

Cataract Surgery Registry (CSR): Patient Details Data Definition Document

Section: Section 1: PATIENT PARTICULARS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1	Patient Name	Name of the patient as registered in the MyKad or the applicable legal identification documents in CAPITAL LETTER and in FULL. This data element is collected for unique identification of patient records and records matching		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Identification card	2a	Identification Card Numb	Old Identity Card Number. Only Applicable if MyKad is not available		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Identification card	2b	Identification Card Numb	Patient's MyKad number. The numbering of the individual MyKad utilizes a 12-digit numbering system (usual format: YYMMDD-BP-###G). Known as the Identification Card number (IC) is issued to MyKad holders.		<input type="checkbox"/>	<input type="checkbox"/>
4	Identification card	2c	Identification Card Numb	Only Applicable if MyKad and Old IC are not available		<input type="checkbox"/>	<input type="checkbox"/>
5	Identification card	2d	Identification Card Numb	To record what type of document was used for "Other ID Document No"		<input type="checkbox"/>	<input type="checkbox"/>
6	Address	3	Address	[OBSOLETE] Only postcode, town/city and state are required		<input type="checkbox"/>	<input type="checkbox"/>
7	Address	3a	Postcode	Postcode of Patient's current place of residence		<input type="checkbox"/>	<input type="checkbox"/>
8	Address	3b	TownCity	The patient's city (or township, or village) of residence		<input type="checkbox"/>	<input type="checkbox"/>
9	Address	3c	State	The state where the patient resides	1: Johor Darul Takzim; 2: Kedah Darul Aman; 3: Kelantan Darul Naim; 4: Melaka; 5: Negeri Sembilan Darul Khusus; 6: Pahang Darul Makmur; 7: Perak Darul Ridzuan; 8: Perlis Indera Kayangan; 9: Pulau Pinang; 10: Sabah; 11: Sarawak; 12: Selangor Darul Ehsan; 13: Terengganu Darul Iman; 14: Wilayah Persekutuan; 20: Others, specify; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input type="checkbox"/>
10		4a	Date of Birth	The date of birth of the patient.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11		4b.i	Age at notification (auto c	Derived Patient's Age Value (auto-calculated) in year(s). Age is calculated as the Date of Notification / Date of Admission - Patient's Birth Date		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12		4b.ii	Age at notification (auto c	Derived Patient's Age Value (auto-calculated) in month(s). Age is calculated as the Date of Notification / Date of Admission - Patient's Birth Date		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cataract Surgery Registry (CSR): Patient Details Data Definition Document

13	5	Gender	The biological sex of the Patient categorized as Male or Female.Note: 'Gender ' is not synonymous with 'Sex'. The terms 'sex' refers to biological differences between males and females, while the term gender refers to the social aspect of sex and expected and perceived behaviour associated with males and females - masculinity and femininity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	6a	Ethnic Group	The term ethnic means of or pertaining to a group of people recognized as a class on the basis of certain distinctive characteristics such as religion, language, ancestry, culture or national origin	1:Malay; 2: Chinese; 3: Indian; 4: Orang Asli; 5: Kadazan; 6: Malanau; 7: Murut; 8: Bajau; 9: Bidayuh; 10: Iban; 11: Other Malaysian; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	6b	Ethnic Group - other,spe	Specification of other Ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	

Cataract Surgery Registry (CSR): Pre Clerking Record Data Definition Document

Section: Section 2 : Medical History

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Surgery On	1a	Surgery On	Indication of surgery on first eye or second eye. First eye:-No similar operation has been done to the opposite eye. Second eye:-The opposite eye has had similar operation done before	1:First eye; 2:Second eye; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Surgery On	1b.i	Surgery On if second eye, date of first surgery	If the cataract operation is for the second eye, give the date of operation for the first eye. If could not remember exact date, put as 1st of June of that year.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Surgery On	1b.ii	Surgery On if second eye, Intra-op complications	Record if any complication during the first eye cataract surgery which might have given rise o any ocular co-morbidity	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Past Ocular Surgery	2a	None	No past ocular surgery of the eye to be operated		<input type="checkbox"/>	<input type="checkbox"/>
5	Past Ocular Surgery	2b	Vitreoretinal Surgery	Any posterior segment surgery		<input type="checkbox"/>	<input type="checkbox"/>
6	Past Ocular Surgery	2c	Penetrating Keratoplasty	Corneal graft		<input type="checkbox"/>	<input type="checkbox"/>
7	Past Ocular Surgery	2d	Filtering Surgery	Any surgery performed to promote the aqueous outflow in glaucoma		<input type="checkbox"/>	<input type="checkbox"/>
8	Past Ocular Surgery	2e	Pterygium Excision			<input type="checkbox"/>	<input type="checkbox"/>
9	Past Ocular Surgery	2f	Other	Indication if Other past ocular surgery		<input type="checkbox"/>	<input type="checkbox"/>
10	Past Ocular Surgery	2g	Other, specify:	Specification if Other past ocular surgery		<input type="checkbox"/>	<input type="checkbox"/>
11	Cause Of Cataract	3a	Cause Of Cataract	Indication of cause of cataract. Categorized as Primary, Secondary. Cataract: Presence of opacity or clouding in any part of the lens (cortex, nuclear, capsule)	1:Primary; 2:Secondary; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Cause Of Cataract	3b	if primary	Indication of if cataract is Primary. Categorized as Senile/age related:- Presence of lens opacity that is related to aging process, Congenital:-Lens opacity occurring during intrauterine period, Development:-Lens opacity occurring at any age after birth, which is not related to aging, Other	1:Senile/age related; 2:Congenital; 3:Developmental; 4:Other; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Cause Of Cataract	3b.i	if primary - other,specify	Specification if Primary cataract is Other		<input type="checkbox"/>	<input type="checkbox"/>
14	Cause Of Cataract	3c	if secondary	Indication of if cataract is Secondary. Categorized as Trauma:-Cataract caused by any ocular trauma, Drug Induced:- Cataract caused by any pharmacological agents either following ingestion or instillation of topical eye drops, Surgery Induced:- Cataract as a result any ocular surgery, Other	1:Trauma; 2:Drug Induced; 3:Surgery Induced; 4:Other; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Cause Of Cataract	3c.i	if secondary - other,specify	Specification if Secondary cataract is Other		<input type="checkbox"/>	<input type="checkbox"/>
16	Ocular Comorbidity	4	None	No ocular comorbidity		<input type="checkbox"/>	<input type="checkbox"/>
17	Ocular Comorbidity, Anterior Segment	4a.i	Pterygium involving the cornea	Presence of Pterygium involving the cornea		<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Pre Clerking Record Data Definition Document

18	Ocular Comorbidity, Anterior Segment	4a.ii	Corneal Opacity	Presence of central corneal opacity within 4 mm diameter area of visual axis.	<input type="checkbox"/>	<input type="checkbox"/>
19	Ocular Comorbidity, Anterior Segment	4a.iii	Glaucoma	As diagnosed by eye doctors with the following criteria: Presence of visual field defect and optic neuropathy with or without increased in intraocular pressure	<input type="checkbox"/>	<input type="checkbox"/>
20	Ocular Comorbidity, Anterior Segment	4a.iv	Chronic Uveitis	Evidence of uveitis in anterior or posterior segment, with the following signs of inflammation: cell, flare, keratic precipitate, pigment on lens etc	<input type="checkbox"/>	<input type="checkbox"/>
21	Ocular Comorbidity, Anterior Segment	4a.v	Pseudoexfoliation	Obvious presence of pseudoexfoliation material in the anterior segment of the eye	<input type="checkbox"/>	<input type="checkbox"/>
22	Pseudoexfoliation Pseudoexfoliation	4a.v.a	Phacomorphic	Phacomorphic glaucoma- Secondary angle closure glaucoma that occurs when a swollen intumescent cataract blocks the pupil	<input type="checkbox"/>	<input type="checkbox"/>
23	Pseudoexfoliation Pseudoexfoliation	4a.v.b	Phacolytic	Phacolytic glaucoma -Leakage of denatured lens proteins through an intact capsule and stimulates inflammatory reaction which can leads to secondary open angle glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
24	Pseudoexfoliation Pseudoexfoliation	4a.v.c	Subluxated / Dislocated	Subluxated – mal-position of the lens, which may be associated which optical and structural problem. Dislocated – the lens is dislocated anteriorly to the anterior chamber or posteriorly to the vitreous cavity.	<input type="checkbox"/>	<input type="checkbox"/>
25	Ocular Comorbidity, Miscellaneous	4b.i	Amblyopia	Defective visual acuity which persists after correction of any refractive error and removal of any pathological obstacle to vision.	<input type="checkbox"/>	<input type="checkbox"/>
26	Ocular Comorbidity, Miscellaneous	4b.ii	Significant previous eye trauma	Ocular trauma which leads to visible damage to the cornea, iris , lens and retina	<input type="checkbox"/>	<input type="checkbox"/>
27	Ocular Comorbidity, Miscellaneous	4b.iii	Pre-existing non glaucoma field defect (eg. CVA)	Visual field defect resulting from neurological disorders such as cerebrovascular accidents	<input type="checkbox"/>	<input type="checkbox"/>
28	Ocular Comorbidity, Posterior Segment	4c.i	Non Proliferative Diabetic Retinopathy	Non-proliferative diabetic retinopathy – Background DR	<input type="checkbox"/>	<input type="checkbox"/>
29	Ocular Comorbidity, Posterior Segment	4c.ii	Proliferative Diabetic Retinopathy	Proliferative diabetic retinopathy- presence of neovascularization at the disc or elsewhere, or presence of vitreous haemorrhage.	<input type="checkbox"/>	<input type="checkbox"/>
30	Ocular Comorbidity, Posterior Segment	4c.iii	Maculopathy	CSME- clinically significant macular edema- Thickening of retina at or within 500 microns of the center of macula, or hard exudates at or within 500 microns of the center of the macula, if associated with thickening of adjacent retina, and a zone or zones of retinal thickening one disc area or larger, any part of which is within one disc diameter of the center of the macula.	<input type="checkbox"/>	<input type="checkbox"/>
31	Ocular Comorbidity, Posterior Segment	4c.vi	Vitreous haemorrhage	Presence of any bleeding in the vitreous cavity	<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Pre Clerking Record Data Definition Document

32	Ocular Comorbidity, Posterior Segment	4c.v	ARMD	Age related macular degeneration- Presence of drusen and /or choroidal neovascularisation within one disc diameter from the center of fovea.	<input type="checkbox"/>	<input type="checkbox"/>
33	Ocular Comorbidity, Posterior Segment	4c.vi	Other macular disease (includes hole or scar)	Other macular disease (includes hole or scar)	<input type="checkbox"/>	<input type="checkbox"/>
34	Ocular Comorbidity, Posterior Segment	4c.vii	Optic nerve disease, any type	Presence of non-glaucomatous optic nerve diseases, e.g. optic atrophy, AION etc	<input type="checkbox"/>	<input type="checkbox"/>
35	Ocular Comorbidity, Posterior Segment	4c.viii	Retinal detachment	Presence of existing retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>
36	Ocular Comorbidity, Posterior Segment	4c.ix	Cannot be assessed	Presence of media opacity including cataract which preclude the view of the fundus	<input type="checkbox"/>	<input type="checkbox"/>
37	Ocular Comorbidity, Posterior Segment	4c.x	Other ocular comorbidity	Indication if Other ocular comorbidity	<input type="checkbox"/>	<input type="checkbox"/>
38	Ocular Comorbidity, Posterior Segment	4c.xi	Other ocular comorbidity, specify:	Specification if Other ocular morbidity	<input type="checkbox"/>	<input type="checkbox"/>
39	Systemic Comorbidity	5a	None	No systemic comorbidity	<input type="checkbox"/>	<input type="checkbox"/>
40	Systemic Comorbidity	5b	Hypertension	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
41	Systemic Comorbidity	5c	Diabetes Mellitus	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
42	Systemic Comorbidity	5d	Ischaemic Heart Disease	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
43	Systemic Comorbidity	5e	Renal Failure	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
44	Systemic Comorbidity	5f	Cerebrovascular accident	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Pre Clerking Record Data Definition Document

45	Systemic Comorbidity	5g	COAD / Asthma	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
46	Systemic Comorbidity	5h	Other	Any systemic disease, which have been diagnosed by medical doctors. The list include: Hypertension, Diabetes mellitus, Ischaemic Heart Disease, Renal failure, Cerebrovascular Accident ,COAD/asthma, Others, specify	<input type="checkbox"/>	<input type="checkbox"/>
47	Systemic Comorbidity	5i	Other, specify:	Specification if Systemic Comorbidity if Other	<input type="checkbox"/>	<input type="checkbox"/>

Section: Section 3 : Preoperative Visual Acuity Measurement

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Vision - right	a.i	Unaided - right	Recorded as : 6/6, 6/12, 6/18, 6/24, 6/36, 6/60, 1/60, 2/60, 3/60, 4/60, 5/60, 6/60, CF, HM, PL, NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Vision - right	a.ii	With glasses / Pin Hole - right	Recorded as : 6/6, 6/12, 6/18, 6/24, 6/36, 6/60, 1/60, 2/60, 3/60, 4/60, 5/60, 6/60, CF, HM, PL, NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Visual Acuity Measurement - right	a.iii	Refracted Visual Acuity - right	Recorded as : 6/6, 6/12, 6/18, 6/24, 6/36, 6/60, 1/60, 2/60, 3/60, 4/60, 5/60, 6/60, CF, HM, PL, NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Preoperative Visual Acuity Measurement	a.iv	Refracted vision - Sp with + or – sign	Refracted vision - Sp with + or – sign	1:+; 2:-; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
5	Preoperative Visual Acuity Measurement	a.v	Refracted vision - Sp	Refracted vision - Sp		<input type="checkbox"/>	<input type="checkbox"/>
6	Preoperative Visual Acuity Measurement	a.vi	Refracted vision - Cy	Refracted vision - Cy		<input type="checkbox"/>	<input type="checkbox"/>
7	Preoperative Visual Acuity Measurement	a.vii	Refracted vision - Axis	Refracted vision - Axis		<input type="checkbox"/>	<input type="checkbox"/>
8	Vision - left	b.i	Unaided - left	Recorded as : 6/6, 6/12, 6/18, 6/24, 6/36, 6/60, 1/60, 2/60, 3/60, 4/60, 5/60, 6/60, CF, HM, PL, NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Vision - left	b.ii	With glasses / Pin Hole - left	Recorded as : 6/6, 6/12, 6/18, 6/24, 6/36, 6/60, 1/60, 2/60, 3/60, 4/60, 5/60, 6/60, CF, HM, PL, NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Visual Acuity Measurement - left	b.iii	Refracted Visual Acuity - left	Recorded as : 6/6, 6/12, 6/18, 6/24, 6/36, 6/60, 1/60, 2/60, 3/60, 4/60, 5/60, 6/60, CF, HM, PL, NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Refraction vision - Left	b.iv	Refracted vision - Sp with + or – sign	Refracted vision - Sp with + or – sign	1:+; 2:-; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
12	Refraction vision - Left	b.v	Refracted vision - Sp	Refracted vision - Sp		<input type="checkbox"/>	<input type="checkbox"/>
13	Refraction vision - Left	b.vi	Refracted vision - Cy	Refracted vision - Cy		<input type="checkbox"/>	<input type="checkbox"/>
14	Refraction vision - Left	b.vii	Refracted vision - Axis	Refracted vision - Axis		<input type="checkbox"/>	<input type="checkbox"/>

Section: Section 4 : Surgical Plan

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Surgical Plan	1	Date of admission	Date of admission		<input type="checkbox"/>	<input type="checkbox"/>
2	Surgical Plan	2	Date of operation	Date of operation		<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Pre Clerking Record Data Definition Document

3	Surgical Plan	3a	Operation - Eye	Operation - Eye	1:Right; 2:Left; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4	Surgical Plan	3b	Operation - Type	Operation - Type		<input type="checkbox"/>	<input type="checkbox"/>
5	Surgical Plan	3c	Operation - Anaesthesia	Operation - Anaesthesia		<input type="checkbox"/>	<input type="checkbox"/>
6	Surgical Plan	3d	Operation - Team/doctor	Operation - Team/doctor		<input type="checkbox"/>	<input type="checkbox"/>
7	Surgical Plan	4a	IOL details - Power	IOL details - Power		<input type="checkbox"/>	<input type="checkbox"/>
8	Surgical Plan	4b	IOL details - A-Constant	IOL details - A-Constant		<input type="checkbox"/>	<input type="checkbox"/>
9	Surgical Plan	4c	IOL details - Brand	IOL details - Brand		<input type="checkbox"/>	<input type="checkbox"/>
10	Surgical Plan	5	Pre-op instructions	Pre-op instructions		<input type="checkbox"/>	<input type="checkbox"/>

Section: Section 5 : Planned RefractivePowerForOperated Eye

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Planned refractive power	i	Planned refractive power (in Diopter, with + or – sign) (based on Ascan calculation)	Doctor will decide based on A scan print out, recorded in diopter power , with plus or minus sign(usual minus). The common values is between -0.0 (plano) to -0.5 D	1:+; 2:-; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Planned refractive power	ii	Planned refractive power (in Diopter, with + or – sign) (based on Ascan calculation) - power	Doctor will decide based on A scan print out, recorded in diopter power , with plus or minus sign(usual minus). The common values is between -0.0 (plano) to -0.5 D		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cataract Surgery Registry (CSR): Operative Record Data Definition Document

Section: Section 1: OPERATIVE RECORD

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		1a	Surgeon status	Indication of surgeon status. Categorized as Specialist, Gazetting specialist, Medical officer	1:Specialist; 2:Gazetting specialist; 3:Medical officer; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2		1b	Name of Surgeon	Suggest coding of surgeon last 6 digit of IC		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3		2	Type Of Admission	Indication of TYPE OF ADMISSION. Categorized as Day Care, Not Day Care	1:Day Care; 2:Not Day Care; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
4		3	Date of cataract operation	Date of the operation is done		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Time	4a.i	Time - Start	Time started of surgery		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Time	4a.ii	Time - End	Time ended of surgery		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Time	4b	Duration of cataract operation (autocalculated)	Auto- calculated if time start and time end is entered		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Surgery	5a	Operated Eye	Indication of operated eye. Categorized as Right, Left	1:Right; 2:Left; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Surgery	5b	Type	Indication of type of surgery. Categorized as Lens aspiration, ECCE, Phaco, Phaco converted to ECCE, ICCE	1:Lens aspiration; 2:ECCE; 3:Phaco; 4:Phaco converted to ECCE; 5:ICCE; 99:Other; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Surgery	5b.i	Other, specify	Specification if type of surgery is Others		<input type="checkbox"/>	<input type="checkbox"/>
11	Surgery, combined	5c.i	Pterygium surgery	When the cataract surgery is performed together with another type of ocular surgery such as filtering surgery, Penetrating keratoplasty, Pterygium surgery, Vitreo-retinal surgery and other		<input type="checkbox"/>	<input type="checkbox"/>
12	Surgery, combined	5c.ii	Filtering surgery	When the cataract surgery is performed together with another type of ocular surgery such as filtering surgery, Penetrating keratoplasty, Pterygium surgery, Vitreo-retinal surgery and other		<input type="checkbox"/>	<input type="checkbox"/>
13	Surgery, combined	5c.iii	Vitreo-retinal surgery	When the cataract surgery is performed together with another type of ocular surgery such as filtering surgery, Penetrating keratoplasty, Pterygium surgery, Vitreo-retinal surgery and other		<input type="checkbox"/>	<input type="checkbox"/>
14	Surgery, combined	5c.iv	Penetrating Keratoplasty	When the cataract surgery is performed together with another type of ocular surgery such as filtering surgery, Penetrating keratoplasty, Pterygium surgery, Vitreo-retinal surgery and other		<input type="checkbox"/>	<input type="checkbox"/>
15	Surgery, combined	5c.v	Other	When the cataract surgery is performed together with another type of ocular surgery such as filtering surgery, Penetrating keratoplasty, Pterygium surgery, Vitreo-retinal surgery and other		<input type="checkbox"/>	<input type="checkbox"/>
16	Surgery, combined	5c.vi	Other, specify	Specification if combined surgery is Other		<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Operative Record Data Definition Document

17	Anaesthesia, type 6a	Anaesthesia	Indication of type of anaesthesia. Categorized as General, ocal	1:General; 2:Local; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18	Anaesthesia, type 6a.i.a	Retrobulbar	Injection of local anaesthesia into the intraconal space posterior to the globe.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
19	Anaesthesia, type 6a.i.b	Peribulbar	Injection of local anaesthesia in the peribulbar space.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20	Anaesthesia, type 6a.i.c	Subtenon	Injection of local anaesthesia into the subtenon space		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21	Anaesthesia, type 6a.i.d	Subconjunctival	Injection of local anaesthesia in the subconjunctival space		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
22	Anaesthesia, type 6a.i.e	Facial Block	Injection of local anaesthesia to paralyze the zygomaticofacial branches of seven cranial nerve either by O'Brien or Van Lints method		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
23	Anaesthesia, type 6a.i.f	Topical	Instilling topical anaesthetic eye drop into patients conjunctival sac		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
24	Anaesthesia, type 6a.i.g	Intracameral			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
25	Anaesthesia, type 6a.ii.a of sedation	None	Type of sedation, none		<input type="checkbox"/>	<input type="checkbox"/>	
26	Anaesthesia, type 6a.ii.b of sedation	Oral	Type of sedation, oral		<input type="checkbox"/>	<input type="checkbox"/>	
27	Anaesthesia, type 6a.ii.c of sedation	Intravenous	Type of sedation, intravenous		<input type="checkbox"/>	<input type="checkbox"/>	
28	Anaesthesia, type 6a.ii.d of sedation	Intramuscular	Type of sedation, intramuscular		<input type="checkbox"/>	<input type="checkbox"/>	
29	IOL	7a	IOL	IOL placement	1:Yes; 2:No; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30	IOL	7a.i	if Yes	Indication if IOL is Yes. Categorized as Posterior chamber, anterior chamber sclera fixated fixated unplanned suturing of PCIOL	1:Posterior chamber IOL; 2:Anterior chamber IOL; 3:Scleral fixated PCIOL; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
31	IOL	7a.ii	Yes, specify	Specification if IOL is Scleral fixated PCIOL		<input type="checkbox"/>	<input type="checkbox"/>
32	IOL	7a.iii	if No	Indication if IOL is No. Categorized as IOL planned, but not implanted no IOL planed or implanted other, specify	1:IOL planned, but not implemented; 2:No IOL was planned or implanted; 3:Other,specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input type="checkbox"/>
33	IOL	7a.iv	No, specify	Specification if Other		<input type="checkbox"/>	<input type="checkbox"/>
34	IOL	7b	Material	If IOL yes, check type of IOL. Categorized as PMMA Silicone Acrylic Others, specify	1:PMMA; 2:Silicone; 3:Acrylic; 4:Other,specify; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	IOL		Acrylic	Specification if Material is Acrylic, check type of Acrylic. Categorized as Hydrophobic and Hydrophilic	1:Hydrophobic; 2:Hydrophilic; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	IOL	7b.i	Material, other specify	Specification if Material is Other		<input type="checkbox"/>	<input type="checkbox"/>
37	IOL	7c	Type	Indication of type of IOL. Categorized as Fldable, Non-foldable	1:Foldable; 2:Non-Foldable; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Intra-Operative Complications	8a	None	No complication occur intra-operatively		<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Operative Record Data Definition Document

39	Intra-Operative Complications	8b	Posterior Capsule Rupture	Tear in the posterior capsule with intact anterior vitreous space	<input type="checkbox"/>	<input type="checkbox"/>
40	Intra-Operative Complications	8c	Vitreous Loss	Disinsertion of the zonule from the capsular bag with vitreous loss	<input type="checkbox"/>	<input type="checkbox"/>
41	Intra-Operative Complications	8d	Zonular Dehiscence	Disinsertion of the zonule from the capsular bag without vitreous loss	<input type="checkbox"/>	<input type="checkbox"/>
42	Intra-Operative Complications	8e	Drop Nucleus	Drop of part or whole nucleus into the vitreous cavity during cataract surgery	<input type="checkbox"/>	<input type="checkbox"/>
43	Intra-Operative Complications	8f	Suprachoroidal Haemorrhage	Presence of blood in suprachoroidal space, which can result in the extrusion of intraocular contents from the eye or the apposition of the retinal surfaces	<input type="checkbox"/>	<input type="checkbox"/>
44	Intra-Operative Complications	8g	Central corneal oedema	Significant trauma to cornea or iris	<input type="checkbox"/>	<input type="checkbox"/>
45	Intra-Operative Complications	8h	Other	Indication if Intra-Operative Complications is Other	<input type="checkbox"/>	<input type="checkbox"/>
46	Intra-Operative Complications	8i	Other Specify	Specification if Intra-Operative Complications is Other	<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Cataract Surgery Outcomes Through 12 weeks Post-Op

Data Definition Document

Section: Section 1: POST-OP-COMPLICATIONS

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1		iv	Date of outcome notification	Date of operation		<input type="checkbox"/>	<input type="checkbox"/>
2		v	Date of Cataract Operation	Date when patient came for last post-op visit within 12 weeks post-operation. This form can also be filled when patient has stable vision and are for discharge before 12 weeks post - operation		<input type="checkbox"/>	<input type="checkbox"/>
3	Post-Op Complications	a	None	No apparent post - operative complication of any type noted		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4		b	Infective endophthalmitis	Post operative severe intra-ocular inflammation, due to infection, involving the ocular cavities and the adjacent structures without extension of the inflammatory process beyond the sclera and needed conservative treatment only. If yes, pleas record the date at the time of diagnosis		<input type="checkbox"/>	<input type="checkbox"/>
5		b.i	Date of Diagnosis	If yes, pleas record the date at the time of diagnosis		<input type="checkbox"/>	<input type="checkbox"/>
6		c	Unplanned Return To OT	If yes, please state reason for patient to return to OT and record the date when patient returns to OT – if yes- pull down, click each and date appear automatically		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Unplanned Return To OT	c.i.a	Iris prolapse	Protrusion of iris tissue at the surgical wound with or without iris incarceration		<input type="checkbox"/>	<input type="checkbox"/>
8	Unplanned Return To OT	c.ii.a	Iris prolapse: Date	Date of Iris prolapse		<input type="checkbox"/>	<input type="checkbox"/>
9	Unplanned Return To OT	c.i.b	Wound Dehiscence	Separation of surgical wound.		<input type="checkbox"/>	<input type="checkbox"/>
10	Unplanned Return To OT	c.ii.b	Wound Dehiscence: Date	Date of Wound Dehiscence		<input type="checkbox"/>	<input type="checkbox"/>
11	Unplanned Return To OT	c.i.c	High IOP	Elevation in the intraocular pressure requiring anterior chamber washout.		<input type="checkbox"/>	<input type="checkbox"/>
12	Unplanned Return To OT	c.ii.c	High IOP: Date	Date of High IOP		<input type="checkbox"/>	<input type="checkbox"/>
13	Unplanned Return To OT	c.i.d	IOL Related	Any complication related to IOL that need operation. For e.g. -Mal-position of the IOL, which may be associated with optical and structural complication. -Dislocation – dislocation of the IOL into the anterior chamber or into the vitreous cavity - IOL capture -Exchange of IOL due to incorrect power -ETC		<input type="checkbox"/>	<input type="checkbox"/>
14	Unplanned Return To OT	c.ii.d	IOL Related: Date	Date of IOL Related		<input type="checkbox"/>	<input type="checkbox"/>

Cataract Surgery Registry (CSR): Cataract Surgery Outcomes Through 12 weeks Post-Op Data Definition Document

15	Unplanned Return To OT	c.i.e	Infective endophthalmitis	Post operative severe intra-ocular inflammation, due to infection, involving the ocular cavities and the adjacent structures without extension of the inflammatory process beyond the sclera and needed surgical intervention.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Unplanned Return To OT	c.ii.e	Infective endophthalmitis: Date	Date of Infective endophthalmitis		<input type="checkbox"/>	<input type="checkbox"/>
17	Unplanned Return To OT	c.i.f	Other	Indication if Other reasons for unplanned return to OT		<input type="checkbox"/>	<input type="checkbox"/>
18	Unplanned Return To OT	c.ii.f	Other Specify	Specification for Other reason for unplanned return to OT		<input type="checkbox"/>	<input type="checkbox"/>
19	Unplanned Return To OT	c.iii.f	Other Date	Date of other reasons		<input type="checkbox"/>	<input type="checkbox"/>

Section: Section 2: POST-OP VISUAL ACUITY MEASUREMENT

#	Subsection	CRF Numbering	Caption	Definition	Codelist	Mandatory	Core
1	Post Operative Period	a.i	Date	Enter date of vision or refraction being done and system will auto-calculate the weeks upon data entry to the website		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2		a.ii	Post-OP: Week (auto populated)			<input type="checkbox"/>	<input type="checkbox"/>
3	Unaided Vision	b.i	Right	Unaided visual acuity without any correction such as spectacles or contact lens. 6/6, 6/12, 6/18, 6/24., 6/36, 6/60, 1/60, 2/60, 3/60, 4/60,5/60, 6/60, CF,HM, PL,NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Unaided Vision	b.ii	Left	Unaided visual acuity without any correction such as spectacles or contact lens. 6/6, 6/12, 6/18, 6/24., 6/36, 6/60, 1/60, 2/60, 3/60, 4/60,5/60, 6/60, CF,HM, PL,NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	With glasses/Pin hole	c.i	Right	Visual acuity assessed with pin hole or with glasses if patient wears them. 6/6, 6/12, 6/18, 6/24., 6/36, 6/60, 1/60, 2/60, 3/60, 4/60,5/60, 6/60, CF,HM, PL,NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	With glasses/Pin hole	c.ii	Left	Visual acuity assessed with pin hole or with glasses if patient wears them. 6/6, 6/12, 6/18, 6/24., 6/36, 6/60, 1/60, 2/60, 3/60, 4/60,5/60, 6/60, CF,HM, PL,NPL		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Refracted Vision	d.i.a	Right - VA	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Refracted Vision	d.i.b	Right - Sp Sign (+ or -)	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign	1:+; 2:-; 8888:Not available; 9999:Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Refracted Vision	d.i.c	Right - Sp	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Refracted Vision	d.i.d	Right - Cy	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cataract Surgery Registry (CSR): Cataract Surgery Outcomes Through 12 weeks Post-Op

Data Definition Document

11	Refracted Vision	d.i.e	Right - Axis	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Refracted Vision	d.ii.a	Left - VA	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
13	Refracted Vision	d.ii.b	Left - Sp Sign (+ or -)	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign	1: +; 2: -; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Refracted Vision	d.ii.c	Left - Sp	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Refracted Vision	d.ii.d	Left - Cy	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Refracted Vision	d.ii.e	Left - Axis	Record of refractive power in diopter is mandatory if refraction is performed, cylinder power is always with minus sign		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17		e	No record of post-operative visual acuity			<input type="checkbox"/>	<input checked="" type="checkbox"/>
18		e.i	Reason for no post-op-visual acuity record	Choose : Lost to follow-up, discharged by doctor, unable to take vision, or specify other reason etc.	1: lost to follow-up; 2: discharged by doctor; 3: unable to take vision; 4: Others, specify; 8888: Not available; 9999: Missing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19		e.ii	Reason for no post-op-visual acuity record - Other, specify	Specification if Other reason for no post-op visual acuity record		<input type="checkbox"/>	<input type="checkbox"/>
20	Factor if post-op VA worse than 6/12	f.i	High astigmatism	Presence of astigmatism of more than 3 diopters which was not noted preoperatively.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
21	Factor if post-op VA worse than 6/12	f.ii	Posterior capsular opacity	Presence of posterior capsule opacification which lead to reduction in visual acuity and impaired visualization of the fundus		<input type="checkbox"/>	<input checked="" type="checkbox"/>
22	Factor if post-op VA worse than 6/12	f.iii	Cystoid macular edema	Presence of macular edema with the sign of irregularity and blurring of the foveal reflex, thickening with or without small intra-retinal cyst in the foveal region		<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Factor if post-op VA worse than 6/12	f.iv	Infective Endophthalmitis	Post operative severe intra-ocular inflammation, due to infection, involving the ocular cavities and the adjacent structures without extension of the inflammatory process beyond the sclera		<input type="checkbox"/>	<input checked="" type="checkbox"/>
24	Factor if post-op VA worse than 6/12	f.v	Cornea decompensation	Persistent corneal edema		<input type="checkbox"/>	<input checked="" type="checkbox"/>
25	Factor if post-op VA worse than 6/12	f.vi	IOL decentration / dislocation	Mal-position of the IOL, which may be associated with optical and structural complication. Dislocation – dislocation of the IOL into the anterior chamber or into the vitreous cavity.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cataract Surgery Registry (CSR): Cataract Surgery Outcomes Through 12 weeks Post-Op

Data Definition Document

26	Factor if post-op VA worse than 6/12	f.vii	Retinal Detachment	Presence of retinal detachment, which was not seen preoperatively	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Factor if post-op VA worse than 6/12	f.viii	Preexisting ocular comorbidity	Preexisting ocular co-morbidity , which may or may not be noted before cataract surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28	Factor if post-op VA worse than 6/12	f.ix	Preexisting ocular comorbidity, state what	Specification for Preexisting ocular co-morbidity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Factor if post-op VA worse than 6/12	f.x	Other	Indication if factor if post-op refracted VA worse then 6/12 is Other	<input type="checkbox"/>	<input type="checkbox"/>
30	Factor if post-op VA worse than 6/12	f.xi	Other, specify:	Specification if factor if post-op refracted VA worse then 6/12 is Other	<input type="checkbox"/>	<input type="checkbox"/>