

CATARACT SURGERY REGISTRY (CSR): CATARACT SURGERY OUTCOMES THROUGH 12 WEEKS POST-OP

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only. * indicates compulsory field.

Office use:
Centre:

i) Hospital / Clinic : _____

ii) Patient Name _____

iii) Identification Card Number : MyKad / MyKid: - - Old IC:

Other ID document No: → Specify type (eg. passport, armed force ID):

If MyKad/MyKid is not available, please complete the Old IC or Other ID document No.

iv) Date of outcome notification (dd/mm/yy) : | |

v) Date of Cataract Operation (dd/mm/yy) : | auto |

SECTION 1 : POST-OP COMPLICATIONS

(check if the following complication are noted during the first 12 weeks post-operative period)

- a) None b) Infective endophthalmitis (If Yes) ↓ c) Unplanned Return To OT (If Yes) ↓

Date of Diagnosis (dd/mm/yy):

--	--	--

Reasons	Check <input checked="" type="checkbox"/> one or more boxes below	Date (dd/mm/yy)
a) Iris prolapse	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b) Wound dehiscence	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c) High IOP	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d) IOL related	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e) Infective endophthalmitis	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>
f) Other, specify:	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>

SECTION 2 : POST-OP VISUAL ACUITY MEASUREMENT

(Last recorded visual acuity within 12 weeks post-op period operated eye only)

a. Post Operative Period	b. UNAIDED VISION		c. WITH GLASSES/ PIN HOLE		d. REFRACTED VISION <small>(Record of refractive power in diopter is mandatory for operated eye (right/left), if refraction is performed)</small>					
	(i) Right	(ii) Left	(i) Right	(ii) Left	(i) Right			(ii) Left		
Date: <input type="text"/> <input type="text"/> <input type="text"/> <small>dd mm yy</small> Post-op <input type="text"/> weeks <small>(auto calculated)</small>					Sp	Cy	Axis	Sp	Cy	Axis
					<input type="radio"/> + <input type="text"/> . <input type="text"/> <input type="radio"/> - <input type="text"/> . <input type="text"/>	<input type="radio"/> - <input type="text"/> . <input type="text"/>	<input type="text"/>	<input type="radio"/> + <input type="text"/> . <input type="text"/> <input type="radio"/> - <input type="text"/> . <input type="text"/>	<input type="radio"/> - <input type="text"/> . <input type="text"/>	<input type="text"/>
e. No record of post-operative visual acuity <input type="checkbox"/> → Reason for no post-op visual acuity record	<input type="radio"/> lost to follow-up <input type="radio"/> discharged by doctor <input type="radio"/> unable to take vision <input type="radio"/> others, specify: _____									

f. Factor if post-op refracted VA worse than 6/12 (for operated eye only)
(check one or more boxes below if present)

<input type="checkbox"/> High astigmatism	<input type="checkbox"/> Cornea decompensation
<input type="checkbox"/> Posterior capsular opacity	<input type="checkbox"/> IOL decentration / dislocation
<input type="checkbox"/> Cystoid macular edema	<input type="checkbox"/> Retinal detachment
<input type="checkbox"/> Infective endophthalmitis	
<input type="checkbox"/> Preexisting ocular comorbidity, state what: _____	
<input type="checkbox"/> Other, specify: _____	