National Joint Registry
Working for patients, committed to excellence

MDS version 8.0
Knee operation

Form: MDSv8.0 K1 v1

K1 Knee 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 ☐	

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 – epidural	☐ ☐	Regional – nerve block Regional – spinal (intrathecal)		☐ ☐
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 ☐				

Knee primary procedure details				
Side	**Left** ☐	**Right** ☐		
Indications for implantation (select all that apply)	Osteoarthritis ☐	SONK (Spontaneous Osteonecrosis of the Knee) ☐		
	Avascular necrosis (AVN) ☐	Trauma		
	Other inflammatory arthropathy ☐	Trauma acute ☐		
	Infection – previous ☐	Trauma chronic ☐		
	Infection – active ☐	Metastatic cancer/malignancy ☐		
	Rheumatoid arthritis ☐	Other ☐		
	Focal chondral and osteochondral defects ☐			

Pre-operative range of movement					
Fixed flexion deformity (degrees)	Less than 10 ☐	10 to 30 ☐	Greater than 30 ☐	Not available ☐	
Flexion (degrees)	Less than 70 ☐	70 to 90 ☐	91 to 110 ☐	Greater than 110 ☐	Not available ☐

Surgical approach						
Patient procedure	Primary total prosthetic replacement using cement ☐					
	Primary total prosthetic replacement not using cement ☐					
	Primary total prosthetic replacement not classified elsewhere (e.g. hybrid) ☐					
	Unicompartmental knee replacement (select all that apply) ☐					
	Medial ☐	Lateral ☐	Patello-Femoral ☐			
	Focal knee resurfacing (select all that apply) ☐					
	Medial femoral condyle ☐	Lateral tibial plateau ☐				
	Lateral femoral condyle ☐	Trochlea ☐				
	Medial tibial plateau ☐	Patella ☐				
	Planned incomplete primary procedure ☐					
Approach	Medial parapatellar ☐	Mid-vastus ☐				
	Lateral parapatellar ☐	Other ☐				
	Sub-vastus ☐					
Associated procedures at the time of surgery	Synchronous ACL reconstruction ☐	Other ☐	None ☐			
Minimally invasive technique used?	Yes ☐	No ☐				
Computer guided surgery used?	Yes ☐	No ☐				
Robotic surgery used?	Yes ☐	No ☐				
If Yes, name of robot						
Patient specific instruments?	Yes ☐	No ☐				
Use of tourniquet	Yes ☐	No ☐				
How long was it used for?	0-15 minutes ☐	15-30 minutes ☐	More than 30 minutes ☐			

Thromboprophylaxis regime (intention to treat)								
					In hospital		At home	
Chemical	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 femoral bone graft used?	Yes	☐	No	☐				
Femoral – form	Structural	☐	Morsellised/chips	☐				
Femoral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was tibial bone graft used?	Yes	☐	No	☐				
Tibial – form	Structural	☐	Morsellised/chips	☐				
Tibial – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. stems, wedges, block, cone, sleeve				
Were femoral structural implant or other augment(s) used?	Yes	☐	No	☐
Were tibial 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	None	☐	Ligament injury	☐
	Fracture	☐	Other	☐
	Patella tendon avulsion	☐		

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.

Femoral component (or unicondylar femoral component)	Tibial tray (or unicondylar tibial component)
Meniscal component	Cement (if used)
Patella (if used) Needed in Patello-femoral replacement	Accessories