

# Incidence of Submacular Haemorrhage in Scotland

In association with the Scottish Ophthalmological Surveillance Unit

## Case definition

**Inclusion criteria:** Any patient presenting with acute SMH involving fovea of >2 disc diameters in size in greatest linear diameter.

**Exclusion criteria:** Trauma

## Patient Details

Hospital Number \_\_\_\_\_

Month and Year of Birth (mm/yyyy) \_\_\_\_\_

First half of post code \_\_\_\_\_

Gender:  Male  Female

Ethnic Origin (please tick most relevant box)

White	Asian or Asian British	Black or Black British	Chinese	Mixed Race	Other ethnic group
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Chinese <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)

## Clinical Features at presentation:

1. Date of diagnosis: (dd/mm/yyyy): [    /    /    ]

2. Visual Acuity at presentation: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

logmar       snellen       other (please specify \_\_\_\_\_)

3. Affected eye:     Right eye       Left eye

4. Duration of symptoms (days):     1-7       8-14       >14       Not known

5. Previous treatment for SMH:

- None
- Intravitreal AntiVEGF
- Subretinal AntiVEGF
- Gas [ type:  SF6  C2F6  C3F8 ] [volume (%): \_\_\_\_\_ ]
- Intravitreal TPA
- Subretinal TPA
- Vitrectomy
- Not known

6. Size of haemorrhage (in approximate disc diameters):  2-6  7-11  12-16  >16

7. Pre-bleed visual acuity: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_  
 logmar  snellen  other (please specify \_\_\_\_\_)

8. Past history of Wet AMD

	Right Eye	Left Eye
None	<input type="checkbox"/>	<input type="checkbox"/>
Classic CNV	<input type="checkbox"/>	<input type="checkbox"/>
Occult CNV	<input type="checkbox"/>	<input type="checkbox"/>
Mixed classic/occult CNV	<input type="checkbox"/>	<input type="checkbox"/>
Retinal angiomatous proliferation	<input type="checkbox"/>	<input type="checkbox"/>
Polypoidal choroidal vasculopathy	<input type="checkbox"/>	<input type="checkbox"/>
Not known	<input type="checkbox"/>	<input type="checkbox"/>

9. Previous Intravitreal injections

	Right Eye	Left Eye
	<i>(Please indicate number of injections)</i>	
Lucentis	_____	_____
Avastin	_____	_____
Aflibercept	_____	_____

10. Co-morbidity and Previous eye operations:

	Right Eye	Left Eye
Dry AMD	<input type="checkbox"/>	<input type="checkbox"/>
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>
Cataract surgery	<input type="checkbox"/>	<input type="checkbox"/>
Vitrectomy	<input type="checkbox"/>	<input type="checkbox"/>
Trabeculectomy	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	_____	_____

## **Initial Treatment**

11. Initial date of treatment (dd/mm/yyyy):

12. Initial Treatment plan: *(Please tick all appropriate boxes)*

Observation

Intravitreal AntiVEGF (no. of injections:     1     2     3     >3)

Subretinal AntiVEGF (no. of injections:     1     2     3     >3)

Type of injection: ( lucentis  avastin  Aflibercept  other \_\_\_\_\_)

Gas            (Type:  SF6             C2F6             C3F8;            volume (%): \_\_\_\_\_)

Intravitreal TPA            (Amount mcgs: \_\_\_\_\_)

Subretinal TPA            (Amount mcgs: \_\_\_\_\_)

Vitrectomy (Post op positioning:     prone             semi-prone

other \_\_\_\_\_)

## **Patient Status**

13. Was the patient transferred from another unit?

No             Yes (Please Specify) \_\_\_\_\_

*(NB: We will not contact other clinicians directly, this is to check for duplicate reporting)*

14. Was the patient transferred to another unit?

No             Yes (Please Specify) \_\_\_\_\_

*(NB: We will not contact other clinicians directly, this is to check for duplicate reporting)*

## **Details of person completing the form**

Name: \_\_\_\_\_

Designation:

Email:

Thank you for completing this questionnaire for this SOSU approved study.  
Please return it in the prepaid envelope to.

Mr Gerry McGowan,  
VR fellow,  
Tennent Institute of Ophthalmology,  
Glasgow

A follow-up questionnaire will be sent to you in 6 months time.

Thank You:

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## Follow up questionnaire:

### Patient Details

Hospital Number \_\_\_\_\_

Month and Year of Birth (mm/yyyy) \_\_\_\_\_

First half of post code \_\_\_\_\_

This questionnaire refers to information from the latest follow-up appointment.

1. Date of most recent Follow-up appointment \_\_\_\_\_

### Treatment

2. Subsequent Treatment: *(Please tick all appropriate boxes)*

*(Please tick all appropriate boxes)*

	Initial treatment reported in previous questionnaire	Subsequent Treatment	
Observation	<input type="checkbox"/>	<input type="checkbox"/>	
Intravitreal AntiVEGF	<input type="checkbox"/>	<input type="checkbox"/>	No. of injections
Subretinal AntiVEGF	<input type="checkbox"/>	<input type="checkbox"/>	_____
			<input type="checkbox"/> Lucentis
			<input type="checkbox"/> Avastin
			<input type="checkbox"/> Aflibercept
			<input type="checkbox"/> Other _____
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SF6
			<input type="checkbox"/> C2F6
			<input type="checkbox"/> C3F8
			volume (%): _____
Intravitreal TPA	<input type="checkbox"/>	<input type="checkbox"/>	Amount mcgs: _____
Subretinal TPA	<input type="checkbox"/>	<input type="checkbox"/>	Amount mcgs: _____
Vitrectomy	<input type="checkbox"/>	<input type="checkbox"/>	

SOSU study number: \_\_\_\_\_



