

C. Operative Information

Operation Date / /
 MM DD YY

Surgical Procedure Phaco Other, Specify _____

Anesthesia Facial Nerve Block Parabulbar Retrobulbar Other, Specify _____
 General Peribulbar Topical

IOL Position PC-Bag PC-Sulcus AC No IOL

IOL Type Acrylic Hydrogel PMMA Silicone Other, Specify _____

IOL Haptics 1 Piece 3 Piece Plate

IOL Company Alcon Optical Radiation Corp
 AMO Pharmacia
 CIBA Staar
 DGR Other, Specify _____
 B & L

Incision Type Corneal Scleral Limbal

Incision Placement Superior Temporal On - Axis

Final Incision Length . Suture Yes No

Other Procedures Yes No If yes, check all that apply

Iridectomy/Iridotomy Vitrectomy Other, Specify _____
 Posterior Capsulotomy Astigmatic Keratotomy

Intraoperative Complications Yes No If yes, please check all that apply

General

General

Lens and Vitreous

- | | | |
|--|---|--|
| <input type="checkbox"/> Choroidal Effusion | <input type="checkbox"/> Incomplete I & A | <input type="checkbox"/> Capsulorrhexis Rent |
| <input type="checkbox"/> Descemet's Membrane Stripping | <input type="checkbox"/> Iris Trauma | <input type="checkbox"/> Nucleus Displaced into Vitreous |
| <input type="checkbox"/> Expulsive Hemorrhage | <input type="checkbox"/> Retrobulbar Hemorrhage | <input type="checkbox"/> Posterior Capsule Rupture |
| <input type="checkbox"/> Hyphema | <input type="checkbox"/> Corneal Burn | <input type="checkbox"/> Vitreous Loss |

Other, Specify _____

Additional Explanation:

D. First Postoperative Information

Date of 1st Postop Visit* / / *(must be within 48 hours after primary surgery)
MM DD YY

VAsc 20/ or FC / HM / LP VAcc 20/ or FC / HM / LP IOP mm Hg

Manifest Refraction, if done: _____

Early Postoperative Complications Yes No If yes, please check all that apply

General

- AC, Shallow/Flat
- Choroidal Detachment
/Effusion
- Conjunctivitis
- Cyclodialysis
- Descemet's Membrane,
Detached/Stripped
- Endophthalmitis
- Entropion, Spastic
- Filtering Bleb / Cicatrix
- Glaucoma, COAG
- Glaucoma, Angle Closure
- Glaucoma, Secondary
- Hyphema
- Hypopyon
- Iris Adhesions
- Iris Incarceration/Prolapse
- Iritis Iridocyclitis/Uveitis
- Ocular Muscle Palsy
- Ocular Trauma
- Pigment Dispersion
- Ptosis

General

- Pupil Irregular
- Pupil Capture
- Wound Dehiscence
- Wound Leak

Cornea

- Corneal Abrasion / Erosion
- Corneal Edema, Mild
- Corneal Edema, Moderate/Severe
- Keratic Precipitates
- Keratitis, Infection

Retina

- Cystoid Macular Edema (CME)
- Optic Atrophy
(Not present preoperatively)
- Retinal Hemorrhage
- Retinal Detachment
- Retinal Tear
- Retinal Vascular Occlusion
(Not present preoperatively)

Lens and Vitreous

- Cortex, Residual/Retained
- Lens Dislocation
- Pseudoexfoliation
- Vitreous Hemorrhage
- Vitreous in AC
- Vitreous Opacity
- Retained Nuclear Fragment

IOL

- IOL, Improper Size
- IOL, Cellular Deposits/
Pigments
- IOL Dislocation
- Other, Specify _____

Additional Explanation:

F. Summary of All Postoperative Complications

Check All Postop Complications Occurring Subsequent to the First Visit Regardless of Effect on Vision

No Complications

General

- AC, Shallow/Flat
- Astigmatism, Surgically Induced
- Choroidal Detachment/Effusion
- Conjunctivitis
- Cyclodialysis
- Descemet's Membrane,
Detached/Stripped
- Endophthalmitis
- Entropion, Spastic
- Filtering Bleb / Cicatrix
- Glaucoma
- Hyphema
- Hypopyon
- Iris Adhesions
- Iris Incarceration/Prolapse
- Iritis/Iridocyclitis/Uveitis
- Ocular Muscle Palsy
- Ocular Trauma
- Pigment Dispersion
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General

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Lens and Vitreous

- Cortex, Residual/Retained
- Lens Dislocation
- Posterior Capsule Opacity
- Pseudoexfoliation
- Vitreous Hemorrhage
- Vitreous in AC
- Vitreous Opacity
- Retained Nuclear Fragment

IOL

- IOL, Improper Size
- IOL, Cellular Deposits/
Pigments

Other, Specify _____

G. Secondary Surgery Information

Secondary Surgery Performed Yes No If yes, please check all that apply

- | | | | |
|--|----------------------------|---|----------------------------|
| <input type="checkbox"/> AC Reformation | ____/____/____
MM DD YY | <input type="checkbox"/> I & A of Retained Lens Material | ____/____/____
MM DD YY |
| <input type="checkbox"/> Aqueous/Vitreous Tap (culture) | ____/____/____
MM DD YY | <input type="checkbox"/> McCannel Suture | ____/____/____
MM DD YY |
| <input type="checkbox"/> Conjunctival Flap | ____/____/____
MM DD YY | <input type="checkbox"/> PKP | ____/____/____
MM DD YY |
| <input type="checkbox"/> Enucleation | ____/____/____
MM DD YY | <input type="checkbox"/> Ptosis Repair | ____/____/____
MM DD YY |
| <input type="checkbox"/> Evacuation (Hyphema) | ____/____/____
MM DD YY | <input type="checkbox"/> Retinal Surgery | ____/____/____
MM DD YY |
| <input type="checkbox"/> Glaucoma Filtering | ____/____/____
MM DD YY | <input type="checkbox"/> Tarsorrhaphy | ____/____/____
MM DD YY |
| <input type="checkbox"/> IOL Removal/Exchange | ____/____/____
MM DD YY | <input type="checkbox"/> Trabeculoplasty | ____/____/____
MM DD YY |
| <input type="checkbox"/> IOL Reposition | ____/____/____
MM DD YY | <input type="checkbox"/> Vitrectomy
<small>(Be Sure to Check Posterior Capsular Opacity)</small> | ____/____/____
MM DD YY |
| <input type="checkbox"/> Intraocular Injection (antibiotics) | ____/____/____
MM DD YY | <input type="checkbox"/> Repair for Wound Dehiscence | ____/____/____
MM DD YY |
| <input type="checkbox"/> Iridectomy | ____/____/____
MM DD YY | <input type="checkbox"/> YAG Capsulotomy | ____/____/____
MM DD YY |
| <input type="checkbox"/> Iris Prolapse Repair/Iridoplasty | ____/____/____
MM DD YY | <input type="checkbox"/> Other, Specify _____ | ____/____/____
MM DD YY |