

**GP Post-Op Report - For Information Only - NO GP ACTION REQUIRED**

CONFIDENTIAL

Action Taken/Conclusion



I confirm I have carried out the This cataract episode is complete

above examination and Please list for second eye surgery

conclusion that: Already provisionally booked for second eye

The patient has been referred directly to the urgent clinic







|  |
| --- |
| **Practitioner: Date:** |

|  |
| --- |
| **Patient Details** |
| First Name: |
| Last Name: |
| DOB: |
| NHS Number: |
| Address: |
| Phone: |
| Mobile: |
| Hospital Number: |

|  |
| --- |
| **Optometrist/Practice** |
| Optometrist: |
| Practice: |
|  |
| Phone: |

|  |
| --- |
| **Patient’s GP** |
| GP Name: |
| Practice: |
| Code: |

|  |
| --- |
| **Pre-existing ocular pathology** |
| None: |
| ARMD: |
| Diabetic Maculopathy: |
| NPRD |
| Amblyopia: |
| Corneal Scarring: |
| Optic Neuropathy: |
| Other (see comments): |

|  |  |  |
| --- | --- | --- |
| **Optometrist Slit Lamp Examination - Date:** | Right | Left |
| Patient gives/has a history of pain, discomfort or sudden reduced vision | Yes No | Yes No |
| Anterior Chamber activity present (>2 cells seen in 2x2 field) | Yes No | Yes No |
| Wound red or unusual in any way | Yes No | Yes No |
| Corneal clarity affected | Yes No | Yes No |
| Posterior synechiae? | Yes No | Yes No |
| Thickening of posterior capsule | Yes No | Yes No |
| Any vitreous activity | Yes No | Yes No |
| Intolerable or unaccepted astigmatism? | Yes No | Yes No |
| Intolerable or unacceptable anisometropia? | Yes No | Yes No |
| Any observable CMO | Yes No | Yes No |

**Patient satisfaction**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient assessment of vision | Improved |  | No Change |  | Worse |  |
| Patient satisfaction re outcome of surgery | Satisfied |  | Neither satisfied or dissatisfied |  | Dissatisfied |  |

**Pre-op refraction (if available)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Unaided Vision** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** | **VA** | **Add** | **N VA** |
| **R** |  |  |  |  |  |  |  |  |  |
| **L** |  |  |  |  |  |  |  |  |  |

**Post-op Refraction**

Comments:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Unaided Vision** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** | **VA** | **Add** | **N VA** |
| **R** |  |  |  |  |  |  |  |  |  |
| **L** |  |  |  |  |  |  |  |  |  |

Please return this form to: newmedica.wakefield@nhs.net