Operation Form 2023 Swedish Corneal Transplant Register

Identity

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

Operation date* (YYYY-MM-DD)
☐☐☐☐-☐☐-☐☐

Patient

Operated eye* ☐ Right ☐ Left

Previous graft in fellow eye* ☐ Yes ☐ No

Gender* ☐ Female ☐ Male

Preop Status

Indication* (choose one alternative)

☐ Primary endothelial failure
☐ Secondary endothelial failure
☐ Regraft
☐ Keratoconus
☐ Scar after non-herpetic infection
☐ Stromal dystrophy
☐ Trauma
☐ Corneal ulceration
☐ HSV infection
☐ Other, pls 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)

☐ Primary endothelial failure
☐ Secondary endothelial failure
☐ Regraft
☐ Keratoconus
☐ Scar after non-herpetic infection
☐ Stromal dystrophy
☐ Trauma
☐ Corneal ulceration
☐ HSV infection
☐ Other, pls specify:

Operation date (YYYY-MM-DD)
☐☐☐☐-☐☐-☐☐

Clinic:

Primary reason for transplant* (choose one alternative)

☐ Improve vision ☐ Pain
☐ Tectonic ☐ Cosmetic

Lens* (choose one alternative)

☐ Phakic ☐ Pseudophakic ☐ Aphakic

Risk factors for graft failure* ☐ Yes ☐ No

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

☐ Inflammation ☐ Vascularisation
☐ Medically controlled glaucoma
☐ Previous surgery for glaucoma
☐ AC IOL ☐ Loose zonules/IOL
☐ Aphakia ☐ Other, please specify:

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			

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			

Operation

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

Operation type*

☐ DSAEK ☐ DMEK ☐ PKP
☐ SALK ☐ DALK
☐ Other, please specify:

Other surgical procedures*

☐ None ☐ Cataract extraction + IOL
☐ Other, please specify:

Surgicalcomplications* ☐ Yes ☐ No

If "Yes", please specify:

Eye bank*

☐ Göteborg ☐ Örebro ☐ Lund
☐ Stockholm ☐ Aarhus ☐ Tissue Banks International
☐ Linköping ☐ Umeå ☐ Trondheim

Donor gender* ☐ Female ☐ Male

Donor age* ☐☐☐

Endothelial cell density:* ☐☐☐☐ ☐ NR
(1000-3500 cells)