FLuorometholone as Adjunctive MEdical Therapy for TT Surgery (FLAME) Trial
SECOND POST-OPERATIVE VISIT COMPLICATIONS FORM

ID. No.: subjid - __ __ __ __ Alpha Code: alpha_code Visit #: 3

NOTE: To be completed by the surgeon at the time of the second postoperative visit.

1. Did the subject have any early post-operative issues? po2issues

   No ☐0 (If **No**, skip to question #3)

   Yes ☐1 (If **Yes**, Continue to question #2)

   Information Not Available ☐2 (skip to question #3)

2. Specify any post-operative issues/complications at the **second** post surgery visit:

	Right Eye	**Left Eye**
2a. Excess bleeding	pobleed_day8_14_r No ☐0 Yes ☐1	pobleed_day8_14_l No ☐0 Yes ☐1
2b. Margin fragment severed	pofrag_day8_14_r No ☐0 Yes ☐1	pofrag_day8_14_l No ☐0 Yes ☐1
2c. Local infection	polocalinf_day8_14_r No ☐0 Yes ☐1	polocalinf_day8_14_l No ☐0 Yes ☐1
2d. Systemic infection	posysinf_day8_14_r No ☐0 Yes ☐1	posysinf_day8_14_l No ☐0 Yes ☐1
2e. Eyelid closure defect	poeyelidclosure_day8_14_r No ☐0 Yes ☐1	poeyelidclosure_day8_14_l No ☐0 Yes ☐1
2f. Over correction	poovercorr_day8_14_r No ☐0 Yes ☐1	poovercorr_day8_14_l No ☐0 Yes ☐1
2g. Under correction	poundercorr_day8_14_r No ☐0 Yes ☐1	poundercorr_day8_14_l No ☐0 Yes ☐1
2h. Other issue not listed above:	poother_day8_14_r No ☐0 Yes ☐1 Specify: poothsp8_14_r	poother_day8_14_l No ☐0 Yes ☐1 Specify: poothsp8_14_l
2i. Management (choose all that apply): pomanage_day8_14_r___0 pomanage_day8_14_r___1 pomanage_day8_14_r___2 pomanage_day8_14_r___3 pomanage_day8_14_r___4	☐0 None ☐1 Offered surgery and done onsite ☐2 Removed sutures ☐3 Referred for further treatment ☐4 Prescribed antibiotics	☐0 None pomanage_day8_14_l___0 ☐1 Offered surgery and done onsite pomanage_day8_14_l___1 ☐2 Removed sutures pomanage_day8_14_l___2 ☐3 Referred for further treatment pomanage_day8_14_l___3 ☐4 Prescribed antibiotics pomanage_day8_14_l___4

3. Name & certification number of person completing form:
   a. Print Name:_____
   b. Certification #: ___ ___ ___ ___

4. Date form completed: __ __ / __ __ / __ __
   Day Month Year

Data entry complete date: __ __/__ __/__

Data entered by initials: __ __