LSOCA

Retinal Detachment/Repair

Purpose: Record data about a retinal detachment and/or repair.

When: At all clinic visits, baseline and followup, at which a retinal detachment is first identified and/or repaired or a prior event is first reported. A separate form should be completed for each retinal detachment or repair. A visual acuity assessment should be completed when a retinal detachment is identified and results recorded on a Visual Acuity/Contrast Sensitivity (VA) form.

By whom: Study ophthalmologist and clinic coordinator.

A. Clinic, patient, and visit iden	tification	C. Retinal detachment			
1. Clinic ID code:		Skip to Section D. if report is for repair only.			
2. Patient ID#:		10. Source of diagnostic information (check all that apply)			
		a. Ophthalmologic exam:	(1)	
3. Patient name code:		b. Formal visual field testing (eg, Goldmann visual fields):	(1)	
4. Date of visit:		c. Medical records:	(1)	
day mo	nth year	d. Laboratory data:	(1)	
₹ Wait ID anda.		e. Health care provider:	(1)	
5. Visit ID code:		f. Patient:	(1)	
6. Sequential number of this RI	O form:	g. Other (specify):	(1)	
01; number additional forms B. Report identification	sequenпану.	specify specify			
7. Event(s) reported on this RD (check only one):	form	11. Type of retinal detachment (check on	aly one):		
Detachment only	(1)	Rhegmatogenous	(1)	
Repair only	$\begin{pmatrix} 1 \\ 2 \end{pmatrix}$	Exudative	(2)	
Detachment and repair	(₃)	Other (specify):	(3)	
8. Date detachment diagnosed:		specify			
day mo	nth year	Don't know	(9)	
9. Eye with detachment (<i>check</i>	only one):	12. Estimate extent of detachment (% of	retina to	the	
Right	(,	nearest 5 percent):			
Left	(2)		<u></u> %		

13.	Location of the detachment (check all the	at app	ly)					
	a. Zone 1:	(1)					
	b. Zone 2:	(1)					
	c. Zone 3:	(1)					
	d. Don't know:	(9)					
14.	14. Is the central macula detached (check only one):							
	Yes	(1)					
	No	(2)					
	Don't know	(9)					
15.	15. Location of detachment break relative to any retinitis lesion(s) (<i>check all that apply</i>)							
	a. No retinitis present:	(1)					
	b. Along lesion borders:	(1)					
	c. Within lesion:	(1)					
	d. Within uninvolved retina:	(1)					
	e. Uncertain:	(1)					
	f. Not applicable (non-rhegmatogenous detachment)	(_N)					
16.	16. Estimate area of retina with retinitis (% of retina to the nearest 5 percent, enter "N" if no retinitis is present):							
	9							
D. S	urgery							
	Skip to Section E. if report is for detachm	nent o	nly					
17.	Date of surgery to repair/treat detachment:							
	day month	year						
18.	Repair/treatment procedure (check all the	at app	ly)					
	a. Therapeutic laser:	(1)					
	b. Scleral buckle:	(1)					
c. Vitrectomy with oil:			1)					
	d. Vitrectomy without oil:	(1)					
	e. Cryopexy:	(1)					
	f. Other (specify):	(1)					

specify

19. Date form reviewed:

day month year

20. Ophthalmologist ID:

21. Ophthalmologist signature:

22. Clinic coordinator ID:

23. Clinic coordinator signature: