

Surgery assessment form for ..... Date ...../...../201.....

Hospital ..... LA/GA

Stage	Description	Comments	Points (0-10)
1	Preparation Draping		
2	Incisions		
3	Rhexis		
4	Hydrodissection		
5	Phacoemulsification		
6	Soft Lens Matter removal		
7	Lens Insertion Specify Type of Lens		
8	Healon wash out Wound hydration/Suture		
9	Intracameral/Sub conjunctiva		
10	Length of time of operation <20m 10Pts 20-30 8 30-40 5 40+ 0		
Total			

Type Of cataract		Additions		Capsule		Lens
Cortical	0/+/++/+++	Vision blue	Yes/No	Intact	Yes/No	None
Nuclear sclerotic	0/+/++/+++	Miochol	Yes/No	Rip	AC/PC	In bag
Posterior Sub capsular	0/+/++/+++	Hooks	Yes/No	Vitrectomy	Yes/NO	In sulcus
		Suture	Yes/No			Anterior chamber
Signature				Signature		
Supervising surgeon Name				Surgeon		