

# Outcome Of Cataract Surgery

## Identification

Case # \_\_\_\_\_ Eye # \_\_\_\_\_ Order # \_\_\_\_\_ Laterality  R  L      Surgical rec.# \_\_\_\_\_      Operation time \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_      Gender  ♂  ♀      Contact \_\_\_\_\_

Education  Low literacy    High school    University      Occupation \_\_\_\_\_      Referral \_\_\_\_\_

Preoperative	
Birth date	_____
Admission type	<input type="radio"/> Outpatient <input type="radio"/> Inpatient <input type="radio"/> Hospitalized P/O
Systemic conditions	<input type="radio"/> HTN <input type="radio"/> DM <input type="radio"/> HLP <input type="radio"/> IHD    _____
Presenting VA	_____
Anterior segment	<input type="radio"/> PEX <input type="radio"/> Phacodonesis <input type="radio"/> Miotic pupil    _____
Cataract Severity	<input type="radio"/> Phacomorphic <input type="radio"/> Mature <input type="radio"/> Brunescant <input type="radio"/> others
Ocular comorbidity	<input type="radio"/> Corneal opacity <input type="radio"/> ARMD <input type="radio"/> Glaucoma <input type="radio"/> (severe) DR <input type="radio"/> High myopia
Keratometry	
K <sub>1</sub>	K <sub>2</sub> Steep axis
_____	_____
Biometry	
Operator	_____
Method	<input type="radio"/> U/S <input type="radio"/> Master <input type="radio"/> Both
Axial length	_____
Calculated power	_____
Formula	<input type="radio"/> SRK-II <input type="radio"/> SRK-T <input type="radio"/> others: _____
Comments on calculation (target, A-constant)	_____
Surgeon competence	<input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Advanced
<ul style="list-style-type: none"> <li>- Junior resident</li> <li>- Non-cornea faculty, Senior resident, Non-cornea fellow, Non-academic staff</li> <li>- Cornea fellow(ship)</li> </ul>	
Operating room	<input type="radio"/> Cornea <input type="radio"/> Non-academic <input type="radio"/> Other services
Time	<input type="radio"/> 8-10 <input type="radio"/> 10-13 <input type="radio"/> 13-16 <input type="radio"/> 16-19
Anesthesia	<input type="radio"/> General <input type="radio"/> Local <input type="radio"/> Topical
Technique	<input type="radio"/> Phaco <input type="radio"/> Converted <input type="radio"/> SICS <input type="radio"/> ECCE
Approach	<input type="radio"/> Temporal <input type="radio"/> Superior
Incision	<input type="radio"/> Corneal <input type="radio"/> Limbal <input type="radio"/> Scleral
IOL insertion (incision enlargement)	<input type="radio"/> Injector <input type="radio"/> Forceps
Others (suturing, etc)	_____
IOL	
Power	
<b>Type</b>	<input type="radio"/> PMMA <input type="radio"/> Foldable
	<input type="radio"/> AC <input type="radio"/> PC
	<input type="radio"/> Angle fixation <input type="radio"/> Iris-claw
	<input type="radio"/> Hydrophobic <input type="radio"/> Hydrophilic
Brand	_____

Outcome study visit			
Exam date	_____	F/U time	_____
Satisfaction			
<input type="radio"/> Satisfied		<input type="radio"/> Reluctant <input type="radio"/> Dissatisfied	
Comments _____			
Presenting VA	_____		
Present glasses	_____		
BSCVA	_____		
Refraction			
Sphere	Cylinder	Axis	
_____	_____	_____	
Keratometry			
K <sub>1</sub>	K <sub>2</sub>	Steep axis	
_____	_____	_____	
Examination			
IOL	<input type="radio"/> Pseudophakic		<input type="radio"/> Aphakic
IOP	_____		
PCO			
<input type="radio"/> PCO (YAG needed)		<input type="radio"/> Prior YAG capsulotomy	
Complications			
<input type="radio"/> Incision complications		<input type="radio"/> Nucleus drop <input type="radio"/> IOL drop	
<input type="radio"/> Bollous keratopathy		<input type="radio"/> Endophthalmitis <input type="radio"/> ORRD	
<input type="radio"/> Post capsule rupture / Vitreous presentation			
Others (like foveopathy): _____			
Re-operation/Re-hospitalization note			
.....			
Note (Posterior segment, etc)			
.....			
Reason(s) for a BSCVA of less than 20/25			
.....			
Signatures			
Assistant	Nurse	Optometrist	Ophthalmologist

**Appendix I.** Study data collection sheet. Detailed explanation and modifications of variable definitions are in the text.