Lasik for Myopia Chart Abstraction

**RECORD IDENTIFIER: LM00001**

**History**

1. **Date of birth**
   - February 1950

2. **Date of preoperative examination**
   - Month Year

3. **Gender**
   - Male Female

4. **Occupational/visual requirements documented**
   - Yes No

5. **Past ocular history**
   - Dry Eye Syndrome Yes No
   - Keratoconus/Pellucid marginal Yes No
   - Infection (i.e. Herpes Simplex Virus) Yes No
   - Glaucoma Yes No
   - Strabismus/Amblyopia Yes No
   - Other Yes No

5a. If "Other," please specify:

6. **Previous eye surgery**
   - Yes No Not Documented

**Examination**

1. **Previous refractive error spectacle correction**

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**Chart**

**SAMPLE**
<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Manifest refraction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Add required for near</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>4. Distance visual acuity with manifest refraction</td>
<td>20/</td>
<td></td>
</tr>
<tr>
<td>5. Near visual acuity with manifest refraction</td>
<td>20/</td>
<td></td>
</tr>
<tr>
<td>6. Cycloplegic refraction</td>
<td></td>
<td></td>
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<tr>
<td>7. Distance visual acuity with cycloplegic refraction</td>
<td>20/</td>
<td></td>
</tr>
<tr>
<td>8. Ocular dominance</td>
<td>Right</td>
<td>Left</td>
</tr>
<tr>
<td>9. Monovision simulation performed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Eyelids and lid function</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Right:</td>
<td>Choose</td>
<td>mm in light</td>
</tr>
<tr>
<td>Left:</td>
<td>Choose</td>
<td>mm in light</td>
</tr>
<tr>
<td>11. Pupil size measurement (light/dark)</td>
<td>Right:</td>
<td>Choose</td>
</tr>
<tr>
<td>Left:</td>
<td>Choose</td>
<td>mm in dark</td>
</tr>
<tr>
<td>12. Intraocular pressure</td>
<td>Right:</td>
<td>mmHg</td>
</tr>
<tr>
<td>Left:</td>
<td>mmHg</td>
<td>Not Performed</td>
</tr>
</tbody>
</table>
### 13. Keratometry (flat K / steep K / axis of steep K)

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
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<tbody>
<tr>
<td></td>
<td>0.00 / 0.00 /</td>
<td>0.00</td>
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</table>

- Not Done

### 14. Corneal thickness

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
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<tbody>
<tr>
<td></td>
<td>[μ]</td>
<td>[μ]</td>
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</table>

- Not Performed

### 15. Results of corneal topography documented?

- Yes
- No

### 16. Additional testing performed

- Wavefront measurement interpretation
- Schirmer tear secretion test
- Vital dye staining (Lissamine green, Fluorescein and/or Rose Bengal)
- Blepharitis
- Epithelial basement membrane dystrophy
- Stromal edema
- Guttata
- Corneal Scar or Haze
- Vogt's striae or other findings or keratoconus
- None of the Above
- Not Documented

### 17. Slit lamp exam findings

- [Text]

### Assessment and Management

1. Were the refractive goals and/or options for laser vision correction explained to the patient?

- Yes
- No
- Not Recorded

2. What is your intended post-operative refraction (spherical equivalent)

<table>
<thead>
<tr>
<th></th>
<th>Right</th>
<th>Left</th>
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</table>

3. What eye was treated?

- Right eye
- Left eye
- Both eyes

4. Has patient been out of contact lenses for at least 2 weeks prior to surgery?

- Yes
- No
- Not Recorded

### Intraoperative Care

1. Were the eyelids scrubbed with 5% povidone iodine prior to surgery?

- Yes
- No
- Not Recorded

2. Were sterile surgical gloves and patient drapes used in surgery?

- Yes
- No
- Not Recorded

3. Which surgical intervention was used to create the LASIK flap?

- Microkeratome
- Femtosecond laser
- Other

4. Were intraoperative complications encountered?

- Yes
- No
- Not Recorded

5. If yes, which intraoperative complications were encountered?

- Flap striae
- Incomplete flap creation
- Incomplete side cut incision
- Flap tear upon lifting
- Free anterior cap
- Globe perforation
- Buttonhole flap
- Other

5a. If "Other," please specify:

- [Text]
5a. If "Other," please specify:

6. Which adjunctive procedures were necessary?

6a. If "Other," please specify:

### Post-Operative Care

1. Was the patient seen within 48 hours of surgery?
   - Yes
   - No
   - Not Recorded

2. Were antibiotic drops prescribed?
   - Yes
   - No
   - Not Recorded

3. Were anti-inflammatory drops prescribed?
   - Yes
   - No
   - Not Recorded

4. Did any of the following post-operative complications occur?
   - Infection
   - Corneal epithelial defect
   - Flap striae
   - Diffuse lamellar keratitis
   - Elevated intraocular pressure
   - Other
   - None

### Outcome at Three Months After Surgery

1. **UNCORRECTED visual acuity at distance after surgery**
   - OD: 20 / Not Done
   - OS: 20 / Not Done

2. **Manifest refraction**
   - OD: [sph, cyl, axis] Not Done
   - OS: [sph, cyl, axis] Not Done

3. If UNCORRECTED visual acuity was worse than 20/40, list the reason
   - N/A
   - Residual refractive error
   - Dry eye syndrome
   - Flap complication
   - Diffuse lamellar keratitis
   - Planned monovision
   - Unknown
   - Other
   - Not Documented

3a. If "Other," please specify:

4. Was the final refractive target within ±0.50 diopter of predicted after surgery?
   - OD: Yes
   - No
   - Not Recorded
   - OS: Yes
   - No
   - Not Recorded

   - None
   - Microbial keratitis
5. Were any post-operative complications encountered? If yes, please check all that apply:

- None
- Microbial keratitis
- Macrostriae of LASIK flap
- Epithelial ingrowth
- Diffuse lamellar keratitis
- Retinal detachment
- Irregular astigmatism
- Other
- Not Documented

5a. If "Other," please specify: __________

6. Was enhancement surgery necessary after surgery?

- Right eye
- Left eye
- Both eyes
- No
- Not documented

7. Date enhancement surgery was performed:

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<tr>
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<td>Year</td>
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7. Date enhancement surgery was performed:

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<td>Year</td>
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- Not Documented

8. Did best corrected visual acuity decrease by more than one line in treated eye?

- Yes
- No