

Follow up Form 2019 Swedish Corneal Transplant Register

Identity

Social security number* (YYYYMMDD-XXXX)

Operation year*

Number*

Operated eye* Right Left

Follow up

Date of follow up visit* (YYYY-MM-DD)

Patient available for follow up*

Yes No **If "No", please specify why**
 Moved Deceased Declined

If "No", then finish here, SIGN

Follow up about 2 years post op

Is the graft still functioning? Yes No

If "NO", please note:

Approximate date of failure (YYYY-MM)

Specify the cause of failure (choose one alternative)

- Primary graft failure (=never cleared after transplantation) Failed endothelium
 Irreversible rejection Astigmatism
 Infection Unknown
 Recurrence of original disease
 Other, please specify

If "EK", please specify

- Graft not attached
 Graft attached but endothelial failure

If the graft has failed, has a regrant been performed? Yes No

Endothelial cell density:

Has any of the following occurred since the operation?*

Yes No

If Yes, specify (Multiple choices are possible)

- Rejection Cataract surgery
 Glaucoma Loose/broken suture
 Elevated IOP Infection in the graft
 Rebubbling Recurrence of original disease
 Other, please specify

Are all sutures removed?

Yes No NA (not applicable)

Continued steroids? Yes No

Refraction used:

Spectacles Contact lenses None

Visual acuity (best corrected)

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

Refraction Operated eye

Uncorrected

±Sphere ±cylinder degrees

BCVA at 6 months

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

Refraction Operated eye at 6 months

Uncorrected

±Sphere ±cylinder degrees

Other sight-hindering disease?* Yes No

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

Refraction Fellow eye

Uncorrected

±Sphere ±cylinder degrees

Keratometry (Javal), Operated eye*

±cylinder degrees

Unable to measure

Refractive surgery performed after suture removal?* Yes No **If Yes, please note:**

Keratometry (Javal) before refractive surgery

±cylinder degrees

Unable to measure

Procedure (Both alternatives can be chosen)

Relaxing incisions Other, please specify