Evaluating Ophthalmology Malpractice Cases

Standard of Care, Causation, and Visual Outcomes

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Introduction

Ophthalmology malpractice cases can present unique challenges for attorneys because an adverse visual outcome does not, by itself, establish medical negligence. Cataract surgery, glaucoma, retinal disease, ocular trauma, and oculoplastic procedures can produce unfavorable outcomes despite appropriate care. Conversely, an apparently routine clinical encounter may involve a significant departure from the standard of care if important symptoms, diagnostic findings, disease progression, or postoperative complications were not appropriately recognized and addressed.

A meaningful expert analysis therefore requires more than identifying a complication. It requires a systematic evaluation of **standard of care, causation, damages, and the patient's underlying ocular condition**. These elements should be considered independently and then integrated into a coherent medical opinion.

Standard of Care Is Not the Same as Outcome

One of the most important distinctions in evaluating an ophthalmology malpractice claim is the difference between an **adverse outcome** and a **departure from the standard of care**.

Medicine and surgery involve recognized risks. Cataract surgery, for example, may be complicated by posterior capsular rupture, vitreous loss, cystoid macular edema, retinal detachment, infection, corneal edema, refractive error, or other adverse events. The occurrence of a complication does not necessarily mean that the surgeon was negligent.

The appropriate questions are instead whether the physician appropriately evaluated the patient, recognized relevant risk factors, recommended reasonable treatment, obtained appropriate informed consent, performed the procedure within the applicable standard of care, recognized complications in a timely manner, and responded appropriately when complications occurred.

The same principle applies outside the operating room. A physician may encounter glaucoma progression, diabetic retinopathy, macular degeneration, corneal disease, or other conditions despite appropriate management. Expert analysis should focus on whether the evaluation, monitoring, treatment, and referral decisions were medically reasonable based upon the information available at the time - not merely upon what became apparent retrospectively.

Causation Requires a Separate Analysis

Even when an expert identifies a potential departure from the standard of care, the analysis is incomplete. A separate question must be addressed:

> ***Did the alleged departure cause or materially contribute to the patient's claimed injury?***

This distinction can be particularly important in ophthalmology because visual function may be affected by multiple concurrent or pre-existing conditions. A patient may have cataract, glaucoma, macular degeneration,

diabetic retinopathy, corneal disease, amblyopia, optic nerve disease, or other pathology before the event at issue.

Accordingly, causation analysis may require determining the patient's pre-event visual function, underlying ocular disease, natural disease progression, subsequent complications, treatment response, and likely outcome had the alleged departure not occurred.

A departure from the standard of care and medical causation should therefore not be treated as interchangeable conclusions. An expert may reasonably conclude that care departed from the standard yet determine that the departure did not cause the claimed degree of visual loss. Conversely, an apparently limited delay or omission may have significant consequences when timely intervention would more likely than not have altered the outcome.

Cataract Surgery and Premium IOL Cases

Cataract surgery is among the most frequently performed operations in medicine, but malpractice claims involving cataract surgery can be medically complex.

An expert review may require evaluation of the indication for surgery, preoperative examination, biometry and intraocular lens selection, informed consent, surgical technique, intraoperative complications, postoperative examinations, and management of subsequent problems.

Modern cataract surgery also increasingly involves femtosecond laser technology, toric lenses, multifocal or other presbyopia-correcting intraocular lenses, and intraoperative aberrometry. These technologies can introduce additional issues involving patient selection, expectations, refractive outcomes, ocular comorbidities, and informed consent.

Premium IOL cases deserve particular attention because dissatisfaction does not necessarily represent surgical negligence. A technically successful procedure may still result in complaints regarding glare, halos, dysphotopsias, residual refractive error, reduced contrast sensitivity, or unmet expectations.

The expert must distinguish among **recognized risks, patient expectations, refractive outcomes, surgical complications, and actual departures from the standard of care**.

Postoperative management is equally important. The medical significance of pain, reduced vision, elevated intraocular pressure, inflammation, corneal edema, retinal findings, or signs of infection depends heavily upon timing and clinical context. The issue may not be whether a complication occurred, but whether it was recognized and treated appropriately.

Glaucoma Cases Require Longitudinal Review

Glaucoma malpractice cases frequently differ from discrete surgical-complication cases because glaucoma is typically a **chronic and progressive disease**.

A single intraocular pressure measurement rarely tells the entire story. Meaningful evaluation often requires longitudinal review of intraocular pressures, optic nerve findings, OCT studies, visual fields, medication history, treatment response, adherence, disease progression, and decisions regarding escalation of therapy.

Depending upon the patient, treatment may include topical medications, selective laser trabeculoplasty (SLT), minimally invasive glaucoma surgery (MIGS), or referral for more advanced glaucoma surgical management.

The expert should consider whether disease progression was recognized, whether diagnostic studies were obtained and interpreted appropriately, whether treatment was reasonably escalated, and whether referral

was indicated.

Causation can again become critical. Even if monitoring or treatment was imperfect, the expert must determine whether different management would probably have prevented or materially reduced the visual loss being claimed.

Oculoplastic and Eyelid Surgery

Oculoplastic cases often involve an unusual intersection of **functional anatomy, ocular health, surgical technique, cosmetic expectations, and visual consequences**.

Claims may arise following upper or lower blepharoplasty, ptosis repair, brow lift, ectropion or entropion repair, canthoplasty, and other periocular procedures.

Pre-existing conditions are particularly important. Eyelid asymmetry, brow asymmetry, ptosis, dry eye disease, eyelid laxity, ocular surface disease, previous surgery, and facial asymmetry may materially influence postoperative appearance and function.

A proper review should therefore include preoperative photographs when available, examination findings, surgical indications, operative documentation, informed consent, postoperative photographs and examinations, and the chronology of subsequent complaints.

An undesirable cosmetic result is not synonymous with negligence. Conversely, complications such as significant eyelid malposition, exposure, ocular surface injury, persistent functional impairment, or delayed recognition of a postoperative problem may raise legitimate standard-of-care and causation questions.

Ocular Trauma, Corneal Injury, and Vision Loss

Personal-injury and malpractice cases involving the eye frequently require analysis not only of diagnosis and treatment but also of **mechanism and causation**.

Corneal abrasions, infectious keratitis or corneal ulcers, blunt or penetrating trauma, postoperative infection, and other ocular injuries can result in varying degrees of temporary or permanent visual impairment.

The chronology may be particularly important. What symptoms were initially present? What were the visual acuity and examination findings? Was appropriate follow-up arranged? Did the condition evolve? When did objective evidence of significant pathology first appear?

In cases involving claimed permanent vision loss, the expert should also evaluate whether the magnitude and pattern of impairment are medically consistent with the documented ocular injury and whether pre-existing ocular disease contributed to the outcome.

The Complete Medical Record Matters

Ophthalmology is unusually dependent upon objective diagnostic information. A meaningful expert review may require substantially more than office notes. Depending upon the case, relevant materials may include:

- Complete ophthalmology and optometry records
- Operative and ambulatory surgery center records
- Preoperative measurements and IOL calculations
- OCT images and reports
- Visual-field studies

- Fundus and optic nerve photographs
- Corneal topography or tomography
- Diagnostic imaging
- Preoperative and postoperative eyelid photographs
- Medication records
- Informed-consent documents
- Emergency department and hospital records
- Subsequent treating-physician and subspecialist records
- Deposition testimony and opposing expert reports

Attorneys should be cautious about asking an expert for a definitive opinion based upon an incomplete record when important objective ophthalmic studies may exist elsewhere.

The chronology also matters. Reconstructing the patient's condition over time may reveal trends that are difficult to appreciate when records are reviewed as isolated encounters.

What Should an Ophthalmology Expert Ultimately Answer?

Although every case is different, an effective expert review should generally help counsel answer several fundamental medical questions:

> ***What was the patient's ocular condition before the event at issue?***
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> ***What was the applicable standard of care under the circumstances?***
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> ***Did the care provided depart from that standard?***
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> ***If there was a departure, did it cause or materially contribute to the claimed injury?***
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> ***Were there alternative or pre-existing causes for the patient's visual outcome?***
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> ***What is the nature and extent of any resulting visual impairment, and what is the likely prognosis?***

These questions should be addressed independently. The expert's role is not to begin with the desired legal conclusion and work backward. It is to evaluate the medical evidence objectively and determine what conclusions that evidence supports.

Conclusion

Ophthalmology malpractice and personal-injury cases often involve complex relationships among underlying eye disease, surgical or medical treatment, recognized complications, subsequent management, and visual outcome.

An unfavorable result does not establish negligence. Likewise, identifying a departure from the standard of care does not automatically establish causation.

The most useful ophthalmic expert analysis therefore separates **standard of care from complication, and departure from causation**, while considering the complete longitudinal medical record and the patient's pre-existing ocular condition.

For attorneys evaluating an ophthalmology case, early review by an appropriately qualified ophthalmologist can help identify the medically significant issues, determine what additional records or diagnostic studies are needed, distinguish recognized complications from potentially substandard care, and assess whether the alleged conduct actually caused the visual injury being claimed.

About the Author

Emilio M. Justo, M.D., FAAO, FAACS is a board-certified ophthalmologist with more than 37 years of clinical and surgical experience and approximately 50,000 ophthalmic and oculoplastic procedures performed. His experience encompasses comprehensive ophthalmology, cataract surgery and complications, premium IOL technology, glaucoma management, SLT and MIGS, functional oculoplastic surgery, cosmetic eyelid surgery, ocular trauma, and evaluation of visual impairment.

Dr. Justo is a physician educator, clinical researcher, and three-time TEDx speaker with extensive experience communicating complex subjects to professional and non-specialist audiences. He provides independent medical-legal consulting and expert witness services to both plaintiff and defense counsel, including case screening, medical record review, standard-of-care and causation analysis, independent medical examinations, expert reports and affidavits, depositions, trial testimony, and attorney consultation.