

CATARACT SURGERY RECORD

A. PATIENT Name: _____ Hosp. Reg. No.:

 Address (optional): _____ Serial No.:

 Sex: Male: (1) Female: (2) Age (years):

B. PRE-OPERATIVE EXAMINATION

	Right eye	Left eye								
Visual Acuity: Presenting: VA	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Best' or pinhole: VA	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Lens Examination:										
Clear lens:	<input type="radio"/> (1)	<input type="radio"/> (1)								
Opacity, not ready for operation:	<input type="radio"/> (2)	<input type="radio"/> (2)								
Operable cataract:	<input type="radio"/> (3)	<input type="radio"/> (3)								
Inoperable cataract:	<input type="radio"/> (4)	<input type="radio"/> (4)								
Aphakia:	<input type="radio"/> (5)	<input type="radio"/> (5)								
Pseudophakia:	<input type="radio"/> (6)	<input type="radio"/> (6)								
Cannot examine:	<input type="radio"/> (7)	<input type="radio"/> (7)								
Other ocular pathology in the eye to be operated, likely to affect outcome:										
Corneal scar:	<input type="radio"/> (1)									
Old iritis:	<input type="radio"/> (2)									
Retinal disease (Diabetes, AMD, etc.):	<input type="radio"/> (3)									
Glaucoma:	<input type="radio"/> (4)									
Other & specify:	<input type="radio"/> (5)									

Category of Visual Acuity (Snellen 20 ft)

1	20/20	9	20/1200
2	20/32	10	PL+
3	20/40	11	NPL
4	20/60	12	Cannot examine, believed <20/200
5	20/80	13	Cannot examine, believed >20/200
6	20/120		
7	20/200		
8	20/400		

CLINICAL DATA

Optional: Eye to be operated: Right: (1) Left: (2)
 Refraction: sp

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, cyl

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, axis

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 Biometry: K1:

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 K2:

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 Targeted post-op. spherical equivalent: sp

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 Axial length:

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C: SURGERY

Date of operation:

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Place of operation: Base hospital (1)
 Other hospital (2)
 Out of hospital (3)

Type of surgery: ICCE (1)
 ECCE (2)
 SICS (3)
 Phaco (4)

IOL: PC-IOL (1)
 AC-IOL (2)
 No IOL (3)

Hospital / camp ID: _____
Surgeon ID: _____

Training: Ophthalmologist (1)
 Resident / trainee (2)
 Cataract surgeon (3)

Operative complications in operated eye:

None <input type="radio"/> (1)	Wound leak <input type="radio"/> (6)
Capsule rupture without vitreous loss <input type="radio"/> (2)	Striate keratopathy <input type="radio"/> (7)
Vitreous loss <input type="radio"/> (3)	Endophthalmitis <input type="radio"/> (8)
Zonular dehiscence <input type="radio"/> (4)	Others <input type="radio"/> (9)
Retained lens matter <input type="radio"/> (5)	

Optional: **Section:** corneal (1) limbal (2) tunnel (3)
Capsulotomy: linear (1) ccc (2) can opener (3) other (4)
Type IOL: _____
IOL power:

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Suture: no suture (1) continuous (2) interrupted (3) No. of sutures

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D. VISUAL ACUITY OF OPERATED EYE POST-OP. Cause of presenting vision <6/60 (Key 8, 9, 10, 11, 12)

Follow-up visits	Presenting VA	'Best' VA	Select.	Surg.	Specs.	Sequel.	Optional:														
At discharge, <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> days post-op.		<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)		post-op refraction:					
1-3 wks p.o. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	sp <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> cyl <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> axis <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
4-11 wks p.o. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table> <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			
12+ wks p.o. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>					<input type="radio"/> (1)	<input type="radio"/> (2)	<input type="radio"/> (3)	<input type="radio"/> (4)	<table border="1" style="display: inline-table;"><tr><td> </td></tr></table> <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> <table border="1" style="display: inline-table;"><tr><td> </td></tr></table>			