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|---|---|
| <b>Punctal Occlusion</b><br><br><b>EBMT/CLWP Non-Interventional Prospective Study</b> | <b>EVALUATION FORM</b><br><br><b>To be completed at each routinely performed control within a year after first insertion of the plugs</b> |
|---|---|

**PATIENT**

Centre number (CIC) ..... Unique Identification Code (UIC): .....

Hospital Unique Patient Number: .....

Initials: .....(first name(s)-surname(s))

Type of punctal plugs inserted  Silicone Punctal Plugs  
 SmartPlugs

**DATE of VISIT**

Date punctal plugs were installed .....  
dd mm yyyy

Date of visit .....  
dd mm yyyy

Number of visit since punctal plugs were installed:  First  
 Second  
 Third

**Condition of the Eyes at time of visit**

**SYMPTOMS:**

**Distinctive**

- New onset of dry eyes
- Gritty eyes
- Painful eyes
- Cicatricial conjunctivitis
- Keratoconjunctivitis sicca or confluent areas of punctuate keratopathy

**Other features**

- Photophobia
- Periorbital hyperpigmentation
- Blepharitis (erythema of the eyelids with erythema)
- Other (specify) .....



**EYE SYMPTOMS SCORE:**

- Score 0 no symptoms
- Score 1 mild dry eye symptoms not affecting ADL (requiring eye drops ≤ 3 x per day) **OR** asymptomatic signs of sicca keratitis
- Score 2 Moderate dry eye symptoms partially affecting ADL (requiring drops > 3 x per day or punctal plugs, **WITHOUT** vision impairment
- Score 3 Severe dry eyes symptoms significantly affecting ADL (special eyewear to relieve pain) **OR** unable to work because ocular symptoms **OR** loss of vision caused by pseudomembranes or corneal ulceration

**SUBJECTIVE PARAMETERS**

**Patient reported intensity scale of worst eye symptom** (*visual analogues scale symptoms score or VAS, according to NIH Consensus*)

0-10 patient reported intensity scale (VAS): chief ocular complaint at the time of the visit (10-cm lines are prepared, the patients write down his worst eye symptom and then checks a point on the line corresponding to the degree of this worst symptom)

Chief ocular symptom: .....

Symptom score: 

|   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

**Use of daily topical lubricant(s) medication** (*diminished use should not have resulted in worsening of symptoms*)

Name of the topical lubricant: .....

- Frequency of use:
- Not on a daily basis
  - 1-3 times a day
  - 4-6 times a day
  - > 6 times a day

**OBJECTIVE TEARDYNAMIC PARAMETERS**

**Schirmer's tear test** (*According to NIH Consensus, done without anesthesia*)

Mean of both eyes ≤5 mm at 5 minutes, or mean values of 6-10 mm at 5 minutes in patients with sicca symptoms or new keratitis detected by slit lamp examination. y scale (VAS): chief ocular complaint at the time of the visit (10-cm lines are prepared, the patients write down his worst eye symptom and then checks a point on the line corresponding to the degree of this worst symptom)

Mean score on Schirmer's test:  > 10 mm





## Complications of punctal plug insertion

*Loss will not be judged as complication or failure in case of prompt replacement; need for placement in upper nasolacrimal canaliculi is also not judged as complication or failure.*

### COMPLICATIONS OCCURING AFTER THE INSERTION OF PUNCTAL PLUGS

- Ocular discomfort
- Ocular irritation
- Spontaneous loss without prompt replacement
- Granulomas
- Canalicular migration with secondary nasolacrimal obstruction
- Canaliculitis
- dacryocystitis requiring surgical removal

Date complications first occurred ..... - ..... - .....  
*dd mm yyyy*

## Documentation of alternative treatment after punctal plug installation

### REASON FOR THE USE OF ALTERNATIVE TREATMENT

- Repeated loss
- Complication(s)
- No effect of punctal plugs
- Other reason (specify) .....

### TYPE OF ALTERNATIVE TREATMENT

- Topical lubricant (specify) .....
- Other type of punctal plug
- Other (specify) .....

Date alternative treatment was started ..... - ..... - .....  
*dd mm yyyy*



CIC:..... Unique Patient Number (UPN): ..... SCT Date ..... - ..... - .....  
dd mm yyyy

## IDENTIFICATION & SIGNATURE

.....  
.....  
.....

Evaluation/Follow up  
FORM (version 01-03-2010)

*Please send form to:*

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