

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 (decimal)

1	1.0	9	0.02
2	0.63	10	PL+
3	0.50	11	NPL
4	0.33	12	Cannot examine, believed <0.10
5	0.25	13	Cannot examine, believed >0.10
6	0.17		
7	0.10		
8	0.05		

CLINICAL DATA

Optional: Eye to be operated: Right: (1) Left: (2)
 Refraction: sp , cyl , axis
 Targeted post-op. spherical equivalent: sp ,
Biometry: K1: , K2: ,
 Axial length: ,

C: SURGERY

Date of operation: / /

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

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, <input style="width: 20px;" type="text"/> 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. <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<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 <input style="width: 40px;" type="text"/> cyl <input style="width: 40px;" type="text"/> axis <input style="width: 40px;" type="text"/>
4-11 wks p.o. <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<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)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
12+ wks p.o. <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	<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)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>