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Dear Reporting Ophthalmologist,

**RE: Study Of Endophthalmitis Following Vitrectomy,  
In Association With The British Ophthalmic Surveillance Unit (BOSU)**

Thank you for reporting a patient with presumed infectious endophthalmitis following pars plana vitrectomy to BOSU.

All cases of presumed infectious endophthalmitis within 6 weeks of pars plana vitrectomy are included in the study regardless of microbiology culture status. Vitrectomies that were performed for open-globe trauma, intraocular foreign body, dropped nuclear fragment or endophthalmitis are excluded.

This BOSU study aims to determine the incidence, clinical presentation, risk factors, management and outcome of endophthalmitis following pars plana vitrectomy.

The patient will not be contacted and their management is not affected by this observational study. All clinical details will be anonymous with regard to the patient, clinician and hospital.

We would be grateful if you could please complete and return this questionnaire in the **reply paid envelope**. A follow-up questionnaire will be sent 6 months later to establish final outcomes.

We appreciate the time you have taken to report this important case,

Yours sincerely,

Jon Park, Balasubramanian Ramasamy, Roland Ling, Som Prasad.

**PATIENT DETAILS**

First half of postcode .....      Month / Year of birth .....

Hospital number .....      Sex:       Male       Female

**RISK FACTORS**

Topical steroids       Yes       No       Unknown

Topical non-steroidals       Yes       No       Unknown

Recent (< 6 weeks) intra-ocular surgery  
(including intravitreal injection)       Yes       No       Unknown

Diabetes Mellitus       Yes       No       Unknown

Oral Steroids       Yes       No       Unknown

Immunosuppressed       Yes       No       Unknown

- If yes, please specify (lymphoma, leukaemia, metastatic malignancy, AIDS)  
.....

Pre-operative topical anti-biotics       Yes       No       Unknown

**OPHTHALMIC DETAILS** (for the same eye that had endophthalmitis following PPV)

Pre-operative Best Corrected VA (prior to vitrectomy)

Snellen.....      LogMAR.....      Other.....

Lens status

Phakic       Pseudophakic       Aphakic       Unknown

Previous glaucoma filtration surgery

Yes       No       Unknown

**INDICATION FOR VITRECTOMY (Please tick all that apply)**

- |                                                            |                                                           |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Retinal detachment                | <input type="checkbox"/> Epi-retinal membrane             |
| <input type="checkbox"/> Diabetic vitreous haemorrhage     | <input type="checkbox"/> Macula hole                      |
| <input type="checkbox"/> Diabetic delamination             | <input type="checkbox"/> Vitreo-macular traction syndrome |
| <input type="checkbox"/> Non-diabetic vitreous haemorrhage | <input type="checkbox"/> Vitreous Opacity                 |
| <input type="checkbox"/> Other.....                        |                                                           |

**OPERATIVE DETAILS**

**Date of PPV**      .....

Eye that had endophthalmitis following PPV       Right       Left

Surgeon Grade       Consultant       Fellow       Specialist Trainee / SpR  
 Other.....

Port Size       20G     23G     25G       Unknown

No. Ports Sutured     0       1       2       3       Unknown

**For Sutureless Vitrectomies**

Conjunctiva Displaced       Yes       No       Unknown

Name Of System Used      .....

**Intra-operative Antibiotic (Please tick all that apply)**

- Topical
- Subconjunctival
- Intra-vitreous and / or intra-cameral
- Other, please specify      .....

**Post-operative Complications**

- Hypotony (IOP < 6 mmHg) lasting more than 1 week
- Wound leak requiring suture
- Other, please specify .....

**ENDOPHTHALMITIS DETAILS**

**Time** from PPV to diagnosis of endophthalmitis .....days

**Best corrected VA** at endophthalmitis diagnosis (for eye with endophthalmitis following PPV)

Snellen.....      LogMAR.....      Other.....

**Symptoms at diagnosis**

- Blurred vision       Eye pain       Red eye       Lid swelling

**Signs at diagnosis**

- Hypopyon       Absent red reflex       RAPD
- Wound leak       Retinal detachment       IOP.....mmHg

**CULTURE DETAILS**

Vitreous Cavity Sample Taken       Yes       No

- Specify culture result.....

Anterior Chamber Sample Taken       Yes       No

- Specify culture result.....

**INITIAL (WITHIN FIRST WEEK) ENDOPHTHALMITIS TREATMENT**

**(Please tick all that apply)**

- |                                                   |                              |                             |                                  |
|---------------------------------------------------|------------------------------|-----------------------------|----------------------------------|
| Revision vitrectomy & vitreous cavity wash out    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Topical antibiotics                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Systemic antibiotics                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Subconjunctival antibiotics                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Intra-vitreous and / or intra-cameral antibiotics | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Further doses of intra-vitreous antibiotics       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Intra-vitreous corticosteroid                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Systemic corticosteroid                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

**FURTHER REFERRAL**

Was this patient referred to another unit for treatment

- Yes, please specify the unit .....
- No

**Any Further Information**

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**Thank you. Please return in reply paid envelope to:**

Clinical Trials Administrator  
Royal Devon & Exeter NHS Foundation Trust  
Noy Scott House, Barrack Road, Exeter, EX2 5DW

For further information contact:      [jonathanpark@nhs.net](mailto:jonathanpark@nhs.net)