# SHOES (Secondary macular HOlE Study) - Data Entry Guide

Thank you once again for joining this initiative and contributing to **BEACON.**

For any questions for filling in the spreadsheet please contact us at:

Email: shoesbeacon@gmail.com

Contact Number: 07444818409

It is essential you fill out the spreadsheet as accurate and complete as possible. We understand this may not always be practical. Use the drop-down menus wherever provided and specify ‘other’ when possible.

When reporting visual acuity, please try to stay consistent in the format. (Snellen or LogMAR)

We recommend to go through the headings of the sheet and reading in full to see options as well before completing.

A brief guide to the sheet is as follows:

**Section 1 - Baseline Patient and Eye Characteristics**

* Please identify your cases using an acronym code and 3 digits numerical for each case e.g., SUHT001 for Southend University Hospital (Ask to define acronym in email sending the sheet?)
* Please click on POH and PMH to see the number codes for different conditions. Use numbers only. Do not type in the condition

**Section 2.1 - Primary Surgery Details**

* If there have been multiple PPV procedures before sFTMH. Please provide details of the **MOST RECENT** here
* If your primary indication for PPV prior to sFTMH is an RRD, select the option from the menu. Then follow the blue hyperlink above to fill in the RRD details in 2.1a.
* For all other indication, please fill in section 2.1 completely as appropriate.
* If RRD is not your indication, you may leave 2.1a **BLANK**

**Section 4.1 - sFTMH Surgery**

* For failed sFTMH that is re-operated, please add details of subsequent surgeries by copying section 4.1 and adding it ahead as 4.2, 4.3 etc (column BK onwards). (Follow Hyperlink section 5.1)

**Section 5.1 - Follow up and Final VA**

* For each subsequent FTMH surgery, add follow up details by copying section 5.1 and adding it ahead as 5.2, 5.3 etc (Column BT onwards)

**Section 6 - Incidence Data and OCT Details**

* Kindly give a rough estimate of the annual incidence of PPV, RRD and FTMH in your unit
* Please provide OCT details for each case as requested

OCT Details

* Please provide a scan for each case. Scan should be horizontal line scan through foveal centre and as close to sFTMH presentation as possible
* E2E format is preferred for analysis otherwise .tiff or jpeg. Is acceptable
* Please name each file with your case number and date of scan and send as attachments in .zip or .7z (compressed archive format) along with the completed excel sheet to the email above.
* All scans should be anonymised