

Follow up Form 2023 Swedish Corneal Transplant Register

Identity

Social security number* (YYYYMMDD-XXXX)
(For non-swedish clinics: fill in the date of birth, only*)

-

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) Slow endothelial failure
 Irreversible rejection Astigmatism
 Infection Scar/opacification
 Recurrence of original disease
 Neovascularisation/konjunktivalisation
 Other, please specify:

Endothelial cell density:*

 Not measurable Not done NR
(300-3000 cells)

Has any of the following occurred since the operation?* Yes No If

Yes, specify (Multiple choices are possible)

- Rebubbling Infection in the graft
 Rejection Loose/broken sutures
 Ocular hypertension Other, please specify:
 Development of glaucoma
 Worsening of glaucoma
 Recurrence of the original disease
 Cataract surgery
 Other intraocular surgery

Are all sutures removed?*

(PKP, DALK, SALK, Other)

- Yes No NA (not applicable)

Continued steroids?* Yes No

Visual acuity (best corrected)

Operated eye* Unable to measure

- A P P+L 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

Correction used:*

- Spectacles Contact lenses None

Fellow eye* Unable to measure

- A P P+L 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

Correction used:*

- Spectacles Contact lenses None

Other sight-hindering disease?* Yes No