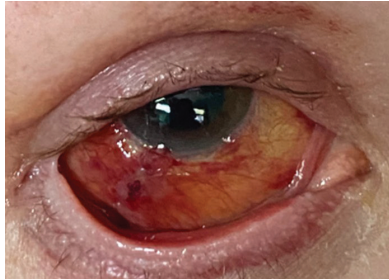


Seven figure settlement for failure of physicians to diagnose, treat eye infection, resulting in blindness

Sara and her husband Bruce (not their real names) were looking forward to enjoying life in retirement. Sara, a healthy, active woman, had close to perfect vision in both eyes but was concerned about the look of her droopy eyelids, a common condition of aging. Seeking to resolve this concern, she scheduled an evaluation by an oculoplastic surgeon specializing in facial cosmetic surgery.



The surgeon recommended an upper eyelid blepharoplasty – surgery performed on an eyelid to remove fatty or excess tissue; it is statistically safe with the incidence of post-surgery vision loss at less than .01%. Surgery was completed in 2021.

The day following surgery, Sara complained of blurry vision and the feeling of a foreign object in her right eye. Her left eye felt fine. Over the next few weeks, she returned to the ophthalmologist several times complaining of pain and continued blurry vision. Most of her complaints were not documented in his medical records. The surgeon diagnosed dry-eye syndrome and chemosis (swelling of the tissue around the cornea) and prescribed steroids and creams. After several days, Sara again called the surgeon's office to report a yellow discharge from the right eye and continued blurry vision. The surgeon instructed Sara to continue using the ointments and prescribed eye drops. With conditions not improving the next day, Sara called the surgeon's office several times, reporting black "floaters" and a film across her field of vision. The surgeon now referred Sara to a retina specialist to rule out retina detachment. She could no longer read any letters on a standard eye chart.

The following day, Sara met with the retina specialist who ordered a laboratory examination. He began treatment with steroids. After four days, Sara returned to the retina specialist. He documented her decreased vision and referred

her to an eye clinic in south Florida. Bruce drove Sara to the clinic that night. Upon arrival, Sara was immediately examined by a medical resident who diagnosed an acute virulent infection causing Sara's decreased vision and pain. Examining the lower lid of her right eye, the medical resident noticed a divot in the sclera of the eye (shown in

the attached photo). Bacteria had entered the surgical cut at that site, and a virulent infection was brewing. On multiple occasions, both of her prior treating physicians had completely missed the obvious and very problematic diagnosis.

Sara endured multiple painful surgeries at the eye clinic to treat the infection and restore her vision, but it was too little, too late. She developed a full-thickness macular hole; the optic nerve turned pale. For eight days she had to place her head face down in a cradle to promote closing the macular hole created by the surgery. She ate, drank, and slept face down. Following that, she wore an eye patch. Unfortunately, the surgery and treatment to repair the macular hole was not successful. The vision in her right eye never improved. With the loss of vision in her right eye, Sara's peripheral vision and depth perception deteriorated. She does not feel safe driving a car, her balance is poor, and she has fallen several times. Therapists helped her modify her home to enable her to move around more safely.

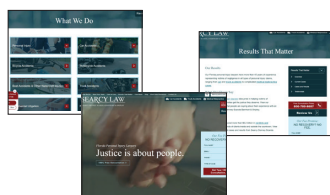
Seeking accountability for failures to provide proper and timely diagnoses of the infection, and failures to provide timely referral and effective treatment, she contacted Searcy Law attorney **Karen Terry**. Legal actions were brought against the oculoplastic surgeon and the retina specialist. One week prior to trial, the case settled for seven figures. ♦

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