



Cornea Consultants

CORNEA & REFRACTIVE SURGERY

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*Laser Vision Correction
Cornea and External Disease
Cataract and Implant Complications
Specialty Contact Lenses*

3 December 2003

Atty Fredric S. Eisenberg
Litvin, Blumberg, Matusow & Young
Philadelphia, PA

MEDICAL REPORT

Dear Atty Eisenberg:

We appreciate **Keith Wills** returning for examination now approximately 10 months subsequent to our initial evaluation. Mr. Wills reports no change in his subjective difficulties of multiple images, halos, glare and starburst, for which he must now utilize contact lenses on a nearly full time basis to attain only minor symptomatic improvement. He is especially troubled by these problems in situations of low contrast with changing illumination intensity, as in night driving for specific example.

On examination, uncorrected visual acuity in the right eye is 20/60 and in the left eye is 20/400. With manifest refraction OD: plano - 0.75 x 140 gives 20/30 minus vs. OS: -2.25 -2.25 x 130 gives 20/30 minus. With soft contact lenses, visual acuity is 20/30 minus with each eye, albeit with ghost imaging (monocular diplopia) in each eye. Pupil diameters under dim light conditions measure 6.5 mm OU (Colvard pupillometer). Slitlamp biomicroscopy and topography are unchanged from previous examination. To more objectively assess complaints of glare and starburst, contrast sensitivity testing (VectorVision technique) is performed which demonstrates that even with the use of contact lenses, functional visual acuity in low contrast situations is extremely reduced to 20/70 in each eye.

In summary, Mr. Wills continues to have unabated visual complaints (multiple images, glare, starburst, etc) which persist now 6 years following bilateral LASIK surgery. Although the examination findings are largely unchanged from our previous examination, the development of increased myopic astigmatism in the left eye (currently approximately -3.4 diopters vs. previously -1.6 diopters spherical equivalent) is of some concern, and the markedly reduced capability to discriminate contrast sensitivity is of particular significance. Indeed, Mr. Wills no longer has sufficient functional visual acuity to operate a motor vehicle legally under night driving conditions, as is also consistent with his chronic visual symptoms. The basis of these problems remains, of course, the inappropriate performance of LASIK surgery in both eyes.

Thank you for the opportunity to reassess this patient's visual situation.

Sincerely,

Kenneth R. Kenyon, MD

KRK:pdq
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