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:* ☐☐☐☐☐☐ ☐☐ - ☐☐☐☐ Old IC: _____

Other ID document No: _____ *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:**

- ○ Right
- ○ Left

b) Type:**

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

c) Combined:

(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 (√) 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
- ○ Silicone
- ○ 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
- ☐ Physiovics
- ☐ 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 (√) 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
- ☐ Others, specify: _____