

# Operation Form 2019 Swedish Corneal Transplant Register

## Identity

Social security number\* (YYYYMMDD-XXXX)

Operation year\*

Number\*

## Patient

Year of Birth\*

Operated eye\*  Right  Left

Previous graft in fellow eye\*  Yes  No

Gender\*  Female  Male

## Preop Status

Indication\* (choose one alternative)

- Keratoconus  Regraft  
 Primary endothelial failure  HSV infection  
 Secondary endothelial failure  Trauma  
 Stromal dystrophy  Unknown  
 Scar after non-herpetic infection  
 Other, please specify:

### If Regraft, specify

If regraft, check that the follow up for the previous graft has been completed, even if less than two years since the original graft.

Number of previous grafts in this eye (1-9)

Original indication (choose one alternative)

- Keratoconus  Regraft  
 Primary endothelial failure  HSV infection  
 Secondary endothelial failure  Trauma  
 Stromal dystrophy  Unknown  
 Scar after non-herpetic infection  
 Other, please specify:

Operation date (YYYY-MM-DD)

Number

Operation year

Clinic:

If "Keratoconus", previous

crosslinking in this eye?  Yes  No

Primary reason for transplant\* (choose one alternative)

- Improve vision  Pain  
 Tectonic  Other

Lens\* (choose one alternative)

- Phakic  Pseudophakic  Aphakic

Risk factors\*  Yes  No

If "Yes", please specify (multiple choices are possible):

- Inflammation  Vascularisation  Glaucoma  
 Other, please specify:

Visual acuity (preferred correction)

Operated eye\*  Unable to measure

- A  P  PL  HM  CF  
 0,1  0,2  0,3  0,4  0,5  
 0,6  0,7  0,8  0,9  1,0  
 1,1  1,2  1,3  1,4  1,5

Fellow eye\*  Unable to measure

- A  P  PL  HM  CF  
 0,1  0,2  0,3  0,4  0,5  
 0,6  0,7  0,8  0,9  1,0  
 1,1  1,2  1,3  1,4  1,5

## Operation

Operation date\* (YYYY-MM-DD)

Operation type\*

- PKP  DSAEK  DMEK  
 SALK  DALK  
 Other, please specify:

Other surgical procedures\*

- None  Cataract extraction + IOL  
 Other, please specify:

Surgical complications\*  Yes  No

If "Yes", please specify:

Date listed for operation\* (YYYY-MM-DD)

Eye bank\*

- Göteborg  Örebro  Lund  
 Stockholm  Aarhus  TBI  
 Linköping  Umeå  
 Other, please specify:

Eye bank graft number

Donor gender  Female  Male

Donor age

Endothelial cell density: