

Aravind Eye Hospital & Post Graduate Institute of Ophthalmology, Madurai

Preoperative Record								
Name		Age		Sex : Male / Female				
MR No.			IP. No.					
Admitted for :			Eye to be operated		One Eyed			
<input type="checkbox"/> 1. ECCE	<input type="checkbox"/> 2. ECCE - IOL		<input type="checkbox"/> 1. Right		Yes / No			
<input type="checkbox"/> 3. SICS - IOL	<input type="checkbox"/> 4. Phaco - IOL		<input type="checkbox"/> 2. Left					
<input type="checkbox"/> 5. Others			Visual Prognosis		<input type="checkbox"/> Guarded	<input type="checkbox"/> Normal		
Diagnosis		RE	LE	Associated Conditions		RE LE		
1. Immature				1. Corneal Disease				
2. Mature				2. High Myopia				
3. Hypermature				3. Lens Induced Glaucoma				
4. Nuclear : NS1, NS2, NS3, NS4				4. Post Synechiae				
5. PSCC				5. PXF				
6. Cortical				6. Retinal Pathalogy				
7. PPC				7. Shallow AC				
8. Traumatic				8. Subluxated Lens				
9. Complicated				Pupil : 1. NS, RL				
10. Congenital				2. Sluggish				
11. Aphakia				3. RAPD				
12. Pseudophakia				4. Small Pupil				
13. Others			Tension :					
Axial Length :			Visual Acuity : Unaided					
K Reading :	K1	X	Aided					
	K2	X	Pinhole					
IOL Power :		AC :		PC :		BC :		
Systemic illness :								
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension			B.P.				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiac			Urine Sugar				
<input type="checkbox"/> Others	Duct.	<input type="checkbox"/> Free	<input type="checkbox"/> Not Free	<input type="checkbox"/> Partially Free				

IOL Surgery Record			
Eye :	<input type="checkbox"/> Right Eye	<input type="checkbox"/> Left Eye	
Anaesthesia	<input type="checkbox"/> GA	<input type="checkbox"/> LA	<input type="checkbox"/> Topical
Given By :		Date of Surgery :	
Operative Notes :		Theatre	
Surgeon :		Case No.	
Asst. Nurse :			
Section :	<input type="checkbox"/> Corneal	<input type="checkbox"/> Limbal	<input type="checkbox"/> Scleral
Site :	<input type="checkbox"/> Superior	<input type="checkbox"/> Temporal	<input type="checkbox"/> Nasal
Extraction :	<input type="checkbox"/> ECCE	<input type="checkbox"/> SICS	<input type="checkbox"/> Phaco <input type="checkbox"/> Phaco time
Capsulotomy :	<input type="checkbox"/> Canopener	<input type="checkbox"/> CCC	<input type="checkbox"/> Envelope
Iridectomy :	<input type="checkbox"/> Nil	<input type="checkbox"/> PI	<input type="checkbox"/> SI <input type="checkbox"/> ST
IOL :	<input type="checkbox"/> PC	<input type="checkbox"/> In Bag	<input type="checkbox"/> Sulcus
	<input type="checkbox"/> AC	Place Sticker Here	
Sutures	<input type="checkbox"/> Nil	<input type="checkbox"/> Interrupted	<input type="checkbox"/> Continuous <input type="checkbox"/> No. :
<input type="checkbox"/> Silk	<input type="checkbox"/> Prolene	<input type="checkbox"/> 6-0	<input type="checkbox"/> 9-0
<input type="checkbox"/> Nylon	<input type="checkbox"/> Vicryl	<input type="checkbox"/> 8-0	<input type="checkbox"/> 10-0
Intracameral	<input type="checkbox"/> Xylocaine	<input type="checkbox"/> Adrenaline	<input type="checkbox"/> Auroblue
<input type="checkbox"/> CTR	<input type="checkbox"/> Iris hooks	<input type="checkbox"/> Capsule hooks	
Complications	<input type="checkbox"/> Rhexis tear	<input type="checkbox"/> Positive Pressure	<input type="checkbox"/> PC Rent
	<input type="checkbox"/> Z. Dialysis	<input type="checkbox"/> Premature Entry	<input type="checkbox"/> Drop (Nucleus/Epinucleus/IOL)
	<input type="checkbox"/> DM Strip	<input type="checkbox"/> Iridodialysis	<input type="checkbox"/> Vitreous Disturbance
At which step	<input type="checkbox"/> Nucleus Delivery	<input type="checkbox"/> Emulsification	<input type="checkbox"/> I/A <input type="checkbox"/> IOL Implantation
Vitrectomy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Automated	<input type="checkbox"/> Weck sponge
Others :			
Remarks :			