

CATARACT SURGERY REGISTRY OPERATIVE RECORD

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

Office use:
Centre:

i) Hospital / Clinic:

ii) Patient Name:

iii) Identification

Card Number:

MyKad/

MyKid:

Other ID

document No:

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

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Old IC:

Specify type (eg. passport,
armed force ID)

1a**. Surgeon status: Specialist Gazetting specialist Medical officer

3**. Date Of Cataract Operation^(dd/mm/yy):

1b**. Name of Surgeon:

4. Time: Start:

2**. Type of Admission: Day Care Not Day Care

End:

5. Surgery

a)** Operated Eye:

b)** Type:

c) Combined:

Right

Left

Phaco

Lens aspiration

ICCE

SICS

ECCE

Others, specify:

(check one or more boxes below if perform)

None

Pterygium surgery

Filtering surgery

Vitreo-retinal surgery

Penetrating keratoplasty

Others, specify:

6. Anaesthesia

General

Local

check (v) one or more boxes below if perform

(i) Type:

Retrobulbar

Peribulbar

Subtenon

Subconjunctival

Facial block

Topical

Intracameral

(ii) Type of sedation

None

Oral

Intravenous

Intramuscular

7. IOL

a)** IOL:

If Yes → Posterior chamber IOL

Anterior chamber IOL

Scleral fixated PCIOL

Others, specify _____

If No → IOL planned, but not implanted

No IOL was planned or implanted

Others, specify _____

b) Material

PMMA

Acrylic

Others, specify _____

c-i) Type

Foldable

Non-Foldable

If Foldable / Non-Foldable, specify →

Hydrophobic

Hydrophilic

Mixed

**Brand _____

c-ii)** Type

Monofocal

Monofocal Toric

Multifocal

Multifocal Toric

8**. Vascoelastics Agent

Viscoat

Provisc

Discovisc

Healon 5

Healon GV

Amvisc

Physiovisc

Ophthalin Plus

Z hyalcoat

Others, specify _____

Not Available

9**. Phacoemulsification machine

Legacy

Infiniti

Laureate

Millenium

Stelaris

Protégé

Signature

Others, specify _____

Not Applicable

10**. Wound

a) Wound placement

Superior

Temporal

NA

b) Wound Type

Corneal

Scleral

Limbal

NA

11. Intra-Operative Complications (check (v) one or more boxes below if present)

a)** Complication

None

Posterior capsule rupture

Vitreous Loss

Central corneal oedema

Zonular dehiscence

Drop nucleus

Suprachoroidal haemorrhage

Others, specify: _____

b) Technical Factor

Dense Brown or White Cataract

Corneal Opacities

Pseudoexfoliation

Pupil Problems

→ Severity: Non-severe Severe

Others, specify: _____