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The Artisan aphakia intraocular lens in the paediatric eye

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Addendum

Follow-up Form

FOLLOW-UP FORM FOR FUTURE STUDIES ON THE ARTISAN APHAKIA IOL

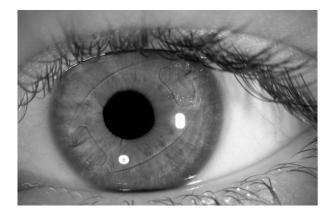
It is in the best interest of our patients to share the knowledge and the broad experience with the Artisan aphakia IOL that we, paediatric ophthalmologists in the Netherlands, (have) gather(ed). In this thesis we presented the encouraging long-term outcome data of 37 paediatric eyes after Artisan aphakia IOL implantation. Analysis of larger data sets may result in more definite conclusions.

While performing the studies presented in this thesis and while analysing the results reported in this thesis, we composed a data set of which we feel it should be included in a follow-up form for future studies on the Artisan aphakia IOL. An example of the follow-up form can be found below.

Future studies on the outcome after Artisan aphakia IOL implantation in paediatric eyes should focus on eyes with a loss of capsular support due to (surgical) trauma, Marfan syndrome and lens dislocation due to other systemic disorders or isolated eye diseases. We suggest that children aged 4 to 16 years are included in future studies.

Many ophthalmic investigations require a cooperative patient that is capable to sit upright and concentrate for some time. Therefore a reliable and complete data set can only be obtained in children of approximately 4 years and older. However, also in children younger than 4 years of age it is advised to perform as many tests as possible.

Addendum



Patient characteristics

patient number					
date of birth					
male/ female					
Surgery					
operated eye OD/ OS					
indication for surgery					
date of the surgery					
serial number Artisan IOL					
IOL power					
target refraction					
positioning of IOL					
peroperative complications/ notes					
Assesment	preop	at 0-6 mo	at 6 mo	at 12 mo	Every year
clinical parameters*	×	×	×	×	×

clinical parameters* <i>(slitlamp)</i>	x	x	x	x	x
iris and IOL characteristics** (slitlamp) endothelial assessment, including endothelial cell counts, morphology and central corneal	x + AS image	x	x +AS image	x +AS image	x +AS image
thickness (non contact specular microscope) axial eye length, including anterior	x		x	х	x
chamber depth <i>(IOL master)</i> refractive error and keratometry	x		x	x	x
(autorefractor/ retinoscope)	x	х	х	х	х

*BSCVA, binocular function, stereopsis (TNO/Titmus), eye position, corneal clarity and diametre, anterior chamber clarity, IOP, funduscopy

** iris transillumination, iris atrophy and location, grip claws/ earring claw, iridodonesis, phakodonesis/ pseudophakodonesis, pupil distortion, IOL centration anterior segment (AS) images: Overall anterior segment photograph, using diffuse illumination, magnification 6 or 10, with slitlamp camera. See image.