Appendix 1 – Validation of clinical Ocular parameters

The table 1 shows initial validation and revalidation of parameters by Bland Altman (black) and Kappa K (blue)²

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Validation</th>
<th>Revalidation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palpebral aperture</td>
<td>POOR</td>
<td>GOOD</td>
</tr>
<tr>
<td>Acute blepharitis</td>
<td>GOOD</td>
<td></td>
</tr>
<tr>
<td>Chronic blepharitis</td>
<td>GOOD</td>
<td></td>
</tr>
<tr>
<td>Presence of bleb</td>
<td>POOR K 0.0 (SE 0.28)</td>
<td></td>
</tr>
<tr>
<td>Bleb size</td>
<td>POOR K 0.49</td>
<td>GOOD K 0.67 (SE 0.142)</td>
</tr>
<tr>
<td>Vertical bleb size</td>
<td>POOR</td>
<td>POOR</td>
</tr>
<tr>
<td>Horizontal bleb size</td>
<td>POOR</td>
<td>POOR</td>
</tr>
<tr>
<td>Height of bleb</td>
<td>POOR</td>
<td>GOOD</td>
</tr>
<tr>
<td>Area of thin bleb</td>
<td>GOOD K 0.8; (SE 0.17)</td>
<td></td>
</tr>
<tr>
<td>Exposed bleb below lid</td>
<td>MODERATE</td>
<td></td>
</tr>
<tr>
<td>Overhanging bleb</td>
<td>GOOD K 0.75 (SE 0.09)</td>
<td></td>
</tr>
<tr>
<td>Bleb leak</td>
<td>POOR K 0.46 (SE 0.29)</td>
<td>GOOD K 0.7 (SE 0.196)</td>
</tr>
<tr>
<td>Fluorescein stain of bleb</td>
<td>MODERATE K 0.50 (SE 0.176)</td>
<td></td>
</tr>
<tr>
<td>Rose Bengal stain of bleb</td>
<td>MODERATE K 0.435 (SE 0.128)</td>
<td></td>
</tr>
<tr>
<td>Presence of suture</td>
<td>GOOD K 0.90 (SE 0.047)</td>
<td></td>
</tr>
<tr>
<td>Bubble formation</td>
<td>POOR K 0.0 (SE 0.28)</td>
<td>MODERATE K 0.59 (SE 0.079)</td>
</tr>
<tr>
<td>Rose Bengal staining over conjunctiva</td>
<td>MODERATE K 0.58 (SE 0.079)</td>
<td></td>
</tr>
<tr>
<td>Rose Bengal staining over cornea</td>
<td>POOR K 0.40 (SE 0.02)</td>
<td></td>
</tr>
<tr>
<td>Dellen</td>
<td>POOR K 0.40 (SE 0.02)</td>
<td></td>
</tr>
</tbody>
</table>


2. Landis JR and Koch GG 1977 The measurement of observer agreement for categorical data Biometrics:33;159-74
Appendix 2

Data collection process for the study

I Data retrieved from medical records

5.1 Patient characteristics

Age
Ethnicity
Gender

5.2 Ocular findings (Both eyes)

Preoperative data

Blepharitis

Dry eyes – burning sensation / redness / discharge

Contact lens use - Gas permeable / soft

Type of glaucoma - Primary open angle glaucoma
   Angle closure glaucoma
   Neovascular glaucoma
   Uveitic glaucoma
   Congenital glaucoma
   Low tension glaucoma
   Pigmentary glaucoma
   Psuedoexfoliation glaucoma
   Mixed mechanism

Previous surgery – Cataract extraction / others

Number of previous surgery -

Number of previous trabeculectomy -

Use of glaucoma treatment - \( \beta \) Blockers / Carbonic anhydrase inhibitor
   Anticholinesterase inhibitors / Prostaglandin inhibitors
   (With/ Without preservatives)

Ocular trauma

Refractive status
Surgical data

Date of surgery:
Eye operated- Right eye / Left Eye
Use of antimetabolite- None / 5 fluorouracil
Mitomycin 0.1/0.2/0.3/0.4mg/ml / Beta radiation

 Conjunctival flap- Fornix / limbal based
Bleb description (Kirwan, Crowston, Murdoch method)
Bleb location- 1 o clock / 2 o clock / 3 o clock / 4 o clock / 5 o clock / 6 o clock
7 o clock / 8 o clock / 9 o clock / 10 o clock / 11 o clock / 12 o clock

Route of antibiotics
at close of surgery- Topical / Subconjunctival injection

Releasable sutures- Yes / No

Postoperative data

Early<4 weeks:

Bleb leak- Yes / No

Shallow anterior chamber- Yes / No

Bleb description (Kirwan, Crowston, Murdoch method)
Bleb location- 1 o clock / 2 o clock / 3 o clock / 4 o clock / 5 o clock / 6 o clock
7 o clock / 8 o clock / 9 o clock / 10 o clock / 11 o clock / 12 o clock

Presence of microcysts- Yes / No
Thin / Thick wall
Flat / Raised
Vascularisation
Tenon’s cyst

Average intraocular pressure

Bleb revision- Yes / No

Subconjunctival 5 fluorouracil injection- Yes / No

Late> 4 weeks: last recording prior to infection

Bleb leak- Yes / No

Shallow anterior chamber- Yes / No

Bleb description (Kirwan, Crowston, Murdoch method)
Bleb location- 1 o clock/ 2 o clock/ 3 o clock/ 4 o clock/ 5 o clock/ 6 o clock
7 o clock/ 8 o clock/ 9 o clock/ 10 o clock/ 11 o clock/ 12 o clock
Presence of microcysts- Yes / No
Thin / Thick wall
Flat / Raised
Vascularisation
Tenon’s cyst

Average intraocular pressure

Duration of topical eye drops- 4 weeks / 5 weeks / 6 weeks / 8 weeks / longer Topical antglaucoma medication-

Topical antglaucoma medication

**Type of bleb related infection**

Date of infection- Eye Infected- Right Eye / Left Eye

Blebitis / Endophthalmitis

Duration between trabeculectomy and bleb related infection: -

**5.3 Microbiology result**

Positive / Negative / Not recorded / Not performed
Vitreous biopsy / No vitreous biopsy

**Subsequent procedure**

Redo trabeculectomy / Surgical revision of bleb / cataract surgery / others

**5.4 Systemic disorders**

Hyertension
Diabetes mellitus
Use of systemic steroids
Asprin
Heart disease
Rhumatoid arthritis
Thyroid disease
Chronic inflammation (sjorgrens syndrome)
Nasal lacrimal obstruction (sinusitis)
Rosacea
Eczema

Allergy to medication
II Questionnaire

Patient characteristics

Age
Race
Gender

Current ocular history

Visual disturbance – No Change / Deterioration of vision / Better vision
(Compared to last visit)
Dry eyes – burning sensation / redness / discharge
Contact lens use- Gas permeable / soft
Discomfort in closure of eyes- Yes / No
Current topical medication- β Blocker / Carbonic anhydrase inhibitor
Prostaglandin inhibitor /Lubricants
Antibiotics/ Steroids

Past ocular history

Dry eye symptoms
(If answer is yes to dry eye symptoms)

Duration -
Lid hygiene performed – Yes / No
Lubricant prescribed- Yes / No
Duration of lubricant use-
Relief with lubricant- Yes / No
Has antibiotic been prescribed for blepharitis- Yes / No

Infection post-trabeculectomy

Yes / No (if answer is yes number of episodes and what measures were taken)
If answer is yes, when? - (Month or year)-
Number of episodes-
Was treatment received immediately- Yes / No (if answer is No, Why?)
If answer is Yes, what was the treatment received – Eye drops / Tablets / Surgery
Number of operation in each eye-
(Glaucoma / Cataract / Others)

Right Eye-
Left Eye-

History of allergy to eye drops- Yes / No
(Name of eye drop/ drops)
Past medical history

Hypertension
Diabetes mellitus
Use of systemic steroids / Aspirin
Heart disease
Rheumatoid arthritis
Thyroid disease
Chronic inflammation (Sjogren's syndrome)
Naso-lacrimal obstruction (sinusitis)
Rosacea
Eczema
Allergy to medication
Systemic medication- Carbonic anhydrase inhibitors / Antihypertensive / Inhalers
Anti-diabetic medication/ Others

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Control</th>
<th>Infected Left eye</th>
<th>Infected Right eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting here and now do you have in your Right eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burning sensation</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watering</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discomfort on blinking</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore eyelid</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ache</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting here and now do you have in Left eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burning sensation</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watering</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discomfort on blinking</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore eyelid</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ache</td>
<td>Yes/No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Acute Presentation:

<table>
<thead>
<tr>
<th>Normal</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

- `+/-` Scaling
- `+/-` Hyperemia
- Thickened lid margin
- `+/-` Dilated meibomian glands
- `+/-` Pouting MG
- `+/-` Interfollicular abscess
- `+/-` Semisolid plaque
- `+/-` Punctum exposure
- on MB
- `+/-` Back dragging of MG

**Lid margin:** in mms : in mms

**Exposed conj:** in mms : in mms
**Chronic presentation**

<table>
<thead>
<tr>
<th>Normal</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

+/− Telangectasia

+/− Notching

+/− Madarosis

+/− Thickened lid margin

+/− Poliosis

+/− Scarring

**Bleb description**

<table>
<thead>
<tr>
<th>Bleb present:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

**Bleb size:**

<table>
<thead>
<tr>
<th>Flat</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
</tr>
</thead>
</table>

**Height of bleb:**

<table>
<thead>
<tr>
<th>Flat</th>
<th>Mild</th>
<th>Moderate</th>
<th>Large</th>
</tr>
</thead>
</table>

**Overhanging bleb:**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>mm</th>
</tr>
</thead>
</table>

Area of thin avascular bleb:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>&gt;3</th>
</tr>
</thead>
</table>

Horizontal size (mms)
Vertical size (mms)

<table>
<thead>
<tr>
<th>Bubble formation:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delien on cornea:</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Suture:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposed / Potential exposure / Buried:</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**Schirmer 1 test:** *mm*
### Cornea:

<table>
<thead>
<tr>
<th>Presence of filaments:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial punctate keratopathy</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Corneal sensation:</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### Anterior chamber:

<table>
<thead>
<tr>
<th>Depth:</th>
<th>≥ 3 CT</th>
<th>≥ 2 CT</th>
<th>≥ 1 CT</th>
<th>&lt; 1 CT</th>
<th>Lens-cornea touch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cells:</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Flare:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Iris:

<table>
<thead>
<tr>
<th>Colour:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas of ischemia:</td>
</tr>
<tr>
<td>Peripheral iridotomy:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intraocular pressure:</th>
<th>mm Hg</th>
</tr>
</thead>
</table>

### Lens:

<table>
<thead>
<tr>
<th>Phakic</th>
<th>Aphakic</th>
<th>Psuedophakic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract / clear lens</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Optic disc: CD Ratio

<table>
<thead>
<tr>
<th>Macula:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral fundus:</td>
</tr>
</tbody>
</table>
Appendix 3

Manuals for the study

Manual for General data entry

Name: Free text
Hospital Number {HN}: Number
Date of birth {DOB}: < dd/mm/yyyy>
Gender {G}: 1= Male, 2= Female
Ethnicity {E}: (Number) 1=Caucasian, 2=Afro Caribbean, 3=Indian, 4=Chinese, 5=Mixed race

Diagnosis

Infected eye {IE}: RE=1, LE=2  Uninfected Control eye {UCE}: 3
Control eye {CE}: RE= 4, LE=5, Control =6  Contralateral Control eye {CCE}: 7

Type of glaucoma {TOG}: Number
1=POAG, 2=PACG, 3=NTG, 4=Secondary glaucoma

Associated ocular disease {AOD}: Number
1=Dry eyes, 2=Limd abnormality, 3=Uveitis, 4=Corneal disease,5=Cataract
Number of eye drops {NOD}:#
List of drops {LOD}: Free text
(1=PGA, 2=beta blocker, 3=alpha agonist, 4=CAL,5=parasympathomemetic, 6= Oral Diamox)
Allergy to eye drops {AED}: 0= No, 1= Yes
Name the medication: Free text
Relevant systemic disease

Diabetes mellitus (DM): 0= No, 1= Yes
Asthma (A): 0= No, 1= Yes
Rheumatoid arthritis (RA): 0= No, 1= Yes
Thyroid disease (T): 0= No, 1= Yes
Eczema (E): 0= No, 1= Yes
Sjögren’s Disease (SS): 0= No, 1= Yes
Hypertension (HT): 0= No, 1= Yes
Hypercholesterolemia (HC): 0= No, 1= Yes

Surgical data

Number of trabeculectomies (NOT): Number
0= none, 1=1, 2=2, 3=3, 4= not known
Previous cataract surgery (PCS): 0= No, 1= Yes

Diagnosis

Infected eye (IE): 1
Uninfected control eye (UCE): 2
Control eye (CE): 3
Contralateral control eye (CCE): 4

Right eye:

Date of surgery (DO_SR): <dd/mm/yyyy>

Antimetabolite use (AMUR): (Number) 0= none, 1=5 Fluorouracil, 2= Beta radiation, 4= MMC 0.1mg/ml, 5= 0.2mg/ml, 6= 0.4mg/ml, 7= 0.5mg/ml

Duration of antimetabolite used (DOAMUR): Number in minutes

Type of conjunctival flap (TOCFR): 0= not mentioned, 1= Limbus based, 2= Fornix based
Left eye

**Date of surgery (DOSL):** <dd/mm/yyyy>

**Antimetabolite use (AMUL):** (Number) 0= None, 1= Fluorouracil, 2= Beta radiation, 4= MMC 0.1mg/ml, 5= 0.2mg/ml, 6= 0.4mg/ml, 7= 0.5mg/ml

**Duration of antimetabolite used (DOAMUL):** Number in minutes

**Type of conjunctival flap (TOCFL):** 0= not mentioned, 1= Limbus based, 2= Fornix based

Details from Notes

Initial diagnosis:

Type of glaucoma (TOG):
1=POAG, 2=PACG, 3=NTG, 4=Secondary glaucoma

Age at diagnosis:

History of family history: ________free text______________

Initial intraocular pressure: Number

Duration from diagnosis to surgery: in yrs and months________________

Duration from surgery to infection: ____ in yrs and months______________

Number of infections postsurgery: ____ in numbers_______________

Was there bleb revision following infection: N/A or yes describe________

Number of glaucoma procedures following trabeculectomy: including laser______

Number of tube insertion following trabeculectomy surgery: in numbers_______

Number of drainage procedure prior to Trabeculectomy: in number and describe________

Prior cataract surgery: yes or no__________________

Subsequent cataract surgery: _yes or no( date)________________

Number of medication at time of surgery: _List________

IOP prior to surgery: _______ in number________________

Documentation of blepharitis: _yes or no____________________

Documentation of dry eyes: _______yes or no_____________________

Allergies to drops prior to trabeculectomy: _yes or no______________

Information of contralateral eye: _____describe_______________
Manual for Questionnaire:

Diagnosis

Infected eye (IE): RE=1, LE=2  Uninfected Control eye (UCE): 3
Control eye (CE): RE= 4, LE=5 Control =6  Contralateral Control eye (CCE): 7

Patient characteristics:

Age (A): in numbers
Race (R): Numbers 1-5 (1- Caucasian; 2- Afro Caribbean; 3- Indian; 4- Chinese; 5-Mixed)
Gender (R): Number: M-1, F -2

Current Ocular history:

Visual disturbance (VD): 1- No change; 2- Deterioration of vision compared to last visit; 3- Better vision
Dry eye (DE): 1- Burning sensation; 2- Redness; 3- Discharge; 4- more than one symptom
Contact lens use (CLU): - 1- no CL use; 2- Gas permeable GP; 2- Soft CL
Discomfort in closure of eyes (DCE): - 0- NO; 1- Yes
Current topical medication (CM): 1, 2, 3 (number of drops)
Preservative free (PF): 0-No; 1- Yes

Past ocular history:

Dry eye symptoms (DEP): 0- No, 1- yes (if answer is no do not proceed with this section)
Proceed with the section below if answer is YES
Duration: free text, write in number of months
Lid hygiene performed (LHP): 0-No; 1- Yes
Lubricant prescribed (LP): 0-No; 1- Yes
Duration of lubricant use (DLU): Numbers in months
Relief with lubricant (RWL): 0-No; 1- Yes
Has antibiotic been prescribed for blepharitis (APB): 0- No; 1- Yes

Infection post trabeculectomy (IPT): 0- No; 1- Yes (infected subject, Control subject)

Details of Infection/ surgery (in case of control) (DOI): Do you remember the episode: free text

If answer to the above question is YES, then proceed to next section

When was the infection (DOI): Write the date if mentioned

Collect from notes

Number of episodes: (NOE) Free text or numbers

Was treatment received immediately? (TRI): 0- NO, 1-Yes

If treatment is yes, what was the treatment received: Free text

Number of operation in each eye (NOO): Free text

History of allergy to eye drops (HAED): 0- No, 1- Yes

Name of drops: Free text

Past medical history

Hypertension (HT): 0- No, 1- Yes

Diabetes (DM): 0- No, 1- Yes

Use of steroids/ Asprin (USA): 0=No, 1=Steroids, 2=Asprin

Heart disease (HD): 0- No, 1- Yes

Rheumatoid arthritis (RA): 0- No, 1- Yes

Thyroid disease (TD): 0- No, 1- Yes

Chronic inflammation (Sjögren’s Syndrome) (CI): 0- No, 1- Yes

Nasal lacrimal obstruction (NLO): 0- No, 1- Yes

Rosacea (R): 0- No, 1- Yes

Eczema[R]: 0- No, 1- Yes

Asthma (A): 0- No, 1- Yes

Hypercholesterolemia (HC): 0- No, 1- Yes

Allergies to systemic medication (ASM): 0- No, 1- Yes

Systemic medications (SM): 0- No, 1- Yes
**Sitting here and now do you have any of these symptoms in your right eye**

Burning sensation (BSR): 0 - No, 1 - Yes
Pain (PR): 0 - No, 1 - Yes
Watering (WR): 0 - No, 1 - Yes
Discomfort on blinking (DOBR): 0 - No, 1 - Yes
Sore eyelid (SER): 0 - No, 1 - Yes
Ache (AR): 0 - No, 1 - Yes

**Sitting here and now do you have any of these symptoms in your left eye**

Burning sensation (BSL): 0 - No, 1 - Yes
Pain (PL): 0 - No, 1 - Yes
Watering (WL): 0 - No, 1 - Yes
Discomfort on blinking (DOBL): #
Sore eyelid (SEL): 0 - No, 1 - Yes
Ache (AL): 0 - No, 1 - Yes
Manual for clinical examination

Diagnosis

Infected eye (IE): RE=1, LE=2    Uninfected Control eye (UCE): 3
Control eye (CE): RE=4, LE=5, Control =6    Contralateral Control eye (CCE): 7

Name: ________________
Hospital Number (HN): Number
DOB (DOB): <dd/mm/yyyy>
Gender (G): 1-M; 2-F
Ethnicity (E): Numbers 1-5 (1- Caucasian; 2- Afro Caribbean; 3- Indian; 4- Chinese; 5- Mixed)

Right Trabeculectomy of infected case (RTIC): 0-No, 1-Yes
Left Trabeculectomy of infected case (LTIC): 0-No, 1-Yes
Right Trabeculectomy of controlled case (RTCC): 0-No, 1-Yes
Left Trabeculectomy of controlled case (LTCC): 0-No, 1-Yes
Date of Surgery (DOS): <dd/mm/yyyy>
Date of Infection (DOI): <dd/mm/yyyy>

Snellen VA Right Eye (RSVA): Number & NPI.=99; HM=88;CF=77
Snellen VA Left Eye (LSVA): Number
Pinhole Right eye (PHR): Number
Pinhole left eye (PHR): Number
Log Mar Right eye (LRE): Number
Log Mar Left eye (LLE): Number
Refraction Right eye (RRE) Free text
RIGHT EYE

Acute Presentation Right Eye {APRE}: Number as below
0=normal, 1-3=mild, 4-7=Modulate, 8-10=Severe

Chronic Presentation Right Eye {CPRE}: Number as below
0=normal, 1-3=mild, 4-7=Modulate, 8-10=Severe

Lid margin Right eye {LMR}: Number in mm

Exposed Conjunctiva Right eye {ECRE}: Number in mm

Bleb description Right eye

Bleb present Right eye {BPRE}: 0-No, 1-Yes, 2- Not applicable

Bleb size Right eye {BSRE}: Number

Height of bleb Right eye {BHRE}: number in mm

Overhanging bleb Right eye {OHBRE}: number in mm

Size of overhanging bleb Right eye {SOHBRE}: number in mm

Height Size of Right bleb {HSRB}: number in mm

Vertical Size of Right bleb {VSRB}: number in mm

Bubble formation Right eye {BFRE}: 0-No, 1-Yes

Dellen formation Right eye {DFRE}: 0-No, 1-Yes

Suture Right eye {SRE}: 0=N, 1=Exposed, 2=Potential exposure, 3=Buried

Schirmer 1 test Right eye {STRE}: number in mm

Tear breakup time Right eye {TBUTRE}: number in seconds

Fluorescein staining Right eye

Leak Right eye {LRE}: 0-No leak, 1=Sweating, 2=Minimal leak, 3=Brisk leak

Position of leak Right eye {PLRE}: 1-at limbus, 2-over the conjunctiva

Fluorescein staining Right eye {FSRE}: 0-No, 1-Yes

Position of Fluorescein staining Right eye {PSRE}: 1-overlying bleb, 2-cornea
Rose bengal Right eye

Rose bengal Right eye (RBRE): #
0= no stain, 1= over bleb, 2= over conjunctiva, 3=over cornea

Cornea

Presence of filaments Right eye (PFRE): 0-No, 1-Yes
Superficial punctate keratopathy Right eye (SPKRE): 0-No, 1-Yes
Corneal sensation Right eye (CSRE): 0-No, 1-Yes

Anterior chamber of Right eye

Depth of anterior chamber right eye (DACRE): Number (1->3 CT, 2->2CT, 3->1CT, 4->1CT, 5-lens corneal touch)
Cells in right eye (CRE): 0-No, 1-Yes
Flare in right eye (FRE): 0-No, 1-Yes
Iris colour Right eye (ICRE): 0-No, 1-Yes
Area of ischemia Right eye (AIRE): 0-No, 1-Yes
Peripheral iridotomy right eye (PIRE): 0-No, 1-Yes
Intraocular pressure right eye (IOPRE): Number in mm Hg
Status of Lens Right eye (SLRE): 0- Clear lens, 1- Cataract, 2- Aphakia, 3- Psuedophakia

Fundus Right eye

Optic disc CD ratio Right eye (ODCDRE): number
Macula Right eye: free text
Periphery Right eye: Free text
LEFT EYE

Acute Presentation Left Eye (APLE): Number as below
0=normal, 1-3=mild, 4-7=Modulate, 8-10=Severe

Chronic Presentation Left Eye (CPLE): Number as below
0=normal, 1-3=mild, 4-7=Modulate, 8-10=Severe

Lid margin Left eye (LML): Number in mm

Exposed Conjunctiva Left eye (ECLE): Number in mm

Bleb description Left eye

Bleb present Left eye (BPLE): 0=No, 1=Yes, 2= Not applicable
Bleb size Left eye (BSLE): Number
Height of bleb Left eye (BHLE): number in mm
Overhanging bleb Left eye (OHBLE): number in mm
Size of overhanging bleb Left eye (SOHBLE): number in mm
Height Size of Left bleb (HSLB): number in mm
Vertical Size of Left bleb (VSLB): number in mm

Bubble formation Left eye (BFLE): 0=No, 1=Yes
Dellen formation Left eye (DFLE): 0=No, 1=Yes
Suture Left eye (SLE): 0=N, 1=Exposed, 2=Potential exposure, 3=Buried
Schirmer 1 test Left eye (STLE): number in mm
Tear breakup time Left eye (TBUTLE): number in seconds

Fluorescein staining Left eye

Leak Left eye (LLE): 0=No leak, 1= Sweating, 2= Minimal leak, 3= Brisk leak
Position of leak Left eye (PLLE): 1=at limbus, 2=over the conjunctiva
Fluorescein staining Left eye (FSLE): 0=No, 1=Yes
Position of Fluorescein staining Left eye (PSLE): 1= overlying bleb, 2= cornea
Rose bengal Left eye
Rose bengal Left eye (RBLE): #
0= no stain, 1= over bleb, 2= over conjunctiva, 3=over cornea

Cornea
Presence of filaments Left eye (PFLE): 0-No, 1-Yes
Superficial punctate keratopathy Left eye (SPKLE): 0-No, 1-Yes
Corneal sensation Left eye (CSLE): 0-No, 1-Yes

Anterior chamber of Right eye
Depth of anterior chamber left eye (DACLE): Number (1- >3 CT, 2->2CT, 3->1CT, 4->1CT, 5-lens corneal touch)
Cells in left eye (CLE): 0-No, 1-Yes
Flare in left eye (FLE): 0-No, 1-Yes
Iris color Left eye (ICLE): 0-No, 1-Yes
Area of ischemia Left eye (AILE): 0-No, 1-Yes
Peripheral iridotomy left eye (PILE): 0-No, 1-Yes
Intraocular pressure left eye (IOPLE): Number in mm Hg
Status of Lens Left eye (SLLE): 0- Clear lens, 1- Cataract, 2- Aphakia, 3- Pseudophakia

Fundus Left eye
Optic disc CD ratio Left eye (ODCDLE): number
Macula Left eye: free text
Periphery Left eye: Free text