



H1 Hip Primary

Patient Addressograph

Important:

Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Dataset 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 THIS DATA

NJR REF:

PATIENT DETAILS

NJR Patient Consent Obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (IN M) Weight (IN KG)	BMI	Not Available <input type="checkbox"/>

PATIENT IDENTIFIERS

Forename(s)				
Surname				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not Known <input type="checkbox"/>	Not Specified <input type="checkbox"/>
Date of Birth	DD/MM/YYYY			
Patient Postcode			Overseas Address <input type="checkbox"/>	
NHS Number OR National Patient Identifier (if available)				
Patient Hospital ID				

OPERATION DETAILS

Hospital					
Operation Date	DD/MM/YYYY				
Anaesthetic Types	General <input type="checkbox"/>	Regional - Epidural <input type="checkbox"/>	Regional - Nerve Block <input type="checkbox"/>	Regional - Spinal (Intrathecal) <input type="checkbox"/>	
Patient ASA Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Operation Funding	NHS <input type="checkbox"/>	Independent <input type="checkbox"/>			

SURGEON DETAILS

Consultant in Charge					
Operating Surgeon					
Operating Surgeon Grade	Consultant <input type="checkbox"/>	SPR/ST3-8 <input type="checkbox"/>	F1-ST2 <input type="checkbox"/>	Specialty Doctor/SAS <input type="checkbox"/>	Other <input type="checkbox"/>
First Assistant Grade	Consultant <input type="checkbox"/>	Other <input type="checkbox"/>			

HIP PRIMARY PROCEDURE DETAILS

Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Indications for Implantation (select all that apply)	Osteoarthritis Inflammatory Arthropathy Congenital Dislocation / Dysplasia of the Hip Avascular Necrosis (AVN) Trauma – Acute (e.g. Neck of Femur) Failed Hemi-Arthroplasty Perthes Metastatic Cancer/Malignancy	<input type="checkbox"/> Trauma – Chronic <input type="checkbox"/> Previous Hip Surgery – non Trauma related <input type="checkbox"/> Previous Arthrodesis <input type="checkbox"/> Previous Infection <input type="checkbox"/> SUFE <input type="checkbox"/> Skeletal Dysplasia <input type="checkbox"/> Other

SURGICAL APPROACH

Patient Procedure	Primary Total Prosthetic Replacement Using Cement Primary Total Prosthetic Replacement Not Using Cement Primary Resurfacing Arthroplasty of Joint Primary Total Prosthetic Replacement Not Classified Elsewhere (e.g. Hybrid) Conversion of Hemi Arthroplasty to Total Primary Hip Replacement Conversion of Hemi Arthroplasty to Primary Hip Replacement Retaining Femoral Stem	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Patient Position	Lateral <input type="checkbox"/>	Supine <input type="checkbox"/>		
Approach	Hardinge/Anterolateral Posterior Direct Anterior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Trochanteric Osteotomy Other	<input type="checkbox"/> <input type="checkbox"/>
Minimally Invasive Technique Used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Computer Guided Surgery Used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	Aspirin LMWH Pentasaccharide (e.g. Fondaparinux) Warfarin	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Direct Thrombin Inhibitor (e.g. Dabigatran) Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban) Other None	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mechanical	Foot Pump Intermittent Calf Compression TED Stockings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other None	<input type="checkbox"/> <input type="checkbox"/>

BONE GRAFT USED

Was Femoral Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Femur - Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Femur – Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Was Acetabular Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Acetabular - Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Acetabular - Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>

SURGEON'S NOTES

--	--	--	--	--	--	--	--	--

INTRA-OPERATIVE EVENT

Untoward Intra-Operative Event	None Calcar Crack Pelvic Penetration	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shaft Fracture Shaft Penetration Trochanteric Fracture	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other	<input type="checkbox"/>
--------------------------------	--	--	--	--	-------	--------------------------

Minimum Dataset 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 Dataset Form.
2. Ensure all component details are provided, including cement.
3. The NJR DOES NOT record the following: wire, mesh, cables, plates, screws, surgical tools, endoprotheses or bipolar heads.

Cup or Shell

Liner (if used)

Stem (not needed for retained femoral stem)

Head

Cement (if used)

Accessories (not screws)