

CATARACT SURGERY REGISTRY OPERATIVE RECORD

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:

Other ID

document No:

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Old IC:

Specify type (eg. passport, armed force ID)

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

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

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

1b**. Name of Surgeon: _____

4. Time: Start: _____ (24 hours)

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

End: _____ (24 hours)

5. Surgery

a)** Operated Eye:

b)** Type:

c) Combined:

- Right
 Left

- Phaco ICCE ECCE
 Lens aspiration SICS Others, specify: _____

- (check one or more boxes below if perform)
- None Vitreo-retinal surgery
 Pterygium surgery Penetrating keratoplasty
 Filtering surgery Others, specify: _____

6. Anaesthesia

- General
 Local

check (✓) one or more boxes below if perform

(i) Type:

- Retrobulbar Facial block
 Peribulbar Topical
 Subtenon Intracameral
 Subconjunctival

(ii) Type of sedation

- None
 Oral
 Intravenous
 Intramuscular

7. IOL

a)** IOL:

If Yes → Posterior chamber IOL Scleral fixated PCIOL
 Anterior chamber IOL 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 Physiovisc
 Provisc Ophthalin Plus
 Discovisc Z hyalcoat
 Healon 5 Others, specify _____
 Healon GV
 Amvisc Not Available

9**. Phacoemulsification machine

- Legacy Signature
 Infiniti Others, specify _____
 Laureate Not Applicable
 Millenium
 Stellaris
 Protégé

10**. Wound

- a) Wound placement
 Superior Temporal NA
- b) Wound Type
 Corneal Scleral Limbal NA

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

a)** Complication

- None Zonular dehiscence
 Posterior capsule rupture Drop nucleus
 Vitreous Loss Suprachoroidal haemorrhage
 Central corneal oedema Others, specify: _____

b) Technical Factor

- Dense Brown or White Cataract
 Corneal Opacities
 Pseudoexfoliation
 Pupil Problems
→ Severity: Non-severe Severe
 Others, specify: _____