

Cataract surgery



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EUREQUO

Surgeon

Technician

Remarks

Patient data

Patient no.* Year of birth* Gender* male female unknown

Eye OD OS ASA classification ASA I ASA II ASA III ASA IV ASA V

Preoperative data

Previous cataract surgery Yes No

Eye to be operated on

VA/CDVA*

Refraction Sph Cyl Axis °

Fellow eye

VA/CDVA

Refraction Sph Cyl Axis °

Biometry target refraction* Sph

Coexisting eye disease* none glaucoma macular degeneration diabetic retinopathy
(multiple) amblyopia other

Complicating comorbidity* none previous corneal refractive surgery
(multiple) white cataract (use of capsular staining)
 pseudoexfoliation previous vitrectomy corneal opacities
 Small pupil/IFIS (need for mechanical stabilization) other

Preoperative K-values: K1 D . Axis °

Preoperative K-values: K2 D . Axis °

Biometry Type Ultrasound Immersion Ultrasound Contact Optical Coherence
(single) OCT other

IOL Power Calculation none SRK 2 SRK T Holladay 1 Holladay 2 Olsen
(multiple) Haigis Haigis L Hoffer Q BESST Ray Tracing other

Keratometry Manual Keratometry Automated Keratometry
(single) Combined Biometry/Keratometry
 Topography Scheimpflug Tomography History Method
 Hard Contact Lens Method other

* mandatory field

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Cataract surgery Intraoperative data



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Intraoperative data

Date of surgery* Y M D

Surgeon Experience* (single) Independent Surgeon Trainee

Type of anaesthesia (single) general topical subtenon local-peribulbar local-retrobulbar
 topical + intra-cameral other

Type of operation* (single) phaco PCL planned ECCE+PCL unplanned ECCE+PCL
 phaco/ECCE+ACL phaco+filtering surgery+PCL
 Laser-Assisted Cataract Surgery (LCS) other

LCS Details *(Only if LCS)
 Incision Yes No
 Capsulorhexis Yes No
 Nuclear Fragmentation Yes No
 Corneal Astigmatic Treatment Yes No

Type of IOL material* (single) acrylic hydrophobic acrylic hydrophilic hydrogel PMMA
 silicon no IOL other

Specific IOL quality (multiple) none aspheric IOL yellow IOL

Additional refractive quality (single) multifocal accommodative toric multifocal toric EDF Lens

Only if IOL multifocal:	Spherical power D <input type="text"/>	Only if IOL accommodative:	Spherical power D <input type="text"/>
	Addition power D <input type="text"/>		Addition power D <input type="text"/>
Only if IOL toric:	Spherical power D <input type="text"/>	Only if IOL multifocal toric:	Spherical power D <input type="text"/>
	Cylinder power D <input type="text"/>		Addition power D <input type="text"/>
	Intended alignment axis <input type="text"/>		Cylinder power D <input type="text"/>
			Intended alignment axis <input type="text"/>

Complications during surgery* (multiple) none posterior capsule rupture Anterior Capsule Tear
 vitreous loss dropped nucleus
 iris damage Laser Performance Complication ** other

Laser Specific Complications** (multiple) none LCS: Abandoned For Any Reason ***
 LCS: Converted to Phaco/ECCE
 LCS: Capsule-Related Complication LCS: Incision-Related Complication
 Minor Anterior Capsule Complication
 Anterior Capsular Tear Incomplete Corneal Astigmatic Incisions
 LCS: Fragmentation-Related Complication
 LCS: Other Laser-Related Complication

LCS Abandoned-Complications *** (multiple) none LCS: Loss of Docking Error in Indication
 Insufficient Mydriasis Loss of Suction and Docking
 Laser Malfunction Intraoperative Complication other

Inpatient surgery Yes No

* mandatory field, ** if checked one selection of LSC has to be made

*** if checked one selection of LCS Abandoned Complications has to be made

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Cataract surgery Postoperative data



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Surgeon	<input type="text"/>	Institute	<input type="text"/>
Ophthalmologist	<input type="text"/>		
Case information	<input type="text"/>		
Postoperative data			
Eye to be operated on		Fellow eye	
Date of examination* Y <input type="text"/>	M <input type="text"/>	D <input type="text"/>	VA/CDVA <input type="text"/>
		Refraction Sph <input type="text"/>	Cyl <input type="text"/> Axis <input type="text"/> °
Best corrected distance VA operated eye (CDVA)*		<input type="text"/>	
Uncorrected distance VA operated eye (UDVA)		<input type="text"/>	
Binocular intermediate uncorrected VA (Binocular UIVA)*		<input type="text"/>	<input type="text"/> Only if IOL with additional quality is used
Binocular best corrected near VA (Binocular CNVA)*		<input type="text"/>	<input type="text"/> Only if IOL with additional quality is used
Refraction data*	Sph <input type="text"/>	Cyl <input type="text"/>	Ax <input type="text"/> °
			Align-Ax <input type="text"/> ° <input type="text"/> Only if toric IOL is used
Keratometry (multiple)	<input type="checkbox"/> none <input type="checkbox"/> Manual Keratometry <input type="checkbox"/> Automated Keratometry <input type="checkbox"/> Optical Biometry <input type="checkbox"/> Topography <input type="checkbox"/> Scheimpflug Tomography <input type="checkbox"/> History Method <input type="checkbox"/> Hard Contact Lens Method <input type="checkbox"/> other		
K1-values operated eye	<input type="text"/> . <input type="text"/>	Ax <input type="text"/>	°
K2-values operated eye	<input type="text"/> . <input type="text"/>	Ax <input type="text"/>	°
Macular degeneration known before or revealed after cataract removal*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Postoperative complications* (multiple)	<input type="checkbox"/> none <input type="checkbox"/> persistent central corneal oedema/striae <input type="checkbox"/> reduced vision due to opacities in the posterior capsule <input type="checkbox"/> Clinically Significant CMO <input type="checkbox"/> uveitis with need for medication <input type="checkbox"/> endophthalmitis <input type="checkbox"/> uncontrolled elevated IOP <input type="checkbox"/> explantation <input type="checkbox"/> other		
Additional surgery			
Only if IOL with additional quality is used: <input type="checkbox"/> limbal relaxing incision (LRI) <input type="checkbox"/> corneal laser surgery <input type="checkbox"/> other			

* mandatory field

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