

SURGERY DATE: ___/___/___

104.363

Patient ID _____

Physician ID _____

Clinic/ SiteID _____

Form filled out by (check one):

Physician NP/PA Resident Technician OD Other

0.0.0, 104.52, 104.53, 104.370.1

Intraoperative Report Cataract Form 3.3

TO BE COMPLETED BY PHYSICIAN
ON THE DAY OF SURGERY

<u>Operated eye</u>	<u>Operation type</u>	<u>Anesthesia</u> (check highest level)	<u>IOL type</u>	<u>Implant type</u>		<u>UV Filter</u>
				<u>optic</u>	<u>haptic</u>	
<input type="checkbox"/> OD	<input type="checkbox"/> ECCE	<input type="checkbox"/> Topical	<input type="checkbox"/> PCL Rigid	<input type="checkbox"/> Silicone	<input type="checkbox"/>	<input type="checkbox"/> Yes
<input type="checkbox"/> OS	<input type="checkbox"/> Phaco	<input type="checkbox"/> Subconjunct	<input type="checkbox"/> PCL Foldable	<input type="checkbox"/> PMMA	<input type="checkbox"/>	<input type="checkbox"/> No
100.519	<input type="checkbox"/> Other	<input type="checkbox"/> Peribulbar	<input type="checkbox"/> PCL Multifocal	<input type="checkbox"/> Acrylic	<input type="checkbox"/>	104.374
	100.1575	<input type="checkbox"/> Retrobulbar	<input type="checkbox"/> ACL	Polypro	<input type="checkbox"/>	
		<input type="checkbox"/> General	<input type="checkbox"/> Other	Poly-amide	<input type="checkbox"/>	
		104.371	<input type="checkbox"/> None	<input type="checkbox"/> Other	<input type="checkbox"/>	

Incision Type:

- Corneal incision..... temporal approach
- Corneal incision..... superior approach
- Corneal incision at axis of astigmatism 104.424
- Limbal/Scleral incision temporal approach
- Limbal/Scleral incision superior approach
- Limbal/Scleral incision at axis of astigmatism
- Other

Chord Incision Length (mm):

- 2 3 4 5 6 7 8 9 10 11 12 104.376

Pupil Dilation (mm) at START of surgery:

- 2 3 4 5 6 7 8 104.377

Posterior Chamber Lens in (check one): Bag Sulcus 104.378

Closure Type:

- No Suture
- Suture(s) parallel to Limbus
- Radial Suture(s)
- Shoelace closure 104.382

Op Eye Axial Length: _____ 104.379.1-2

Formula Used: SRK-II SRK-T Holladay Binkhorst Other

A constant used

Spherical equivalent per formula: _____ 104.380.1-2

Final MD Planned Spherical Equivalent: _____ 104.381

K readings: @ x @

104.386.5-8

Intraoperative events:

- None
- Retrobulbar hemorrhage
- Vitreous loss
- Choroid hemorrhage
- Loss of nuclear fragment 104.383
- Significant residual cortical material
- Residual posterior capsule opacity
- Broken capsule
- Zonule dehiscence
- Significant Trauma to Iris or Cornea
- Other _____

Was vitreous removed for any reason? No Yes

If yes, method used: Manual (WeckCel)

104.384

Automated

Actual Operating Time: _____ min