

# Postoperative Assessment

## 3+ Month Postoperative Follow-up



Tissue is from  
an E.B.A.A.  
Accredited  
Eye Bank

DEAR DR. ,

Please fax completed forms to 503.808.7055 or e-mail them to quality@visiongift.org. Please direct questions to 503.808.7036. Thank you. We appreciate all your help.

### RECIPIENT INFORMATION

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_  
Location of Surgery: \_\_\_\_\_ MRN: \_\_\_\_\_  
Pre-Operative Diagnosis: \_\_\_\_\_

Please indicate the type of surgery performed:

- Penetrating Keratoplasty     Deep Anterior Lamellar     DSAEK     Pt. Ready DMEK     Other
- Anterior Lamellar     Keratolimbic Allograft     DMEK     K-Pro

### STATUS OF GRAFT

Clear or clearing with good prognosis

For EK grafts     N/A

If re-bubbling was performed, how many were performed? \_\_\_\_\_  n/a

What postoperative day(s) was/were the dislocation(s) noted? \_\_\_\_\_  n/a

What postoperative day(s) was/were the re-bubbling(s) performed? \_\_\_\_\_  n/a

Infection (*not intended for infections observed prior to transplant*)

Days after surgery infection was identified? \_\_\_\_\_

Do you feel the donor tissue caused the infection?     Yes     No

Graft Failure, declared at \_\_\_\_\_ months or \_\_\_\_\_ weeks, likely due to:

- Surgical Manipulation
- Recipient Pre-existing Condition
- Recipient Rejection
- Non-Compliance
- Other non-tissue related event occurring postoperatively (e.g. trauma)
- Donor tissue

Date of regrant: \_\_\_\_\_ n/a   

Patient Lost to Follow-Up, no known issues with tissue

### PRE-OPERATIVE CULTURE RESULTS *(please attach copies of culture report)*

No cultures were performed of donor tissue.

Donor corneoscleral rim cultured

- Results were negative for growth
- Positive growth results

Media cultured

- Results were negative for growth
- Positive growth results

*Please list the organism identified.* \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date signed

for LVG use: