Cataract (Surgical Management) Chart Abstraction

Print

Chart

Date: March 30, 2018

RECORD IDENTIFIER: CATARACT00001

Chart Abstraction: Chart 1 of 1

History

1. Date of birth		December / 1950
2. Gender		Male Female
3. Visual complaint	Do symptoms impact activities of daily living?	Yes No Not Recorded
4. Medication history	Alpha-1a agonists (i.e. tamsulosin)	Yes No Not Recorded
	Anticoagulation	Yes No Not Recorded

Preoperative Examination

1. Corrected visual acuity (with glasses or most recent refraction)	20 /
2. Refraction performed within last 12 months (or results of recent refraction documented?)	Yes No Not Recorded
3. Glare testing	Yes No
4. Potential acuity testing	Yes No
5. Slit lamp exam	Yes No
6. Dilated pupil size	Adequate Small Not Recorded
7. Corneal endothelium	Normal Guttae Other Abnormality Not Recorded
8. Presence of pseudoexfoliation material	Yes No
9. Cataract grading	Documented Not Documented
10. Dilated fundus exam	Done Not Done
11. Macula	Normal Abnormal Not Recorded

Pre-Operative Management

1. Indication for surgery	Visually significant cataract Clinically significant anisometropia in the presence of cataract Lens opacity interfering with diagnosis or management of posterior segment conditions Lens causing inflammation Lens inducing narrow angle or angle closure Other Not documented
2. Were risks, benefits and alternatives to surgery discussed?	Yes No Not Recorded
3. Have the refractive goals and/or options for intraocular lenses and options been explained to the patient?	Yes No Not Recorded
4. Was signed informed consent obtained?	Yes No Not Recorded
5. Method of axial length measurement	Contact Ultrasound Immersion Ultrasound Optical Biometry (i.e. IOLMaster, Lenstar) Other
5a. If other, please specify:	
6. Method of keratometry	Manual Keratometry Corneal Topography Optical Biometry (i.e. IOLMaster, Lenstar) Other automated keratometer (i.e. hand held device) Other
6a. If other, please specify:	
7. What formula was used for IOL power calculation?	Haigis Hoffer Q Holladay Holladay II SRK-T Other
7a. If other, please specify:	

Management and Post-Operative Care

1. Date of surgery	Month / Year
2. Which surgical intervention was used?	Large incision extracapsular extraction Manual small incision extracapsular extraction (i.e. SICS) Phacoemulsification
3. What type of anesthesia was utilized?	General anesthesia Peribular injection Retrobulbar injection Topical Topical with intracameral Sub tenon Other
3a. If other, please specify:	
4. What refractive target was selected to the nearest 0.25 diopters?	+ - d
5. IOL Placement	Anterior chamber Iris fixated Posterior capsule Sulcus Sulcus with suture fixation
6. Which intraoperative complications were encountered?	None Iris prolapse or injury Loss of lens fragments into vitreous Posterior capsular rupture Suprachoroidal Vitreous loss Zonular dehiscence Other
6a. If other, please specify:	
7. Which adjunctive procedures were necessary:	None Anterior vitrectomy Capsular tension ring Iris retractors or expanders Other
7a. If other, please specify:	
8. Were intracameral or subconjunctival antibiotics given at the time of surgery?	Yes No

Post-Operative Care

1. Was the patient seen within 48 hours of surgery?	Yes No
2. Was topical antibiotic medication prescribed?	Yes No
2a. If Yes, was this medication prescribed to be given postoperatively on the same day as surgery?	Yes No Not Recorded
3. Was topical anti-iflammatory medication prescribed?	Yes No
4. Which immediate (<48 hours) post-operative complications were encountered?	None Elevated intraocular pressure (>30mm HG) Hyphema Wound Leak Other
4a. If "Other", please specify:	
5. Were verbal and/or written instructions given on the symptoms that should lead the patient to contact the ophthalmologist immediately?	Yes No Not Recorded

Outcomes

1. Were any major post-operative complications encountered?	None Cystoid macular edema Dislocated IOL Endophthalmitis Pseudophakic bullous keratopathy Retained lens fragments (anterior chamber) Retained lens fragments (vitreous cavity) Retinal detachment Toxic anterior segment syndrome (TASS) Wound dehiscence Wrong power IOL Other
1a. If other, please specify:	
2. Was further surgery necessary within 90 days due to a complication of the cataract surgery?	Yes No
2a. If yes, specify reason and procedure below:	
3. Best corrected visual acuity within 90 days	20 /
4. Refracted spherical equivalent (to the nearest 0.25 diopters)	+ - d
5. Did the patient have a pre-existing co-morbid condition that affected the postoperative visual acuity?	Yes No
6. If above acuity is worse than 20/40, what is the reason?	Corneal disease Optic nerve disease Retinal disease Not documented Unable to determine Other
6a. If other, please specify:	

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