

Eye Recovery Note

Hospital: _____ Date: _____ TGLN #: _____

Patient Name: _____ MRN: _____

Recovery Staff [print name(s)]: _____

The identity of the patient was verified to match the consent form.

The patient's medical chart was reviewed on-site or remotely via secure log in to determine suitable medical history:

Yes No (potentially due to a lack of access; due to patient transfer) N/A (Research & Teaching case)

A physical assessment of the patient was completed and the eyes were examined for signs of infection, corneal damage, embedded foreign bodies, or previous surgery. N/A (Research and Teaching Only)

Blood was collected from (check where applicable):

subclavian artery, femoral artery, laboratory (pre-drawn sample available), Other If Other, specify- _____ N/A

Tissue recovered (check all that apply): Left Whole Eye Right Whole Eye Left Cornea Right Cornea

Each eyelid was gently opened to thoroughly irrigate the corneas and conjunctival sac with a sterile ophthalmic solution. The operative area was prepped using a povidone-iodine solution, alcohol swabs, and sterile drapes.

An ocular speculum was inserted under the upper and lower lids. Near the lateral edge of the cornea at the limbus, the conjunctiva was grasped with forceps with small scissors pointed away from the cornea and a peritomy was continued 360° around the cornea. The scissors were then inserted under the conjunctiva in order to perform a blunt dissection around the globe.

Type of ocular recovery completed and steps continued for that specific procedure:

<input type="checkbox"/> Enucleation (Whole Globe Recovery)	<input type="checkbox"/> In Situ (Corneal Recovery)
<p>A muscle hook was used to isolate the medial, lateral, superior, and inferior rectus muscles. These muscles were cut with scissors.</p> <p>Enucleation scissors were inserted behind the back of the eye and positioned around the optic nerve. The optic nerve was cut, leaving a small stump.</p> <p>Using a hemostat or forceps, the globe was gently lifted from the socket. The remaining connective tissue was cut, along with the superior and inferior oblique muscles.</p> <p>The globe was gently placed in the eye jar, cornea facing up, with the optic nerve resting on the cotton bed. The jars were sealed and labeled with the patient's information.</p>	<p>A scalpel blade was used to scrape the remaining conjunctival tissue near the limbus with an outward motion to 5mm from the limbus.</p> <p>An incision was made through the sclera using a scalpel blade. Corneal scissors were inserted into the suprachoroidal space to carefully perform a peritomy to complete the sclera incision 360° around the cornea.</p> <p>The corneoscleral rim button was removed by grasping the scleral rim with forceps and keeping it stationary while the ciliary body-choroid and iris were pulled downward and away from the button. Working side to side, adhesions were gently separated away from the corneoscleral button.</p> <p>After separation, the button was transferred to a vial containing corneal storage medium (Optisol- GS). The vial was previously labeled with the patient information.</p>

The above steps were repeated for the other eye (check one): Yes No If no, please explain: -

_____ Upon recovery completion, where reconstruction could be completed, a folded piece of gauze and a plastic eye cap was inserted in the socket(s) and the eyelid(s) were closed to restore a normal appearance. Any remaining preparation solution was wiped off using sterile saline or alcohol. 4 x 4 gauze was placed over the closed eyelids and the patient's head was securely wrapped with kling gauze. Head rest to be left with the donor.

The patient was rewrapped in the shroud and returned to the storage location from which the patient was removed.

Direction to Hospital Staff: Please leave this Eye Recovery Note in the patient's medical chart.

Signature: _____ Date: _____