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Dear Patient,

Please can you hand this form to your optometrist / optician when you attend for your post-operative eye test and give them consent to e-mail/scan this document to me @ swansea.eyecare@gmail.com . Thank you.

Dear Optometrist,

For the purposes of monitoring surgical outcomes / personal audit, I would be very grateful if you could send me the following refractive information.

Can you please e-mail / scan the post-op refractive outcome to me to ensure I receive the results. Many thanks Garry

| Date of examination -/...../ 20..... | | | | | |
|--|---------------------------|-------------------------|--------|----------|------|
| | Uncorrected visual acuity | Corrected visual acuity | Sphere | Cylinder | Axis |
| RIGHT | | | | | |
| LEFT | | | | | |

Thank you for your co-operation.

For your reference my cataract surgical / biometric results are included below.

Yours sincerely,



Mr. Garry N. Shuttleworth
 Consultant Ophthalmic Surgeon

| Personal cataract surgical biometric / visual outcome audit results (2017-2020) | |
|---|------|
| Mean biometric error (dioptres) | 0.02 |
| Final visual acuity (all cases) | |
| Percentage 6/6 or better | 68% |
| Percentage 6/9 or better | 96% |
| Percentage 6/12 or better | 98% |
| Dioptic accuracy | |
| Within 0.5D | 74% |
| Within 1.0D | 94% |
| Within 2.0D | 100% |