**Contact lens Related Corneal Ulcer Surveillance**

Data Definition
Nov 4 2008

| Section | Domain | No. | Data elements or Variables | Data Definition | Core data? |
|---|---|---|---|---|---|
| 1 | Demography | 1. | Name | | Yes(must fill) |
| | | 2. | IC | | Yes(must fill) |
| | | 3. | Other identifying document # | | Yes |
| | | 4. | Address | Only postcode, town/city and state are required | No |
| | | 5. | Contact numbers | Either home, office or hand phone number | No |
| | | 6. | Date of birth / Age | | Yes(must fill) |
| | | 7. | Gender | | Yes(must fill) |
| | | 8. | Ethnicity | | Yes |
| | | 9. | Source of referral | Government OPD clinic / Klinik Kesihatan / Klinik Desa<br>General Practitioner (GP)<br>Optometrists / Optician<br>Government hospital – MO or specialist<br>Private hospital – MO or specialists<br>Others | Yes(must fill) |
| 2 | Ocular history | 10 | Date of presentation | Date when the patients is seen at eye clinic | Yes |
| | | 11 | Duration of symptom | In days | Yes |
| | | 12 | Eye affected | Right , left or both eyes | Yes(must fill) |
| | | 13 | Vision at presentation of the affected eye | unaided, with pin hole, with glasses | Yes(must fill) |
| | | 14 | Presumptive causative organism | Bacteria/ fungus/acanthamoeba/ others | Yes(must fill) |
| | | 15 | Types of laboratory investigation sent | More than one type of specimen can be sent:<br><br>Identify :<br>Corneal scraping , contact lens, contact lens solution, PCR for fungus, not sent | Yes |
| | | 16 | Types of contact lens | Choose :<br>a)Daily Disposable<br>b) Weekly Disposable<br>c) 2 weekly Disposable<br>d) Monthly Disposable<br>e) Extended wear<br>f) Rigid gas permeable<br>g) Others Specify | Yes(must fill) |

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| D | Examination Findings | | | | |
| | | 17 | Brand of contact lens | free text .Example: Ciba Vision, Bausch and Lomb | Yes |
| | | 18 | Wearing pattern of contact lens | Daily wear (removes before sleep)<br>Extended wear (Sleeps with lens on) | Yes |
| | | 19 | Cleaning solution used | a) Alcon b) Bausch and Lomb c) Allergan (AMO) d) Ciba Vision e) Opto-medic<br><br>f) Freskon g) Sauflon h) Multisoft i) I-Gel<br>j) Medivue k) Normal Saline<br><br>l) Simvue m) Multimate n) Pharmasafe Multipurpose solution o) Not known<br><br>p) None q) Tap Water r) Others, Specify | Yes |
| | | 20 | History of ocular trauma | State yes or no , if yes , specify | Yes |
| D | Investigation | 21 | Investigation result of :<br>• Corneal scarping<br>• Contact lens<br>• Contact les cleaning solution | the results can be<br><br>a) Negative (No growth)<br>b) Bacterial, Specify_____<br>c) Acanthamoeba<br>d) Fungal, Specify _____<br><br>e) Not sent<br>f) Missing data<br>g) Others, specify _____ | Yes |
| | | 22 | PCR | a) Detected, Specify_____<br>b) Not detected | |
| E. | Outcome by 3 months after presentation | 23 | Final diagnosis based on laboratory results and clinical response to treatment | based on causative organism, either Bacteria/ fungus/acanthamoeba/ others | Yes |
| | | 24 | Vision at 3 months after Presentation of the affected eye : | State only vision in the affected eye<br>Pull down vision | Yes |
| | | 25 | Corneal perforation | Yes or no | Yes |
| F | Management | 26 | Surgery | No- no surgery done<br>If yes, state type:<br>• Penetrating keratoplasty<br>• Evisceration<br>• Corneal gluing<br>• Other, specify | Yes |

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| | | 27 | **Case Referred to other center :** | No<br>Yes- specify hospital | Yes |