

Trabectome[®] OPERATIVE Report Form

PATIENT IDENTIFIERS: Patient Medical Record #: [REDACTED]

Generic Patient Code #: [REDACTED]

(Assigned by NeoMedix)

Investigator: Dr. [REDACTED]

Center: [REDACTED]

Surgery Date: [REDACTED]

(MM / DD / YY)

Operative Eye	O.D. (right) <input checked="" type="checkbox"/>	O.S. (left) <input type="checkbox"/>
Handpiece Lot Number:	090814-01	
Electrosurgical Serial No.	TB0107016	
Irrigation Aspiration Serial No.	90302B	
Power Setting:	0.8	
Bottle Height Setting:	High	
Aspiration Setting:	Flow 2	
Viscoelastic type:	Ocucoat (+ Healon)	
Gonioscope used?	Right: --	Left: <input checked="" type="checkbox"/>

Problems during surgery:	yes	no
Anterior segment bleeding (other than collector channel reflux)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Iris damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lens damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corneal damage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: (specify)	Combination with PEA + IOL	

	Pre-op medication:		Post-op medication:	
Antibiotic	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Corticosteroid	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Pilocarpine	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Alpha agonist	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>
NSAIDS	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Other	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
If other, describe:				

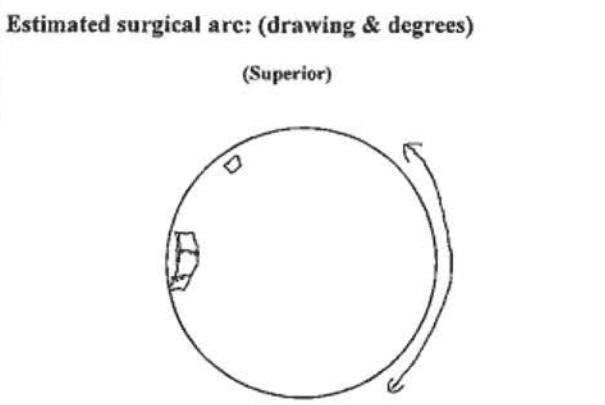
Blood Reflux Present:	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
Wound Suture:	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>
Air Tamponade:	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>
Other surgical procedures performed:	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>
If yes, describe:	Cataract Surgery	

Incision Type: 1.7 (-> 2.9mm)

Trabecular Meshwork Opening degrees: 100

If procedure not completed, indicate reasons:

Intraocular Medication:	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	
If yes, describe:	Ovisert		
Ease of use of entry to Schlemm's Canal:	Easy <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>	Difficult <input type="checkbox"/>
Comments:			
Ease of trabecular meshwork removal:	Easy <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>	Difficult <input type="checkbox"/>
Comments:			
Ease of Surgical Procedure:	Easy <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>	Difficult <input type="checkbox"/>
Comments:			



[REDACTED] Date: [REDACTED]
 Signature of Investigator (MM/DD/YY)