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|  | **CLINICAL SUPPORT SERVICES****HOSPITAL PENGAJAR UPM** |
| **OT / PROCEDURE RE ANTERIOR CHAMBER WASHOUT** |

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| NAME : | PROCEDURE: | RE ANTERIOR CHAMBER WASHOUT |
| AGE: |
| IC NUMBER /RN : | DATE: |
| VITAL SIGNS | BP: | HR: |  | DXT: |

**Time operation started :**

**Time operation ended:**

**Duration:**

**Pre-op Diagnosis:**

**Post-op Diagnosis:**

**Surgeon:**

**Assistant:**

**Scrub Nurse:**

**Circulating Nurse :**

**Procedure steps :**

1. Patient in supine position comfortably. Alert and conscious. Pink.
2. Area cleaned and draped
3. anaesthesia was applied to the operated eye.
4. Paracentesis wound made with 15 degree knife.
5. Vision blue injected into the anterior chamber.
6. Anterior chamber wash out performed.
7. Viscoelastic injected to the operated eye
8. Main wound created with 2.75mm keratome.
9. Continuous curvilinear capsulorhexis (CCC) done.
10. Hydrodissection done.
11. Phacoemulsification performed.
12. Automated irrigation and aspiration done.
13. Viscoelastic injected to fill in the capsular bag and PCIOL inserted and dialled into position.
14. Automated I/A done.
15. Wound hydration done and wound checked for leak.
16. Intracameral Zinacef 0.1 ml given.
17. Gutt Maxitrol applied to operated eye.
18. Eye shield applied to the operated eye

**Intraoperative findings Intraoperative complications**

1. **cataract 1.**
2. **wound water tight, cornea clear, AC formed, pupil round. IOL 2.**

 **stable**

**Plan:**

1. Vital signs monitoring 4-hourly.
2. Allow orally as tolerated.
3. Gutt Maxidex and Chloramphenicol 2 hourly over operated eye for 1/52.
4. Ointment Maxitrol ON on operated eye.
5. T. PCM 1g QID/PRN.
6. Review today by MO, allow discharge if well.
7. TCA 1/52 to see surgeon.

Performed by, Supervised by,

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