

**Mr. C.K. Patel FRCOphth**  
**Consultant Ophthalmic Surgeon**

26 November 2018

Mr Cosmin Moise  
C. Moise  
1000, Cluj-Napoca  
Romania

Dear Mr Moise

Diagnosis 1: End stage funnel retinal detachment, right eye  
Diagnosis 2: Bilateral advanced cataract  
Diagnosis 3: Cavitating optic neuropathy, left eye  
Outcome: Options for surgical management discussed  
Comment:

Thank you for coming to see me on 6<sup>th</sup> November 2018. I note that in terms of your birth history there was no indication of premature birth. You have two brothers who are well. I note your past history of Insulin dependant diabetes and that your general health is very good. You have had reduced vision gradually over a 4 year period. You have no light perception in your right eye which is compatible with a open funnel retinal detachment that ultrasound confirmed. Your vision is hand movements in the left eye with accurate projection of light. The ultrasound scan of your left eye indicates that the retina is in general reasonably healthy although there are some changes which suggest you have some localised retinal detachment.

It would be reasonable to consider surgical management of the cataract to improve your vision. The surgery will be technically challenging. The options are to perform cataract surgery using conventional phacoemulsification techniques or alternatively consider performing extracapsular cataract surgery. The former option has a slightly lower risk of retinal complications but a much greater risk of corneal complications. The extracapsular approach will be kinder to the cornea but will carry a slightly higher risk of sight threatening complications such as expulsive haemorrhage. The other issue to consider is the remote possibility of infection which can lead to blindness if it is severe.

Without treatment you can expect the visual acuity to continue to decline to the point that eventually you will only be able to detect light. The longer the cataract is left the more difficult it becomes to remove. I am happy to proceed with surgical management and will ask my secretary to give you a full costing. The surgery should involve phacoemulsification and vitrectomy to optimise the chances of a successful outcome

Yours sincerely

**C.K. Patel**

Dictated by Mr Patel but sent without signing to avoid delay

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