| Conjunctival Cyst Excision |   |                |               |   |                     |             |                    |            |
|----------------------------|---|----------------|---------------|---|---------------------|-------------|--------------------|------------|
| Patient Name               | : | Alston Rebello |               |   | Emirates ID         | :           | 784-1991-2906159-3 |            |
| File No                    | : | 17             | DOB           | : | 1996-06-20          | Nationality | :                  | Indian     |
| Gender                     | : | Male           | Doctor's Name | : | Opthalmology Doctor | Date        | :                  | 2024-02-17 |

Patient Name: Alston Rebello Medical Record Number: SEC17

**AGE:**27

**Admission Date:**2/17/2024 12:00:00 AM **Discharge Date:**2/17/2024 12:00:00 AM

**PREOPERATIVE DIAGNOSIS:**CONJUNCTIVAL CYST,EYE(S)

PROCEDURE PERFORMED: CONJUNCTIVAL CYST EXCISION, UPPER/LOWER EYE LID, RIGHT/LEFT EYE

**DATE OF PROCEDURE:**2/17/2024 12:00:00 AM

**ANESTHESIA:**TOPICAL

<u>DESCRIPTION OF PROCEDURE:</u> The right/left eye was prepped and draped under sterile condition. Conjunctival sac was filled with diluted povidone-iodine for one minute and then it was irrigated with BSS. Lidocaine was loaded in 1 ml syringe connected to 27G needle. 0.5 ml was injected on the cyst. Area was then dissected and cyst was removed from the right/left, lower/upper conjunctival fornix. After, site was sutured with Vicryl 6.0 then pressure was applied over the site to control bleeding. Irrigation with BSS was done. Finally, Tobradex eye ointment was instilled on the right eye and was then patched. Patient was discharged in a well state.

**COMPLICATIONS: NONE** 

**CONDITION ON DISCHARGE:**Stable and favorable

**FOLLOW UP:** 

| Sign here, only if all of your questions have been answered to your satisfaction |                          |                                      |  |  |  |  |  |
|--|--------------------------|--------------------------------------|--|--|--|--|--|
| Patient  | witness                  | Doctor                               |  |  |  |  |  |
|  |                          |                                      |  |  |  |  |  |
| Patient Name<br>Alston Rebello   | Witness Name<br>yyyyyyyy | Doctor's Name<br>Opthalmology Doctor |  |  |  |  |  |
| Date<br>2024-02-17   | Date<br>2024-02-17       | Date<br>2024-02-17                   |  |  |  |  |  |

