Study number __ __ __

Surveillance of Corneal Perforation in Rheumatoid Arthritis Patients
Initial Questionnaire
In association with British Ophthalmic Surveillance Unit

Thank you for completing this questionnaire for the study of rheumatoid arthritis patients with corneal perforation from peripheral ulcerative keratopathy or corneal melt, in association with the British Ophthalmic Surveillance Unit.

PATIENT DETAILS

1 Patient's hospital number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

2 First half of patient's postcode __ __ __ __

3 Month __ __ and year __ __ of Birth

4 Patient's Gender: ☐ Male ☐ Female

5 Patient's Race:

White: ☐ British ☐ Irish ☐ Other _____

Black/Black British: ☐ Caribbean ☐ African ☐ Other _____

Asian /Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other _____

Chinese: ☐ Chinese ☐ Other _____

Mixed: ☐ White & Black Caribbean ☐ White & Asian ☐ White & Black African

☐ Other _____

Other: ☐ Other _____

PRESENTING DETAILS & PAST OPHTALMIC HISTORY

6 Date corneal perforation first identified? _____

7 Best corrected Snellen visual acuity on date perforation identified?

_____ Right eye _____ Left eye

8 What ocular comorbidity does the patient have?

	Right eye	**Left eye**
Cataract	☐	☐
Age related macular degeneration	☐	☐
Retinal Detachment	☐	☐
Diabetic retinopathy / maculopathy	☐	☐
Glaucoma	☐	☐
Other (please specify)_____	☐	☐
_____	☐	☐

9 Which eye perforated? ☐ Right ☐ Left

10 What was the maximum diameter of the corneal perforation at diagnosis?

☐ <1 mm ☐ 1-3mm ☐ >3mm

11 Where was the corneal perforation? ☐ central ☐ peripheral

12 If peripheral, what size was the corneal thinning in clock hours?

Right eye _____ Left eye _____

13 What were the blood results at the time of diagnosis?

ESR (or Plasma Viscosity)	☐ normal	☐ high	☐ not tested
CRP	☐ normal	☐ high	☐ not tested

PAST MEDICAL HISTORY

14 What are the patients known relevant systemic diseases?

☐ Cardiovascular disease

☐ Diabetes

☐ None

☐ Other (please specify) _____

CURRENT MEDICATION

15 What were the **current** systemic medications at the time of perforation?

☐ Oral steroid

☐ IV Steroid

☐ Immunosuppressants

☐ Biologics (eg. anti TNF α, Retuximab)

☐ Antibiotics

☐ None

☐ Other (please specify) _____

16 What were the **current** topical medications in the perforated eye at the time of perforation?

☐ Steroids

☐ Lubricants

☐ Acetylcysteine

☐ Antibiotics

☐ None

☐ Other (please specify)_____

INITIAL MANAGEMENT OF CORNEAL PERFORATION

17 What were the systemic medications within the first 2 weeks **after** the perforation was identified? ☐ Oral steroid

☐ Intravenous Steroid

☐ Immunosuppressants

☐ Biologics (eg. anti TNF α, Retuximab)

☐ Antibiotics

☐ None

☐ Other (please specify) _____

18 What were the topical medications in the perforated eye within the first 2 weeks **after** the perforation was identified?

☐ Steroids

☐ Lubricants

☐ Acetylcysteine

☐ Antibiotics

☐ None

☐ Other (please specify)_____

19 Which procedures were performed within the first 2 weeks? And how many times?

☐ Bandage Contact Lens ___ times

☐ Cyanoacrylate Glue ___ times

☐ Fibrin Glue ___ times

☐ Amniotic Membrane Graft ___ times

☐ Conjunctival Flap ___ times

☐ Corneal graft ___ times

☐ None ___ times

☐ Other (please specify) _____ ___ times

_____ ___ times

20 Was this patient referred to you from another ophthalmology unit? ☐ Yes ☐ No

If yes, please name the unit_____

21 Did you refer this patient on to another ophthalmology unit? ☐ Yes ☐ No

If yes, please name the unit_____

Thank you very much for completing this form. Please return it in the pre-paid addressed envelope enclosed to Dr Hannah Timlin, Princess Alexandra Eye Pavilion, Chalmers Street, Edinburgh, EH3 9HA.