

H2

Hip Single Stage Revision
Hip Stage 1 of 2 Stage Revision
Hip Stage 2 of 2 Stage Revision
Hip Girdlestone
Hip Re-Operation Other Than Revision

IMPORTANT: Please circle relevant numbers. All component stickers should be affixed to the accompanying 'Minimum Dataset Form - Component Labels Sheet'. Please ensure that the two sheets are stapled together.

*** = Mandatory Field**

REMEMBER! MAKE A NOTE OF THE NJR REFERENCE NUMBER WHEN YOU ENTER THIS DATA

NJR REF:

1 PATIENT DETAILS

* PATIENT HOSPITAL ID:			
* PATIENT CONSENT OBTAINED?	1 YES	2 NO	3 DON'T KNOW
1.1 CONSENTING PATIENT DETAILS	ONLY ENTER PATIENT DETAILS INTO THE NJR IF CONSENT IS GIVEN		
* FORENAME:			
* SURNAME:			
* GENDER:	1 MALE	2 FEMALE	3 NOT KNOWN 4 NOT SPECIFIED
* DATE OF BIRTH:	DD/MM/YYYY		
PATIENT POSTCODE:			
PATIENT'S PREFERRED LANGUAGE:	1 ENGLISH	2 WELSH	3 OTHER (PLEASE SPECIFY) []
NHS NUMBER:			

2 OPERATION DETAILS

* HOSPITAL:					
* OPERATION DATE:	DD/MM/YYYY				
ANAESTHETIC TYPES:	1 GENERAL	2 REGIONAL - EPIDURAL	3 REGIONAL - NERVE BLOCK	4 REGIONAL - SPINAL (INTRATHECAL)	5 SEDATION
* PATIENT PHYSICAL STATUS (ASA GRADE):	1 P1	2 P2	3 P3	4 P4	5 P5
BODY MASS INDEX (BMI): (ENTER UNITS AS WHOLE NUMBER)	1 HEIGHT (IN CM):		2 WEIGHT (IN KG):		
OPERATION FUNDING:	1 NHS		2 INDEPENDENT		
WAITING LIST INITIATIVE/PATIENT CHOICE?	1 YES		2 NO		
TERTIARY REFERRAL?	1 YES		2 NO		
LAMINAR FLOW THEATRE?	1 YES		2 NO		

3 SURGEON DETAILS

* CONSULTANT IN CHARGE:			
* LEAD OPERATING SURGEON:			
* LEAD OPERATING SURGEON GRADE:	1 CONSULTANT 2 ASSOCIATE SPECIALIST 3 STAFF GRADE / CLINICAL ASSISTANT	4 SPR 5 SHO 6 FELLOW	7 OTHER (PLEASE SPECIFY) []
* LEAD SURGEON A LOCUM?	1 YES	2 NO	
* LEAD SURGEON FROM NON-UK SURGICAL TEAM?	1 YES	2 NO	
* FIRST ASSISTANT GRADE:	1 CONSULTANT 2 ASSOCIATE SPECIALIST 3 STAFF GRADE / CLINICAL ASSISTANT	4 SPR 5 SHO 6 HO 7 FELLOW	8 NON MEDICAL PRACTITIONER 9 OTHER (PLEASE SPECIFY) []

4 HIP OPERATION DETAILS

* SIDE:	1 LEFT 2 RIGHT
PROCEDURE: (USE THE SECTIONS THAT APPLY TO THE RELEVANT REVISION)	A SINGLE STAGE REVISION B STAGE 1 OF 2 STAGE REVISION C STAGE 2 OF 2 STAGE REVISION D GIRDLESTONE E RE-OPERATION OTHER THAN REVISION

USED FOR:

- A** SINGLE STAGE REVISION
B STAGE 1 OF 2 STAGE REVISION
D GIRDLESTONE

PRIMARY PROCEDURE DATE OR YEAR:	DD/MM/YYYY		
PRIMARY PROCEDURE HOSPITAL (IF KNOWN):			
* INDICATIONS FOR/FINDINGS AT TIME OF REVISION	STEM	SOCKET	HEAD
1 ASEPTIC LOOSENING			
2 IMPLANT FRACTURE			
3 HEAD/SOCKET MISMATCH			
4 LYSIS			
5 MALALIGNMENT			
6 PERI-PROSTHETIC FRACTURE			
	7 DISLOCATION/ SUBLUXATION 8 INFECTION 9 PAIN	10 WEAR OF ACETABULAR COMPONENT 11 DISSOCIATION OF LINER	12 OTHER (PLEASE SPECIFY) []
* IMPLANTS REMOVED:			
* 1 CEMENTED STEM:	YES/NO >	1A CEMENT REMOVED:	YES/NO/PART
* 2 CEMENTED CUP:	YES/NO >	2A CEMENT REMOVED:	YES/NO/PART
* 3 UNCEMENTED STEM:	YES/NO		
* 4 UNCEMENTED CUP:	YES/NO >	4A LINER ONLY REMOVED:	YES/NO
* 5 FEMORAL HEAD:	YES/NO		

USED FOR:

- C** STAGE 2 OF 2 STAGE REVISION

PRIMARY PROCEDURE DATE OR YEAR:	DD/MM/YYYY		
PRIMARY PROCEDURE HOSPITAL (IF KNOWN):			
* INDICATIONS FOR/FINDINGS AT TIME OF REVISION (SELECT ALL THAT APPLY)	STEM	SOCKET	HEAD
1 ASEPTIC LOOSENING			
2 IMPLANT FRACTURE			
3 HEAD/SOCKET MISMATCH			
4 LYSIS			
5 MALALIGNMENT			
6 PERI-PROSTHETIC FRACTURE			
	7 DISLOCATION/ SUBLUXATION 8 INFECTION 9 PAIN	10 WEAR OF ACETABULAR COMPONENT 11 DISSOCIATION OF LINER	12 OTHER (PLEASE SPECIFY) []

USED FOR:

- E** REOPERATION OTHER THAN REVISION

PRIMARY PROCEDURE DATE OR YEAR:	DD/MM/YYYY	
PRIMARY PROCEDURE HOSPITAL (IF KNOWN):		
* PATIENT PROCEDURE (SELECT ALL THAT APPLY)	1 WOUND EXPLORATION 2 OPEN REDUCTION OF DISLOCATION 3 EXCISION HETEROTOPIC BONE 4 SOCKET AUGMENTATION 5 ORIF a: TROCHANTER b: FEMUR	6 FOCAL BONE GRAFT ONLY a: FEMUR b: ACETABULUM 7 OTHER PROCEDURE (PLEASE SPECIFY) []

5 SURGICAL APPROACH USED FOR:
A SINGLE STAGE REVISION
C STAGE 2 OF 2 STAGE REVISION

* PATIENT PROCEDURE:	1 REVISION OF PRIMARY TOTAL PROSTHETIC REPLACEMENT USING CEMENT 2 REVISION OF PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT USING CEMENT 3 REVISION OF PRIMARY RESURFACING ARTHROPLASTY OF JOINT 4 REVISION OF PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT CLASSIFIED ELSEWHERE (EG HYBRID)			
* PATIENT POSITION:	1 LATERAL	2 SUPINE		
* APPROACH:	1 ANTERIOR	2 ANTERO-LATERAL	3 LATERAL (INC. HARDINGE)	4 POSTERIOR
* TROCHANTERIC OSTEOTOMY?	1 YES	2 NO		
* COMPLEX OSTEOTOMY?	1 YES	2 NO	NOTE: IF NO ABOVE, MUST BE NO HERE	
MINIMALLY INVASIVE SURGERY USED?	1 YES	2 NO		
NUMBER OF INCISIONS:	1 ONE INCISION	2 TWO INCISIONS		
TOTAL INCISION LENGTH:	1 LESS THAN OR EQUAL TO 10CM	2 GREATER THAN 10CM		
COMPUTER GUIDED SURGERY USED?	1 YES	2 NO		
FEMORAL POWERED LAVAGE USED?	1 YES	2 NO		
ACETABULAR POWERED LAVAGE USED?	1 YES	2 NO		

FEMORAL BONEGRAFTS: SELECT ALL THAT APPLY (AT LEAST ONE FROM EACH SECTION)

TYPE:	1 ALLOGRAFT	2 AUTOGRAFT	3 SYNTHETIC	4 OTHER
FORM:	1 STRUT	2 BULK	3 CHIPS/MORCELISTED	
PREPARATION:	1 NONE	3 IRRADIATED	5 OTHER	
	2 FROZEN	4 FREEZE DRIED		
RECONSTRUCTION:	1 ENDOSTEAL	2 PAROSTEAL		
FIXATION:	1 IMPACTION	3 CABLES	5 SCREWS	7 BIODEGRADABLE
	2 WIRES	4 PLATES	6 MESH	8 OTHER

ACETABULAR BONEGRAFTS: SELECT ALL THAT APPLY (AT LEAST ONE FROM EACH SECTION)

TYPE:	1 ALLOGRAFT	2 AUTOGRAFT	3 SYNTHETIC	4 OTHER
FORM:	1 BLOCK	2 CHIPS/MORCELISTED		
PREPARATION:	1 NONE	3 IRRADIATED	5 OTHER	
	2 FROZEN	4 FREEZE DRIED		
PLACEMENT:	1 ANTERIOR	3 POSTERIOR	5 MEDIAL	
	2 SUPERIOR	4 INFERIOR		
FIXATION:	1 IMPACTION	3 SCREWS	5 CAGE	7 OTHER
	2 MESH	4 RING	6 BIODEGRADABLE	

FEMORAL CEMENTING TECHNIQUES:

* WAS THE FEMORAL PROSTHESIS CEMENTED?	1 YES	2 NO	3 NOT REVISED
WAS A GUN USED?	1 YES	2 NO	
WAS CEMENT USED RETROGRADE?	1 YES	2 NO	
WAS A PROXIMAL SEAL USED WITH THE GUN?	1 YES	2 NO	
WHICH CEMENT MIXING SYSTEM WAS USED?	1 OPEN BOWL AND SPATULA	2 VACUUM MIXING	3 FUME EXTRACTION ONLY

ACETABULAR CEMENTING TECHNIQUES:

* WAS THE ACETABULAR PROSTHESIS CEMENTED?	1 YES	2 NO	3 NOT REVISED
WAS A PROPRIETARY PRESSURISER USED?	1 YES	2 NO	
WHICH CEMENT MIXING SYSTEM WAS USED?	1 OPEN BOWL AND SPATULA	2 VACUUM MIXING	3 FUME EXTRACTION ONLY

*** THROMBO PROPHYLAXIS REGIME (INTENTION TO TREAT)**

CHEMICAL (SELECT ALL THAT APPLY)		MECHANICAL (SELECT ALL THAT APPLY)	
1 ASPIRIN	6 WARFARIN	1 FOOT PUMP	4 OTHER (MECHANICAL)
2 CHLOROQUINE	7 OTHER (CHEMICAL) PLEASE SPECIFY:	2 INTERMITTENT CALF	PLEASE SPECIFY:
3 LDH	[]	COMPRESSION	[]
4 LMWH		3 TED STOCKINGS	
5 PENTASACCHARIDE	8 NONE		5 NONE

SURGEON'S NOTES	
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UNTOWARD INTRA OPERATIVE EVENT:	1 NONE (DEFAULT)	5 SHAFT PENETRATION
	2 CALCAR CRACK	6 TROCHANTERIC FRACTURE
	3 PELVIC PENETRATION	7 OTHER (PLEASE SPECIFY)
	4 SHAFT FRACTURE	[]

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