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MINISTRY OF HEALTH-ETHIOPIA

Hospital Trachomatous Trichiasis (TT) Surgery Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

INSTRUCTIONS FOR TT REGISTER HEALTH CENTER / HOSPITAL

The TT register is completed from patient card by service provider (TT surgeon)

Location information to be completed at front of register:

Region	Write the region where the facility is located
Zone	Write the zone where the facility is located
Woreda/subcity	Write the woreda/subcity where the facility is located
Health Facility	Write the name the health facility where TT operation service is provided
Register begin Date	Enter the date of the first entry in the register/write as (EC) Day/Month/Year (DD/MM/YY)
Register End Date	Enter the date of the last entry in the register/write as (EC) Day/Month/Year (DD/MM/YY)

SN	Datum	Description	
1	Serial number	Sequential serial number in registration book; to entered on client’s registration book for later identification in register	
2	Reg. Date	Write the date the client registered, written as (EC) Day / Month / Year (DD/MM/YY)	
3	Medical Record Number (MRN)	Unique individual identifier used on medical information folder, for HC & Hospital	
4	Name in full	Upper space: Write individual name and Lower space: Write father, grandfather name	
5	Age	Age in complete years	
6	Sex	Write “M” for Male or “F” for Female	
7	Address	Write Kebele, Gott, HDA, House No (please write the name of woreda if the patient address is different from the woreda where the facility exists)	
8	Modalities	Write one of the three modalities for service provision (Static, Outreach and dedicated mobile team)	
9 to 12	Diagnosis-check as appropriate(v)	Check the appropriate diagnosis (RUL-Right Upper Lid, LUL-Left upper Lid, RLL-Right Lower Lid, LLL-Left Lower Lid)	
13 to 16	Post op Follow up write code	Write the post op outcome at 7-14 days and 3-6 month follow up: use the following	
		<u>7-14 days post op follow up</u>	<u>3-6 month post op follow up</u>
		1. Good result only Suture removed	1. Good correction
		2. Eyelid closure defect:	2. Trichiasis: Eyelashes touching the eye.
		3. Cellulitis	3. Infection: Tearing or discharge from theoperated eye.
		4. Local infection:	4. Granuloma: Feeling of a foreign body in the eye, accompanied by a visible lump on the inner side of the eyelid, which causes discomfort.
			5. Lagophthalmos: When the eyelid is closed, a portion of the eye is visible.
17	Treatment offered	Write code of the post op treatment 1=Zithromax 2=TEO	
18	HIV Test Offered (v)	Tick if HIV test is offered under provider initiated HIV counseling and testing guidelines	
19	HIV Test performed (v)	Tick if client tested for HIV/AIDS.	
20	Targeted population category	Fill column 20 selecting from the list of target population category listed, an individual needs to be assigned only in one category that best describe him/her. A. Female Commercial Sex workers B. Long distance drivers C. Mobile/Daily Laborers D. Prisoners E. OVC F. Children of PLHIV G. Partners of PLHIV H. Other MARPS I. General population	
21	HIV Test result (P or N)	Write “P” for the Positive or “N” for the Negative	
22	Name of IECW/ Surgeon	Write full name of surgeon etc	
23	Remark	Any comment, suggestion etc the provider would like to document	



- A. Female Commercial Sex workers
- B. Long distance drivers
- C. Mobile/Daily Laborers
- D. Prisoners
- E. OVC
- F. Children of PLHIV
- G. Partners of PLHIV
- H. Other MARPS
- I. General population

Post op Follow up * (Col 13-16)	
7-14 days post op follow up	3-6 month post op follow up
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