National Joint Registry
Working for patients, committed to excellence

MDS version 8.0
Elbow operation

Form: MDSv8.0 E1 v1

E1 Elbow Primary

Patient addressograph

Important:
Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Data Set form component labels sheet'. Please ensure that all sheets are stapled together.

All fields are mandatory unless otherwise indicated

Remember! Make a note of the NJR reference number when you enter the data	**NJR ref:**

Patient details				
NJR patient consent obtained	Yes ☐	No ☐	Not recorded ☐	
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes ☐	No/Not known ☐	This refers to NJR consent being provided by a third party on behalf of the patient, not the 'consent to operate' normally obtained by the consultant. If an 'NJR Patient Consultee Declaration Form' has not been completed, this section should be completed as 'No/Not known'	
Has the patient consented to linkage of study data to NJR data?	Yes ☐	No/Not known ☐	Study ID (max 25 characters)	
Body Mass Index (enter either H&W **or** BMI **or** tick Not available box)	Height (In M) Weight (In KG)	BMI	Not available ☐	
Handedness	Left ☐	Right ☐	Ambidextrous ☐	Unknown ☐

Patient identifiers			
Forename(s)			
Surname			
Sex	Male ☐	Female ☐	Indeterminate ☐
Date of birth (DD/MM/YYYY)			
Patient postcode		Overseas address ☐	
NHS number **or** National Patient Identifier (if available)			
Patient hospital ID			
Patient email address (if provided)			
Patient mobile phone number (if provided)			

Operation details					
Hospital					
Operation date (DD/MM/YYYY)					
Anaesthetic types	General	☐	Regional – nerve block		☐
Patient ASA grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation funding	NHS ☐	Independent ☐			

Surgeon details						
Consultant in charge						
Operating surgeon number one						
Operating surgeon number one Grade	Consultant ☐	SPR/ST3-8 ☐	Senior Fellow (Post-CCT or equivalent) ☐	F1-ST2 ☐	Specialty doctor/SAS ☐	Other ☐
Dual consultant operation?	Yes ☐	No ☐				
Operating consultant number two (if dual consultant operation)						
First assistant Grade	Consultant ☐	Other ☐				

Elbow primary procedure details				
Side	**Left** ☐	**Right** ☐		
Indications for implantation (select all that apply)	Osteoarthritis	☐	Haemophilic arthropathy	☐
	Inflammatory arthropathy	☐	Metastatic cancer/malignancy	☐
	Avascular necrosis (AVN)	☐	Infection – previous	☐
	Trauma		Infection – active	☐
	Trauma acute	☐	Other	☐
	Trauma chronic	☐		

Surgical approach				
Patient procedure	Primary total prosthetic replacement without radial head	☐		
	Primary total prosthetic replacement including radial head	☐		
	Primary radial head replacement	☐		
	Radio-capitellar arthroplasty including lateral resurfacing	☐		
	Distal humeral hemiarthroplasty	☐		
	Humeral capitellum hemiarthroplasty	☐		
Fixation type	Uncemented ☐	Cemented ☐	Hybrid ☐	
Approach	Lateral	☐	Posterior triceps off	☐
	Posterior triceps on	☐	Medial	☐
Minimally invasive technique used?	Yes ☐	No ☐		
Computer guided surgery used?	Yes ☐	No ☐		

Thromboprophylaxis regime (intention to treat)								
Chemical					In hospital		At home	
	Aspirin				☐		☐	
	LMWH				☐		☐	
	Pentasaccharide (e.g. Fondaparinux)				☐		☐	
	Warfarin				☐		☐	
	Direct thrombin inhibitor (e.g. Dabigatran)				☐		☐	
	Factor Xa inhibitor (e.g.Rivaroxaban/Apixaban)				☐		☐	
	Other				☐		☐	
	None				☐		☐	
Mechanical	Foot pump	☐			Other		☐	
	Intermittent calf compression	☐			None		☐	
	TED stockings	☐						

Bone graft used								
Was humeral bone graft used?	Yes	☐	No	☐				
Humeral – form	Structural	☐	Morsellised/chips	☐				
Humeral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was ulnar bone graft used?	Yes	☐	No	☐				
Ulnar – form	Structural	☐	Morsellised/chips	☐				
Ulnar – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. augment, block, wedge, restrictor, sleeve				
Were humeral structural implant or other augment(s) used?	Yes	☐	No	☐
Were radial structural implant or other augment(s) used?	Yes	☐	No	☐
Were ulnar structural implant or other augment(s) used?	Yes	☐	No	☐

If yes, please affix implant labels under "Accessories"

Surgeon's notes

Intra-operative event				
Untoward intra-operative event (select all that apply)	None	☐	Fracture ulna	☐
	Shaft penetration humerus	☐	Nerve injury	☐
	Shaft penetration ulna	☐	Vascular injury	☐
	Fracture humerus	☐	Other	☐

Minimum Data Set form – component labels

1. Please affix any component labels to this sheet and ensure any extra component label sheets are attached to the main Minimum Data Set form.
2. Ensure all component details are provided, including cement.
3. The NJR **does not** record the following: wire, mesh, cables or surgical tools.

Ulnar component (if used)	Humeral component
Radial component (if used) Required for hemiarthroplasty	Cement (if used)
Accessories	