6 five 12:18 63:22 flat 62:2 76:12,15,15 flavor 54:5 flip 10:19 floor 40:3 fluid 53:19 71:22 72:13 fly 100:1 follow 31:8 48:14 82:3 following 51:6 57:19 69:17 follows 3:3 follow-up 31:12,15 48:2 football 99:14</p>
<p>E</p> <p>earlier 105:22 106:6 early 66:5 ears 32:18 easier 21:18 63:21 easily 66:8 East 2:15 easy 54:19 edge 91:16 edges 98:5 effect 72:9 effective 83:5 eight 8:2 eight-year-old 65:2 either 4:21 10:8 13:13 14:4 20:5,18,19 56:13 56:18 59:8 70:4,8 75:24 85:1 88:19 102:11,15 elevated 61:6 71:13 eligible 45:13 emergency 23:15 33:13 33:15 emergently 33:25 employed 98:4,7 employee 8:24,25 encapsulate 101:25 encourage 73:22,25 end 7:20 27:13,18 55:11 energy 32:5 enough 3:25 4:7 9:22 11:23 58:7 73:22,24 95:11 102:23 entail 4:9 entails 4:12 entire 7:7 92:10 entirely 53:1 85:13 equally 47:7 errata 107:16 108:1 ESQ 2:5,14</p>		<p>F</p> <p>Fact 18:11,14 52:3 68:18 74:6 93:19 95:16 Factors 70:24 Facts 35:5 Fair 3:24 4:1 Familiar 99:17 Family 19:2 102:24 far 5:11 6:20 9:17,18,25 11:14 12:20 32:3 35:10 37:10 41:1,23 51:5 52:15 63:13 70:21 86:6 105:24 fast-moving 99:10 father 99:3 February 12:25 13:5 34:18 51:11,16 52:18 52:24 53:3 55:16 66:5 66:16,23 67:4,11 68:7 84:17 85:19 102:19 103:7,17 104:5,16,23 106:2 Federal 8:23 fee 9:9,10,23 feel 30:7 42:13 43:1 45:17 89:20,24</p>	

foregoing 107:17 formal 57:19,20 58:4,17 63:15 64:3,16,19 65:1 65:13 66:3 75:14 89:8 89:15 95:13 forth 4:6 102:22 found 10:4 22:22 23:17 25:13,16,19,22,22 53:2 75:7,18 93:9 103:7 foundation 1:8 15:11 107:3 four 12:23 33:14 52:25 71:15 frame 84:21 87:15 97:17 free 107:19 frequency 70:10 frequent 32:7 frequently 11:9 71:15 Friday 5:7,9 friends 50:23 from 13:16 15:10 16:12 24:13 25:13,23 29:3 30:17 34:20 35:3,22 36:9,10,15,18 38:14 40:9 46:14,20 52:22 54:9,11 55:17,23 57:24 58:11 59:1,5 60:8 74:8 76:24 77:5,23 78:4,8 78:11 82:6 84:16 86:12 86:12 96:3 99:2,6 front 17:24 full 3:6 function 68:21 77:10 87:12 96:23,23 97:12 104:1 105:9 functioning 96:9 further 86:12	give 4:10 8:6 12:15,17 20:3,13,14 65:19 81:10 90:8 97:2 104:6 105:15 given 12:16 31:7,17 35:2 54:4 56:6 66:7 68:12 92:10,10 105:17 giving 4:2 glanced 35:14 glasses 74:20 global 102:16 go 11:14 12:25 14:4,6,25 20:5,25 23:9 24:15 26:7,25 31:3,22 32:13 35:8 44:1 51:15 65:14 66:9 78:24 79:18 87:15 88:19 94:22 95:2 98:18 God 31:2 goes 51:22 66:20 87:6 91:17 going 4:4,4 23:9 48:9,12 60:7,13 72:8,11 82:11 83:18 84:5,19 90:4 gone 61:20 good 25:2,6 58:7 65:1 65:19,20 67:19 89:18 97:9,18 98:9 gotten 83:20 grade 59:21 Graduate 4:16 5:8 6:5 gray 76:12,16 grayish 61:5 71:12 great 21:23 ground 98:8 group 12:7,8,10 41:2 107:1 grow 61:19 guess 26:12 28:2 46:11 63:25 67:1	happy 43:22 hard 99:9 hardly 94:3 having 3:2 7:16,19,20 28:21 33:11 57:4 59:5 61:4 93:1 102:14 103:16 head 22:10 23:13 43:25 84:2,6 headache 27:16 28:13 28:18 29:2 30:24 32:2 51:3,6 55:13 70:3,3 77:3 81:24 headaches 31:6 50:3,9 50:10,11,16,21 55:4 Health 22:11 healthy 91:17 heard 38:25 100:3 Hedges 19:12 37:22 38:8,19 63:9 90:12 91:6,21 92:13 Hedges's 92:2 help 14:6 helpful 16:8 hemodynamics 78:18 hemodynamics 79:9 hemorrhages 60:6 her 10:4 82:14 hereunto 107:21 he/she 107:13 high 50:13 72:21 highly 38:4 him 20:12,15 25:11 31:4 37:23 38:10,13,15,23 38:25 39:10,11,11 47:6 47:8,9,14 48:5,13 51:13 56:25 57:4 69:24 70:2,5,7,8 98:3,7 103:8 himself 56:19 102:15 his/her 107:14,18 hockey 99:9,14 home 5:21 hope 9:21 64:17 76:20 hospital 1:15 4:17,20 5:5,9,10 6:6 7:6 8:25 16:13 40:4,6 41:3 hospitals 8:14 hours 5:21 hundreds 80:24	hydrocephalus 79:3 81:13 hypothesize 106:7 Hypothetically 103:2 I idea 8:6,12 12:15 40:21 identification 22:7 ignored 56:15 II 33:4,5,20 Illinois 8:11 11:7 illogical 52:3 53:3 images 27:7 imagine 61:17 imaging 71:17 important 56:13 57:17 important 42:19 43:15 57:17,21 91:9 importantly 57:5 improved 27:20 28:1 inactive 41:19 inadequate 22:24 23:4 24:12 incidence 79:11 include 15:13 27:7 included 35:7 inconsistent 75:25 76:2 76:6,11 incorrectly 62:25 63:1 increased 31:16,21 49:13,15,20 50:6 51:19 51:24 52:2,6,21 53:15 53:19 55:24 56:3 59:7 60:1,3 62:16,17 63:11 69:9 71:22 72:3,6,10 76:25 77:8 81:23 90:6 increasing 50:11 51:3 55:4 77:2 independent 89:3 indicate 87:23 indicates 55:12 indication 26:9 33:6 88:19 indicators 87:23 individuals 36:22 infarct 78:21,22 inform 24:17 information 42:10,13,16 42:18,20 60:19 65:20 65:21 68:12 74:4,5
---	--	---	---

CEFARATTI GROUP

☎ 800.694.1

16.687.0973

A Litigation
Support Company

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650
www.cefgroup.com

<p>90:8 92:11 101:9 105:5 105:6 initial 13:15 initially 21:8 injury 23:13 inpatient 15:14 40:3 instance 42:23,25 instances 91:21 instead 61:3 64:16 institute 61:21 institution 47: 11 intact 33:20 73:4 74:24 75:18 interim 32:3 Interruption 15:25 intervene 105:8 intervention 83:13 interventions 88:4 interview 98:12 intracranial 31:16,21 49:13,15,21 50:6 51:20 51:25 52:2,6,22 53:16 55:24 59:7 60:1,3 62:16,18 63:11 69:9 71:22 72:3,6,10 77:1,8 78:1 681:23 90:6,23 91:4 introduced 3:9 investigate 74:3 invited 38: 14 involve 41:24 involved 7:24 9:2 10:25 11:9 12:1 39:6 57:1 irreversible 85:23 86:1 86:4 irritability 29:2 irritable 27:15 issue 8:23 44:15 issues 11:1 44:22 75:16</p> <hr/> <p>J 1:12,14 3: 1 107:4,12 January 29:4 30: 18 49:9 52:23 55:7,12 jeanne 2:5 13:2 20:7 Jefferson 5:1 39:20 Jeffery 16:22,23 Jeffery's 92:17,17 Jersey 8:24 Joseph 3:7</p>	<p>judge 9:6 July 34:11 92:24 103:8 103:17 104:18 106:2 juncture 86: 1 jury 42: 12 just 4:8 6:21 7:20 13:22 18:17 19:19,20 20:8 22:1 25:1,1 33:1,16 36:1,7,9 42:5 43:23 50:23 54:19 55:25 56:9 58:6,21 61:9,23 62:8 68:3 71:11 73:17,21 75:9 78:15 82:1 83:6 86:10,13 90:5 91:20 93:24 94:14,18 95:14 98:17 101:18</p> <hr/> <p>K</p> <p>keep 11:10 14:19 15:1 kept 9:17 21:7 kevin 1:4 37:1 43:2 47:1 47:4 48: 1 53:21 69:18 103:4 104:8 107:2 kid 47:8 65:12 85:14 97:7 99:10 kids 16:15 61:13 97:1 Kid's 16:13 kind 4:7 9:22 11:23 102:23 kiss 1:4 17:5 19:6 102:24 107:2 Kiss's 103:4 104:9 knew 89: 1 know 5:23 10:3 11:8,13 11:19 13:10,13,14 15:16,24 17:16 18:10 23:23 24:15 26:13 29:17,20 30:2 34:8 35:25 37:11,17,21,22 37:23 38:10,13,22,23 39:3,5,8,10,11,18 40:16,18 42:15,20,24 43:16,19,20,23 44: 14 46:2 48:21 49:24 50:18 52:10 54:6 55:15 58:12 59:22 60:25 61:2 62:3 64:5,8 67:7,9 68:3 69:12 70:12,12 72: 18 72:22 73:9,17 74:4,22 75:24 77:14,22 78:1,3</p>	<p>78:12 79:13,13 83:22 84:4 87:5 91:2 94:8 96:24 99:5,16,22 100:2 101:1,14 102:7 knowing 105:7 knowledge 15:15 74:13 93:12 known 64:2 66:11 Kosmorsky 17:8,25 34: 15 38:9,17 56:10 63:8 92:23 93:9 96:4 103:8 Kosmorsky's 92:15 95:21 104:17</p> <hr/> <p>L</p> <p>lack 42:17 lacking 69:23 last 19:20 21:3 late 60:25 61:3,25 62:1 62:3 later 15:20 23:10 25:17 32:1 51:21,22 68:4 latter 13:20 law 37:14 lawsuit 36:6 38:17 lawyers 10:21 lead 75:19 leads 68:22 least 27:9 52:22 84:17 leave 14:14 20:12,15 left 28:20 67:13 ength 51:5 enses 97:3,3 esion 45:24 46:7 esions 53:17 ess 51:11 97:16 102:17 et 45:9 62:6 98:17 .et's 3 1:22 evel 23:19 32:5 icense 98:24 id 22:12 23:14 26:22 ife 94:23 ife-span 97:7 ike 4:22 20:2,15,24 23:11 27:21,24 41:9 47:12 55:25 63:23 71:1 71:4,15 75:21 76:7,8 82:8 83:6,6 84:9 95:2 99:4</p>	<p>likely 49:8 67:3 68:9 86:2 limitation 67:8 line 105:11 108:2 lined 96:19 lines 9:3 98:25 list 48:21 listed 107:15 literature 37:7 78:20 little 23:8 34:3 71:14 82:1,18,19 local 12:2 Locklear 1:18 logical 52: 1 long 20:3 59:23 79:17 80:23 long-standing 80:15 look 11:22,24 13:20 15:1 15:17 31:18 44:2 48:11 54:22 57:8 59:20 60:6 61:7,12,16 65:24 71:1 71:4 72:20 75:22 76:13 76:21 84:13 87:25 89:22 101:19 looked 14:1,9 16:21 23:6,21 27:21 52:11 60:2 76:7,8 looking 24:1 26:6 58:22 71:3 72:2 84:24 89:1 106:7 looks 14:3,7 15:9 19:9 82:18 87:12 lose 57:22 60:7,14 78:24 91:19 96:6,15 loses 58:16 losing 58:25 60:21 78:7 78:11,24 85:7 86:12 loss 56:22 61:21 66:10 66:12,14 79:12 80:18 81:3,19 82:3,10,17,18 82:24 83:4,6,11 92:15 92:21 93:16,23,24 94:2 94:3,10,17 95:18 96:1 96:3 103:13 104:20,23 106:11 ost 58: 1 61:17 90:21 97:15 ot 4:4 5:19 20:22 63:20 63:21 82:11 97:16 ove 13:4</p>
---	--	---	--

low 32:5
lower 79:5 83:24 84:2,5
lowered 90:22
lowering 91:3
LPA 2:4,13
Luciano 17:2 22:18
25:23 38:22 46:13
48:24 54:8 55:16
100:25 102:4
Luciano's 18:14 25:20
[lunchtime 4:24

M

M 2:5
machine 21:12 98:4
made 13:25 19:20 23:20
47:3,5 54:1 63:6
make 20: 14 21: 13 26:3
29: 10 42:3 54:14 58:2
58:23 94:9
makes 13:24
manager 12:13 13:23
many 6:21,21 8:3 12:16
12:21 41:15 44:18 74:7
80:8
March 66: 17 88: 16
101:15 103:3,11,23
104:10,14
Marcotty 39:5 46: 19
47:14 48:1 55: 18 70: 12
103:7 104:23
Marcotty's 104:16
mark 18:7 22:1
marked 18:17 22:6
66: 19
markings 18:15
mass 23: 19 53: 16 58:25
materials 13:18 14:3
34:21 43:6 102:3
matter 15:19 37:8 38:20
107:15
matters 9:11
may 8:1 10:22 16:8 18:4
18:5,6 20: 129: 15 35:6
35:14 60:5 62:23,25
66:14 68:25 71:6,14
82:12,19 87:20
maybe 12:23 17:18 20:6
29:18 39:22
mean 15:19 18:16 21:1

23:1,5,6,20 24: 15
26:11 29:2 30:14 31:9
32:11,24 42:14 43:21
44:22 48:4 50:8 51: 12
52:5 53:23 58:24 62:9
63:25 73:5,11,13 75:11
86:8,20 88:3 91:7
93:25 98:23 101:5
meaning 79:21,23
means 62:13 63:10 64:6
96: 65
meant 24: 19
mechanism 86: 10
medical 15: 10 49:24
66:2 67:3,20 68:15
104:8 105:2,20
medically 79:7
medical-legal 7:25 11:1
37:8
medication 27:20
medicine 56:6
members 19:2
mention 19: 17
mentioned 37:11
might 21:18 30:1 101:10
104:22
mind 10:13 102:20
minimum 80:20
minutes 18:1
Mishkind 2:4
miss 9:14,24 10:4 11:25
36:3,15 96:20
moment 40: 17
Monday 4: 15/18
Mondays 4: 11
monitor 69:25 72:9
80:22 88:24
monitored 56:20 77:11
80:25 83: 17 102:14
monitoring 57:2 70:6,8
70:11,21 84:21 89:25
102: 10
month 66: 17 79:23,25
80:1,3
months 32:1,19 33: 14
34:1 71:7 79:20,21,22
79:24,25 80:8 82:22
MOORE 2: 14
moot 51:11
more 6: 12/21 13: 16

32: 10 43:22 51:10
59:16 60:10,12 63:20
67:3 68:9 71:14 78:25
82:12 86:2 88:25 96:21
97:15 102:16
morning 4:15,23 5:4,8
51:17
mornings 4: 19
most 4:3 11:17 49:8
57:5,17,21 73:19 83:5
94:22
mother 32:4
movement 26:23
movements 95:22
moving 89:2
MRI 26: 1
much 9:19 20:24 65:6
78:25 86:2 100:11
106:14
mutual 39: 14
myself 19:21 35:9
M.D 1:13,14 3:f 107:4
107: 12

N

name 3:6,9 107:21
names 10:13 12:12
Nancy 41:22
nature 95: 15
near 65:18,20 98:6
necessarily 45:22 87:19
95:8
necessary 43: 184:7
107:15
neck 27: 14 29:3
need 3:15 42:11 43:8,23
44:1,2 46:1 54:5,23
56:2 58:3,7 60:19 68:3
79:18 83:24 87:20
95: 13
needed 40: 19 67:9
needs 24:6
Neff 19:15 39:8,9,14,18
40: 14 41:24
neglected 91:13
nerve 26:14,16,17 57: 15
59:13,20,24 60:24 61:3
61:11,17,19,25 71:9
75:23,24 76: 19 77: 10
78:21,21 84:9 85:2,20

86:7,17 87:12 88:20
89:21 91:17 103:10
nerves 51:14 52:11 57:9
58:22 60:4 71: 14
83:18 88:24 90:7 91:10
91:13
neuro 46.3 47:22
neurologic 7:17,19 24:4
24:6 26:20
neurologist 32: 13 33:10
72:25 73:11
neurologists 4:25 44: 19
44:20 73:14,17 74:8,14
74:15 76:17
neurology 73:20 93:21
neurosurgeon 25: 13
26:12 31:3 44:7,16,17
44:23 45:19,21,25 46:4
46:5,15,16 47:10 51:9
77:7,25 83:20,25
neurosurgeons 39:24
40:1,7 44:20 45:1 69:8
79:4
neurosurgeon's 77:2
neurosurgery 23:25
45:7,11 51:7 52:7
53:25 69:19 85:3
neurosurgical 25: 16
27:6 31:5 40:3,5 45:24
49:19,22 50:5,8,17,21
50:22 52:9 78:2 90:22
neuro-ophthalmologic
56: 11
neuro-ophthalmolog ...
37:25 38:1,4,6 44: 18
54: 12 64:25 83: 19/21
92: 16/18
neuro-ophthalmolog ...
41:16 47: 13 62: 14/22
64:13
neuro-ophthalmology
5:24 6:1,11 41:2 44:11
93:20 94: 1
never 23:19,21 25:22
26:4,10,15 35:7 40:22
45:6 62:3 78:19 88:13
90:18 100:3
new 8:11,24 101:9,9,10
101:13 102:20
next 24:21 27:5,8,9

28:15,17 31:4,22,24 32:17 33:15 34:2,10 65:15,18 70:21 74:10 87:15,18 101:22 nice 60:5 61:4 night 21:3 NJ 1:20 noise 32:18 normal 32:21 33:2,2 53:18 67:12 68:21 72:20 73:4 74:6,10,11 75:10,12,25 76:3,6 91:10 95:17 normally 50:25 normal-size 53:18 North 8:10 Notary 1:21 107:10,25 notating 75:1 note 22:17,24 23:4 24:10,10 25:13 26:8,8 26:12 27:5,13,13,18 28:4,10,16,17 29:4,7,8 29:9 31:5,24 32:4,17 32:21,24 34:16 42:17 73:6 74:22 95:21 noted 33:23 34:17,18 77:6 79:11 94:4,4 notes 19:18,20 20:16 21:1,3,6,19 25:2,6,15 27:6,21 28:7 29:22 30:8 32:18 nothing 28:24 30:15,17 30:20 32:2 62:19 72:15 72:15 73:15 84:5 notice 1:22 17:24 94:11 94:16 95:8,12,14 noticed 41:5 94:3 November 22:3 number 57:12,14,14 58:17 99:19 100:13,15 numeral 33:5,20 74:23 nutshell 48:25	obviously 42:14,17 44:15 84:20 101:5 occasion 40:23 occupation 98:7,19 occur 90:16 occurred 102:13 october 1:17 107:5 off 16:1 21:24 22:21 25:4,18 28:13 43:24 80:4 81:18 98:8 offhand 12:12 95:20 office 2:6 4:16 12:13 13:23 35:4 36:18/20 40:1 74:19 77:2 104:16 104:17 offices 1:13 4:14 40:7 40:12 official 107:21 often 7:23 oh 11:7 14:21 15:6 25:2 29:20 30:13 34:8 50:23 84:16 86:18 92:5 ohio 1:2 2:9,17 8:11 10:11,21 107:8 okay 3:17,21 7:2 8:19 11:21 15:6,22 16:19 17:14 18:19 19:3 20:4 22:25 24:20 29:25 30:4 30:22 32:23 33:8 34:10 34:19,25 41:14 46:8 48:7 49:17 55:17 57:7 59:3,17 67:18,25 70:20 74:17 75:5 80:19 84:1 90:25 99:18 100:6 101:12,20,23 104:12 106:12 old 78:14 olds 63:22 ominous 60:13 once 47:6 54:21 one 3:19 8:20 10:23 14:9 18:21 20:4 26:1 27:10,22 28:7 29:11,13 29:15 41:18 45:16 49:4 51:6 52:10 54:1 57:12 58:17 60:18 62:15 68:18 70:14,16 79:23 79:25 80:1,3 86:13,19 87:5,21 88:4 89:18 90:9 91:6 93:5 94:2,21	95:9,23 96:6,22 97:10 97:15 99:21,24 100:1,6 100:14 103:16,17 106:1,2,2 only 16:5 18:6 54:15,17 56:22,22 62:15 64:8 65:11 87:20 91:11 97:16 onset 93:23 open 94:23 95:5 operate 40:12 operating 40:5 operation 26:13 49:19 49:22 50:5,22 84:9 85:15 90:4 93:3 ophthalmologist 30:12 30:12,19 31:1 46:20 47:18,23 51:13,16,23 67:11 77:6 84:8 98:10 ophthalmologists 7:5,9 7:13,16 64:12 ophthalmologist's 16:11 ophthalmology 4:18 6:3,5,7 28:23 29:7,8 40:20 44:10 93:21 opinion 68:2 69:4 91:24 92:2 104:7 105:15,19 105:19 106:6 opinions 42:12 43:2 101:25 opposed 8:15 68:10 optic 51:14 52:11 57:9 57:15 58:22 59:13,20 59:23 60:4,24 61:3,24 71:1,4,9 75:23,24 76:18 77:10 78:21 83:18 84:9 85:2,20 86:7,17 87:11 88:20,23 89:21 90:7 91:10,12,17 103:10 option 82:14 options 84:12 Oral 1:12 order 14:15,17,19 15:2 15:18 42:11 43:8 57:16 57:17 98:11 organized 15:4 original 20:10 21:19 originals 20:12	other 4:16 10:21 18:5 26:2 36:5,7,21 37:17 41:15,21 42:10 43:10 43:12 52:17 56:1 59:1 59:6,7 65:8 70:15,17 72:8 76:4,9,14 78:19 95:5,13,16 97:8,10 98:19 101:6,16,16 102:3 others 36:17 41:18 62:23 63:3 out 13:3 23:8 24:24 31:7 31:9 32:6 33:17 41:19 45:5 50:24 54:18 56:2 58:5 61:14 63:3 66:8 66:17 69:16 93:9 95:4 95:6 103:18 outbursts 32:7 outcome 103:21 105:3 outpatient 15:14 over 5:18 11:11,15 42:16 51:18 58:1 62:7 82:22 91:15 overlap 7:11 overprotective 99:5 overview 81:10 overweight 82:2
P			
page 31:22 101:22 108:2 pages 22:2 pain 27:14 pale 62:2 palsy 26:9,10,15,16,18 papilledema 11:8 28:23 30:13 31:2,7,11,13,19 31:19,20 33:23 34:17 46:17 47:9 49:1,5,7,15 51:18,24 52:12,24 53:7 54:13,16,24 55:23 56:2 56:14,21,24 57:18,23 57:23 58:24 59:2,6,15 60:8,16 62:6,8,9,15,20 63:5,7,8,9 66:13 68:20 70:5,7 71:4,5 72:2,11 75:22 77:7 78:17 79:2 79:12,17,17 80:2,7,15 80:17,22 81:1,21,25 82:9 83:10 84:17 85:14 90:24 91:12 92:14			

<p>102:11,14 105:7 part 67:7 particular 12:4 37:14 42:23 46:6 particularly 6:5 50:7 56:24 61:13 patient 5:17 8:169:4 23:12,24 24:2,3,6,9 26:15 27:8,14 28:25 29:5 31:10 33:4 40:24 47:18 48:10,15 50:15 51:2,19 52:5 54:20,24 55:2,16,21 58:23,24 59:4 60:13,16,22 70:22 71:3,8 75:20,21 77:9 77:14 78:17,23 79:6 81:20 82:16 83:16 85:6 86:12 89:5,25 90:19/23 92:12,24 94:7 patients 4:16,20,21,23 5:4,8,10 6:14 7:14,18 24:17 39:15,24,25 40:19 72:19 74:8 79:1 80:7,14,16,22,24 82:21 83:8,9 87:4 90:21 94:25 patient's 28:3 33:10 73:12 pattern 66:9,12 pay 54:12 paying 102:10,12 pediatric 6:137:4,8,12 7:15 32:13 44:7,16,20 45:7,19,20 46:4,15,16 46:19 47:17 51:8 64:11 69:18 72:25 73:11,13 74:13,15 76:17 pediatricians 25:12 Pennsylvania 1:16 8:10 11:7 people 25:11 36:5,7 47:12 49:20 50:8 87:1 98:12 100:13,16 percent 6:1,12,24 7:2 percentage 6:9,9 87:3 percentage-wise 6:20 perception 96:16 98:3,9 performed 68:8 73:1 103:11,23 perhaps 11:17 36:17</p>	<p>perimetry 57:19 58:4 64:16 65:13 periods 80:23 peripheral 66:14 95:11 95:25 permanent 56:23 permanently 49:4 persist 31:6 persists 30:24 personal 19:18 personally 107:11 peter 1:12,14 3:1,7 107:4,12 phenomenon 74:15 90:15 Philadelphia 1:16 12:2 phone 31:8 photograph 82:5 90:2 photographs 82:5 phrases 23:8 physicians 8:14 pick 23:8 74:2 103:18 picture 43:9 61:24 pile 17:16 pilot 99:23 100:22 pilots 99:24 100:3,18,20 pink 60:5 61:4 place 65:25 83:14 84:22 85:12 88:5,8,12 92:3 placed 77:16 85:20 103:3,10 placement 77:19,23 78:11 88:21 plaintiffs 1:5 2:3 8:16 12:9,14 plan 31:12,12,15,17 44:5 46:12,18 48:1,23 87:7 100:24 101:5 plane 100:1 planned 48:22 plans 13:1 37:3 play 71:18 99:7,8,13 played 92:9 players 37:10 PLEAS 1:1 please 3:5,20 15:1 101:19 Plus 49:18 pocket 19:25 point 14:9 32:7 33:17</p>	<p>51:11 56:17 60:15,23 62:5 70:20 76:23 79:1 84:11,14 85:1,21 86:9 88:4 104:5 105:17 points 103:16 polycarbonate 97:3 poor 93:10 population 6:17 portion 24:21 possibility 92:4 possible 66:24 85:13 possibly 68:10 postop 26:8,8 postoperatively 69:10 post-shunt 90:15 practice 5:13,25 6:10,20 6:22 44:9 practiced 45:7 practices 7:12 preceded 85:15 prefer 14:14 64:13 preop 25:22 preoperative 42:17 43:7 preoperatively 25:14 preparation 21:4 presence 59:14 present 52:18 59:19 presented 92:12 pressure 31:16,21 49:14 49:16,21 50:7,13 51:20 51:25 52:3,6,22 53:16 53:20 55:24 56:3 59:8 60:1,4 62:16,18 63:12 69:9 71:23 72:4,6,10 72:20 77:1,9 78:16 79:6,8 81:23 83:24 84:3,6 90:6,23 91:4 prevent 54:15 86:11 previous 52:25 printed 9:10 printed-out 9:23 prior 21:8 37:12 42:8 93:11 private 16:11 privileges 39:18 40:15 probability 66:2 67:3,20 104:8 probably 6:12 7:1 8:5 8:17 12:18 18:17 49:7</p>	<p>66:18 68:13 76:3 94:9 99:13 103:24 problem 24:4,6 45:25 46:9 51:1 70:9 72:7,7 72:8 85:10 90:10 91:5 93:7 problems 7:17,19 80:9 102:12 procedure 50:17 51:7 52:8,10 85:3 90:22 103:11,22 104:10,13 105:21 product 34:24 professional 1:19 99:19 progressing 76:16 89:24 progressive 94:2,10 95:15 progressively 88:25 protect 90:7 protective 97:3 prove 65:E2 provide 9:14,24 42:12 provided 15:10 35:18 37:19 province 48:16 provisos 91:6 pseudodrusen 61:8 pseudotumor 53:8,13 54:3 69:6,7,14 72:19 81:14 83:3,8 psychologist 32:8 Public 1:21 107:10,25 purpose 30:10 purposes 18:3,13 22:6 68:4 104:4 pursuant 1:22 put 15:2 18:8,8 22:23 29:20 30:2 79:4 p.m 1:17 106:18</p>
--	---	--	--

Q

qualified 47:21
quantify 105:10,15,16
105:25 106:3
question 42:21 46:11
63:25 67:1 68:1 100:15
101:4,10 102:8 104:25
106:11
questions 3:20

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

800 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

quick 101:18 quicker 78:25 quickie 21:13 quite 78: 14 93: 10 96:2 quote 27:19 31:7 79:19 quotes 28:2	Recreationally 98: 15 reduce 86:11 refer 34: 13 40: 19 reference 93: 14 referral 55: 17 referred 7:15 23:24 39:25 56:19 reflect 11:17 regard 73: 15 regarding 106: 11 regimen 81:15 regimens 86: 14 Registered 1:18 regulations 96:25 relates 26:21 reliable 73:22,23 75:15 remaining 97:18 remember 12:12 35: 15 86: 18 93: 13 95:20 96:3 removed 34:20,23 35:22 rephrase 3:21 report 18:25 19:10,11 19:12,15 21:8 23:21 41:6 90:11 101:14 102:5/23 reported 29: 13 reporter 1:19,20,21 3: 17 reports 54: 1 101:16 represent 3: 10 reputation 39: 1 required 86:9 resident 74:25 residents 4:25 73:20 93:21 respect 96:8 respected 38:4,5 result 49:3 105:14 results 85:22 retained 37: 14 retina 61:12 retrospect 106:4 review 44:2 102:2,18 reviewed 8:8 10:10,20 11:11 12:6 14:3,5,8 17:1,10,13,21 19:7,11 19:19 37:6 43:6 46:23 reviewing 7:24 8:13,15 12:1 18:2 21:7 reviews 12:19 re-imaging 30:19/21	riding 9: 1 right 7:3 13:7 15:7,22 18:19 22:12 24:20 25:9 26:11 27:3 28:4,8,16 28: 19/24 30:5,9,25 32: 18 33:5,12,22,24 34:7,19 36:12 40:9,10 47: 10 48: 19 70:14 76:14 89:2,12 95:12 96:20 98:6 risk 78:7,10 82:16 risks 26:4 Roetzel 2: 13 role 69:3,12 71:18 72:1 92:9 Roman 33:5,20 74:23 room 23: 15 rooms 40:5 Rosemary 1:18 routinely 69: 10 rub 95:3 rule 31:7,9 run 4:24 rundown 4: 10	secondly 91:8 secretaries 11:15 secretary 11:12 20:7 section 24:23 25: 16 see 4:15,20,21,23 5:4,8,9 6:13,16 13:20 14:24 17:17,20 18:20 20:1,2 24:9,10,18 28:10 31:3 39:24 45:1,23 46:9 48:1,10,15 51:22 57:9 58:6 60:16,17 61:10,10 61:14 67:11 70:1 71:6 81:20 92:7,8,19,24 93:9,14 95:4,6,6 96:17 seeing 32:8 96:18 seems 19:13 seen 19:14 29:6 74:7 76:9 80:6 85: 16 90:21 105:4 sees 30:11 31:1,4 Segal 12: 14 send 7:21 11:24 48:8,12 59:9 sent 7: 17/18 13: 18 24:2 47:9 56:9 sequence 15:5 sequential 82:4 Sergott 41:13,14 series 27:7 set 4:6 12:24 26:20 102:22 setting 53:7 69:4,17,20 70:11 75:13 86:23 88:18 89:14 several 84: 11 severe 27: 14 severely 66:22 severity 51:3 share 40:23 44:19 sharp 98:5 sheath 84: 10 85:2,20 86:7,17 88:20 sheet 107:17 108: 1 shifting 91:1 shifts 91: 19 short 99:9 Shorthand 1:20 show 58: 10 88: 17 89:21 89:22 showed 85:6 89:4 90:2
R Rainbow 16:14 rapid 78: 15 91:3 rare 91:7,8,21 rarely 5:7 rate 77:20 read 18:16 24:21 28:5 28: 10 35:5,8,12 53:7 57:4,25 73:5,6 74:19 90: 11 93: 1 107:13 reading 33:11 35: 15 72:23 real 54: 16 79: 14 really 15:18 42:20 43:8 43: 19 56:2 69:12 78:15 78:20 83:25 84:5 91:9 realm 77:24 Realtime 1:21 reason 26:14 87:4 89:6 89: 17 95: 13 reasonable 48:5 55:22 66:2 67:2 68:14 104:7 105:2,20 recall 10:14 12:5 recap 50: 14 recent 4:3 11:17,20 recently 34: 17 recognized 56: 15 recognizing 102:11 recollect 10:24 recommend 97:23 recommendation 32: 10 recommendations 47:4 reconstruct 65:25 66:9 88: 1 reconstructing 84:25 record 3:6 11:10 14:5 16:1 21:24 55:12 80:4 94: 14 records 15:10,20 16:4,6 16:12,12,22 25:20 27:10 35:8 55:11 105:4 recreational 99:2	S S 26:25 sake 70: 18 75:3 88: 14 same 27:22 33:13,25 38:11 75:6 86:24,25 87:2,19,23 102:25 106:11 107:18 sat 43:25 savino 1:13,14 3:1,7,8 4:9 45:17 107:4,12 saw 9:3 26:5 30:18 34:14 47:25 51:13,13 55:16 103:8 104:23 saying 25:23 33: 19 43: 13 85: 18 says 26:8 27: 18 30: 13 30:21 31:1,6 33:1,4 34:16 46:1 48:11 51:23 63:8,9 91:6,21 scan 23: 17 26: 17 2: 14 scans 71:20 72:20 scant 31:6 105:5 schedule 9:10,11,24 seal 107:22 second 18:21 87:22 93:3		

<p>showing 88:23 105:1 shown 66:5 67:5 106:8 shows 26:P 70:25 89:23 shunt 77:15,15,19,23 78:11,15 85:3,19 88:21 99:12 103:2,10 105:21 shunted 81:14 side 10:19 57:24 87:21 87:22 sides 8:21 9:4,6 sign 50:12 62:9,11,17 107:7,17 signal 34:4 significant 86:5 signs 26:20 50:6 52:20 60:13,17 61:9 76:25 81:21,22 similar 11:2 53:11,22 simply 35:13 59:13 106:10 since 29:1 56:24 88:1 single 57:21 73:19 sinus 23:18 sit 42:9 68:6 104:3 situation 53:11,22 60:15 61:19 six 12:18 53:1 skull 53:17 Skylight 2:6 slightly 27:19 28:1 slowly 78:23,24 79:5 94:1,10 95:15 small 38:187:3 some 6:2,4 7:10 16:8,12 19:17,18 23:12 25:8,15 27:20 38:12 50:16,22 60:6 63:4 64:6,11 65:8 66:25 67:16 68:15 74:4 76:4 78:18 85:3 86:9 87:1,4 91:4 92:25 93:1 93:7 96:24 104:21 105:21 somebody 69:24 102:15 Somehow 24:21 someone 48:8 54:14 56:1,20 59:10,25 82:13 90:1,5,9 91:16 97:15 someplace 18:18 74:23 something 3:23 4:11 9:13 11:8,16 13:16,21</p>	<p>19:22 20:1 24:25 51:7 56:5 58:15 59:1,5 67:5 71:15 73:21 74:3,24,24 78:19 84:1,10 91:18,18 92:25,25 93:2 95:1 96:15 97:8 101:11 102:19,20,21,22 Sometimes 47:24 sooner 105:8 sorry 14:22 23:3 31:14 sort 18:6 19:20 23:12 50:24 51:1 58:5 68:15 71:11 74:25 78:14 91:4 93:5 98:8 99:14 Southwest 22:11 spare 97:11 speak 38:14 speaking 36:2 specific 26:19/24 43:22 55:8,14 63:10 103:18 specifically 37:7 52:17 105:16 specifics 54:6 spend 4:4 spent 18:2 spills 5:17 split 4:15 5:14 6:8,19 a:13 spoken 38:16 sports 93:2,7 97:5 98:16 spot 13:6 SS 107:9 stack 14:7,10 15:23 16:3 34:21 staff 7:5 39:10 41:17 standard 24:7 44:6,24 45:2,18 46:6 74:25 86:8 standards 46:14/21 54:9 standard-of-care 44:15 44:22 standpoint 13:17 24:13 54:11 99:3 start 18:6 62:7 81:18 82:19 86:16 started 28:19 55:3,13,21 66:13,15 starting 32:19 starts 22:2 56:6 state 3:5 9:3 45:9 67:2</p>	<p>98:25 107:8,11 stated 90:3 statement 9:18,25 63:7 102:16 107:18 states 8:7,8 32:19,20 96:24 stating 45:18 status 87:17 step 59:19 65:15 70:21 stereopsis 98:13 stiff 29:2 still 58:23 61:6 72:21 stones 99:7 stop 21:21 straightforward 7:20 street 1:15 2:8,15 39:12 40:9,11 strict 53:14 strikes 42:24 43:17 student 49:24 study 87:16 stuff 5:20 91:1 96:25 subarachnoid 69:11 subsequent 19:10 subsequently 25:19 subside 50:10 subspecialty 5:24 successful 100:13/16 sudden 79:9 93:22,23 94:3,24 95:3 suffer 81:2 83:10 suffered 80:9 suggestion 42:3 Suite 2:7,16 sulfa 82:20 summary 35:4,11 Sun 16:16 supposed 24:15 47:16 51:4 sure 12:13 21:16 54:14 58:23 69:22 79:14 80:3 80:6 89:4 94:9 96:23 97:13 98:22 100:17 surgeon 24:8,14 surgeon's 24:13 surgery 4:19/22 5:7 24:7,9,16,17,18 25:7 25:10 26:2,4 27:4 32:10,14 33:15 34:1,6 34:10 52:13 55:3 82:13</p>	<p>82:14 89:6 surprise 93:18 100:7 surprised 92:7,18 suspect 77:21 suspicion 67:15 Swartz 41:22 swelling 86:11 87:6 swollen 22:12 23:14 51:14 78:22 91:14 sworn 3:2 107:17 symptoms 26:20 49:13 49:23 50:2 51:19 52:1 52:20,25</p> <p style="text-align: center;">T</p> <p>tabs 16:8 take 20:23 27:25,25 36:25 45:14 46:1 48:9 48:13 82:12,13 101:18 taken 1:13 3:13 56:18 77:4 83:14 84:21 88:5 88:8,11 takes 60:11 taking 24:8 talk 26:7 53:6 62:14 94:24 talked 61:4 71:11 76:13 77:12 79:14 93:6 101:7 101:8 talking 28:11 29:16 64:1 72:5 89:8 teach 73:20 93:20 teaching 94:1 technically 44:24 teetering 91:15 telephone 13:15 15:25 27:1,11 29:13 tell 3:20 4:8 7:23 13:8 14:4 32:3 44:23 48:20 50:23 73:15 74:7 75:7 75:9 85:10 92:20 96:12 105:1 telling 25:21 57:11 tempo 78:25 ten 8:2 tend 50:10 tending 71:10 term 62:22 test 33:3 45:14 57:18/21 58:7 65:9 70:25 71:2</p>
--	---	--	---

☎ 800.694.4787

CEFARATTI
GROUP A Litigation
Support Company

FAX 216.687.0973

Court Reporting, Investigations and Comprehensive Services for Legal Professionals

600 Superior Avenue East, Bank One Center, 24th Floor, Cleveland, Ohio 44114-2650

www.cefgroup.com

85:9,11 98:13 105:1 tested 32:22,25 33:5,21 testified 3:3 72:25 75:7 testify 44:5 45:3 46:13 46:18 48:23 testifying 12:20 42:8 testimony 37:4 68:4 72:24 107:20 testing 87:13 tests 43:12 67:8,9 76:4 88:13 104:24 textbook 44:1 Thank 21:23 106:14 their 12:12 36:20 40:12 54:21,22 72:19,20 73:24 81:25 82:5,10 90:7 95:2,4 97:18 theoretically 5:15 therapy 58:13 61:21 thickness 61:13 thing 24:7 42:2,4 47:11 48:5 54:7,18 56:8 65:18 73:19 74:18 99:15 things 13:19 19:19 20:5 61:15 71:12 75:2 76:14 94:20 96:10,13 97:13 97:19,20 98:14 99:1 101:2 think 14:13 29:15,16,22 41:6 42:11 47:7,15 53:4 54:8 67:6 73:12 76:22,24 78:12 82:16 83:15 84:14,16 92:5 93:7 95:21 96:11 98:20 101:22 102:16 thinning 61:14 third 26:9,10,14,16,17 Thomas 39:20 though 4:8 20:22 thought 24:12 44:1 75:21 76:1 101:3 thoughts 15:3 three 12:11,23 34:1 57:15 71:7 96:17 through 4:5 14:1,4,6 15:1,17 18:6 20:25 23:7,10 24:16 35:8 74:24 91:25 94:23 throw 99:7	Thursday 5:4 time 4:4 5:12 6:9 9:19 11:11 18:2 20:24 50:16 52:7 55:9 57:25 58:2 62:5 63:23 64:8 66:20 67:13,17,22 70:20 73:14 76:24 77:5 80:23 82:6,6 84:14,20 85:1,5 85:16,22 86:25,25 87:2 87:14 88:4 91:14 93:5 94:22,25 97:17 104:1 105:11,17 times 8:2 12:21 28:14 64:19 74:7 tip 91:15 today 19:23 36:3 42:10 68:6 82:8 102:6 104:3 104:6 together 83:20 96:19 told 25:1 42:25 Tom 92:12 Tommy 37:22 top 43:24 tosti 2:5 9:14,24 10:4 11:25 14:13,18,25 16:7 16:15 17:15 18:20 19:1 20:11 21:11,17 29:10 29:21 34:22 36:3,10 89:7 Tosti's 36:15 tough 99:4 towards 71:10 tower 2:6 trained 76:18 training 38:13 transcript 107:14 traveling 13:3 treat 62:4 69:5,8,13,24 79:6 81:4,6,15,16 82:2 82:24 86:15 97:2 treated 31:15 49:3 77:9 treating 56:25 69:24 70:2,5,7 treatment 31:12 55:23 60:20 70:1 83:5,7 86:14 trial 12:25 37:4 42:9 46:12 48:23 55:21 56:4 56:7 truck 98:23,25	true 25:8 52:19 90:3 103:24 104:11 truly 56:4 truth 96:12 try 64:9 65:4 79:8 trying 33:16 88:1 Tuesday 1:16 4:19,21 Tuesdays 4:11 tumor 81:11,12 tumors 79:3 turned 66:8 turns 69:16 twice 23:11 two 4:13 5:15 12:11 19:2 20:4 22:2 27:17 27:21 28:7,14,19 32:19 40:23 41:18 47:6 51:20 51:22 55:13 57:14 66:17 71:7 79:23,25 91:5 96:18 103:16 106:1 type 9:10,18 35:4,17 typical 93:25	used 63:19/24 69:5 uses 91:8 usually 13:19 35:7 50:9 74:16 81:18 95:10
V			
valid 47:7 value 65:22 variance 63:4 variety 58:9 60:12 62:12 86:14 various 21:1 ventricles 53:18 54:2 verbally 3:16 versus 96:1 very 14:2 22:3 26:19,23 27:14,23 31:6 53:14 66:8,11 75:1 87:19 91:9 99:20 100:11 106:14 vice-director 41:10 vision 27:17 28:21 29:1 29:3 33:1,2,7,10 50:4,7 50:12 51:2 54:21 55:4 56:11 57:13,22,24 58:16,21 59:1,5 60:8 60:14 64:15 66:20 67:12,13,15 70:13 73:1 73:10 74:13,14 77:3 78:2,11,24,25 79:12 81:24 82:11 85:7 86:13 90:21 91:19 93:4,9 94:7,10,16 95:9,11,18 95:22 96:1,6,14 100:16 103:4,19 104:9,14 105:22 visual 32:20,25 45:25 54:20 56:21 57:3,6,14 57:20 58:11,17 63:13 63:15,22 64:3,7,14,19 64:21 65:1,1,9,15 66:3 66:3,4,7,10,12,19,21,25 67:4,16,21 68:8,11,16 68:21 70:19,24 71:6,8 73:3,12,16,18 74:9,16 75:4,11,14,17 76:1,3,6 76:10 80:9,18 81:3 82:1,4,10,17,18 83:11 83:23 85:5,24 86:3 87:11,12 88:9,15,22			
U			
Uh-huh 18:22 73:8 ultra 83:7 unable 52:16 64:25 104:6,19 105:12,15 unaware 93:16 under 27:22 understand 3:15,19 28:3 33:18 59:12 61:23 73:7 83:1,3 91:23 understanding 92:21 understood 3:24 underwent 77:15 unequivocally 52:21 unfortunately 5:17 unique 9:7 United 8:7 university 39:19 unless 72:2 94:5 96:17 unlikely 92:6 unquote 79:19 until 29:6 30:18 62:4 92:24 93:6 101:3 unusual 49:20 50:15 use 62:22,23,25 63:5 69:8,19 86:15			

89:3,9,15,19 92:14,21 93:16,23,24 94:2 96:2 96:4 103:12,20,21 104:1,20,22 105:6,9 106:8,11 visually 86:5 volunteer 34:23 vs 1:6 107:2	were 6:8 10:19 11:20 13:8 15:9 21:3 25:6,15 27:6 35:2 43:14 45:16 47:7 50:1 51:14 52:2,4 52:21 53:4 56:14,15 58:8,9 69:23 70:2,4,6 71:20 73:3 75:10,12,14 77:1 86:20 88:9,13,15 88:22,24 89:1 104:24 weren't 25:15 43:14 67:8,10 70:6,8 75:15 West 2:8 we'll 21:25 22:1 23:10 we're 23:9 31:25 60:21 64:1 67:23 83:22 89:8 we've 3:8 77:12 79:10 89:16 90:14 91:25 101:7,8 whereabouts 11:5 WHEREOF 107:20 while 54:22 90:17 whole 60:11 63:21 78:13 86:13 99:1 104:5 willingness 59:10 Wills 1:14 4:20,24 5:4,10 7:5 39:23 40:4,6,9,15 41:2 wind 5:19 7:16 witness 10:16 14:23 16:10,17 21:15,20 29:19,25 30:5 89:P0 106:15 Jvitnesses 37:18 Wolf 12:13 woman 82:8,13 word 30:16 63:5 91:8 words 18:5 28:3 43:12 56:1 work 34:24 worked 10:7 39:13 working 56:8 58:13,15 60:21 70:1 works 91:20 worry 96:21 97:1,6,14 97:14 worse 51:21 58:12 88:9 worst 87:9 wouldn't 35:12 39:11 45:13 75:11 95:7 98:6 99:8	wow 43:8 wrinkle 101:9 write 74:21 101:16 writing 19:10 written 22:16 79:13 wrong 30:2 46:2 wrote 18:1 21:3 24:11 101:14	2001 1:17 101:15 107:5 107:23 216.241.2600 2:10 216.615.7401 2:18 22nd 28:18 34:11 26th 29:17,24 27th 101:15
W	X	Y	3
walk 99:6 Walnut 1:15 want 20:23 21:20 23:7,9 30:7 32:5 43:21 48:11 58:2 61:16,20 71:14 74:3 84:6 88:10 97:24 97:24 98:3,7 106:5 wanted 14:19 wants 5:1 100:21 warn 97:4 warning 50:6,12 wasn't 32:11 57:12 watch 54:18 82:22 wave 58:5 way 6:22 20:18 57:22 62:21 65:9 70:9 74:25 91:20 92:8 Wednesday 4:23 5:2 week 4:9,12,14,15 5:16 32:16 weeks 27:17 28:14,19 51:18,20,22 53:1,1 55:13 71:15 weight 81:19 82:3,23 83:4,6 welcome 106:16 well 5:15 6:3,17 7:14 8:1 11:24 23:6 27:25 30:17 32:13 36:3,14 37:24 38:12 42:14 43:10 45:4 46:11 47:5 47:19,22 48:15,16,20 48:25 50:3 55:10 61:1 62:1 64:2,2 66:11 73:2 73:5 74:6 75:20 78:20 83:1 84:1,4 90:20 94:8 94:19 95:6 96:18 97:22 99:20 100:21 went 22:10 23:15 25:17 42:16 70:3 75:16	Xerox 21:12	Yeah 28:179:25 97:64 year 8:2 12:16 63:22 88:11 years 8:3 11:15,18 79:10 80:8 82:22 83:10 86:22 yellow 61:5 York 8:11 young 63:17	3:17 1:17 30 1:17 107:5
	1		4
	1/16/98 26:25 27:9 10 8:5 10th 55:17 10-year-old 97:6 100 5:25 1000 2:16 11/21/97 22:17,24 23:2 12-year-old 97:6 12/1,7 27:4 1375 2:15 158:5 86:22 26th 29:14,23 2660 2:8 1998 49:9 66:6 67:4 68:8 103:3,12		4/14/98 32:18 4:58 106:18 44113 2:9 44114 2:17 45 18:f
	2		5
	2nd 2:8 2/10/98 30:23 2/9 31:1 2/9/98 28:22 29:9 20/20 67:15 70:14 20/25 70:16 20/30 66:21 67:14 68:18 70:14,16 20/40 66:21		5:00 5:20
			6
			60 6:12 97:7 6035 107:1 660 2:7
			7
			7th 31:24 70-year 97:7
			8
			30 97:15
			9
			3th 2:15 51:12,16 52:18 52:24 53:3 30 6:24 7:2 300 1:15 37 22:3 64:1 38 55:7 66:24

