

<div> <div>RO</div> <div> Reoperations other than revision Any additional procedure to a joint replacement where there is not addition/ replacement/removal of any component(s). These should always be recorded on a revision proforma. Closed/open reduction of dislocation Fixation of periprosthetic fracture Superficial/deep Debridement and Implant Retention (DAIR) Washout of haematoma Joint Manipulation Under Anaesthesia (MUA e.g. stiff knee) Soft tissue repair/procedure (e.g. ligament/ capsule/tendon) Excision of heterotopic bone Excision of excess cement </div> </div>	Patient addressograph
Important: Please tick relevant boxes.	

All fields are mandatory unless otherwise indicated

Remember! Make a note of the NJR reference number when you enter the data	NJR ref:
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Patient details			
NJR patient consent obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not recorded <input type="checkbox"/>
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes <input type="checkbox"/>	No/Not known <input type="checkbox"/>	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'
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			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Indeterminate <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			
Patient email address (if provided)			
Patient mobile phone number (if provided)			

Operation details										
Hospital										
Operation date (DD/MM/YYYY)										
Anaesthetic types	General	<input type="checkbox"/>	Regional – nerve block		<input type="checkbox"/>					
	Regional – epidural	<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 number one										
Operating surgeon number one Grade	Consultant <input type="checkbox"/>	SPR/ST3-8 <input type="checkbox"/>	Senior Fellow (Post-CCT or equivalent) <input type="checkbox"/>	F1-ST2 <input type="checkbox"/>	Specialty doctor/SAS <input type="checkbox"/>	Other <input type="checkbox"/>				
Dual consultant operation?	Yes <input type="checkbox"/>		No <input type="checkbox"/>							
Operating consultant number two (if dual consultant operation)										
First assistant Grade	Consultant <input type="checkbox"/>		Other <input type="checkbox"/>							
Procedure details										
Joint	Hip <input type="checkbox"/>	Knee <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Elbow <input type="checkbox"/>	Ankle <input type="checkbox"/>					
Side	Left <input type="checkbox"/>		Right <input type="checkbox"/>							
Was this procedure?	Elective <input type="checkbox"/>		Trauma <input type="checkbox"/>							
Procedure type (select all that apply)	Closed/open reduction of dislocation		<input type="checkbox"/>	Joint Manipulation Under Anaesthesia (MUA - e.g. stiff knee)				<input type="checkbox"/>		
	Fixation of periprosthetic fracture		<input type="checkbox"/>	Soft tissue repair/procedure (e.g. ligament/capsule/tendon)				<input type="checkbox"/>		
	Debridement and Implant Retention (DAIR) without modular exchange		<input type="checkbox"/>	Excision of heterotopic bone				<input type="checkbox"/>		
	Washout of haematoma		<input type="checkbox"/>	Excision of excess cement				<input type="checkbox"/>		
Periprosthetic fracture										
Unified Classification System (UCS)* site	Acetabulum/pelvis	A	B1	B2	B3	C	D	E	F	N/A
	Femur, proximal	A	B1	B2	B3	C	D	E	F	N/A
	Femur, distal	A	B1	B2	B3	C	D	E	F	N/A
	Patella	A	B1	B2	B3	C	D	E	F	N/A
	Tibia, proximal	A	B1	B2	B3	C	D	E	F	N/A
	Glenoid/scapula	A	B1	B2	B3	C	D	E	F	N/A
	Humerus, proximal	A	B1	B2	B3	C	D	E	F	N/A
	Humerus, distal	A	B1	B2	B3	C	D	E	F	N/A
	Ulna/radius, proximal	A	B1	B2	B3	C	D	E	F	N/A
	Tibia, distal	A	B1	B2	B3	C	D	E	F	N/A
	Talus	A	B1	B2	B3	C	D	E	F	N/A
*UCS Type	A Apophyseal or extraarticular/periarticular B1 Bed of the implant or around the implant – prosthesis stable, good bone B2 Bed of the implant or around the implant – prosthesis loose, good bone B3 Bed of the implant or around the implant – prosthesis loose, poor bone or bone defect C Clear of or distant to the implant D Dividing the bone between two implants E Each of two bones supporting arthroplasty F Facing and articulating with a hemiarthroplasty									