



A2

Ankle Single Stage Revision
Ankle Stage 1 of 2 Stage Revision
Ankle Stage 2 of 2 Stage Revision
Ankle Conversion to Arthrodesis
Amputation
Debridement and Implant
Retention (DAIR)

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.

Patient Addressograph

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 – 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	
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"/>

ANKLE REVISION PROCEDURE DETAILS			
Procedure Type	Single Stage Revision (includes modular exchange for indications other than infection)	<input type="checkbox"/>	Conversion to Arthrodesis <input type="checkbox"/>
	Stage 1 of 2 Stage Revision	<input type="checkbox"/>	Amputation <input type="checkbox"/>
	Stage 2 of 2 Stage Revision	<input type="checkbox"/>	Debridement and Implant Retention (DAIR) <input type="checkbox"/>
Revision of	Primary Total Arthroplasty <input type="checkbox"/>	Previous Revision Arthroplasty (excluding excision arthroplasty) <input type="checkbox"/>	
Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>	
Indications For / Findings at Time of Revision (select all that apply)	Infection		Implant Fracture
	High Suspicion (e.g. pus or confirmed micro)	<input type="checkbox"/>	Tibial Component <input type="checkbox"/>
	Low Suspicion (awaiting micro/histo)	<input type="checkbox"/>	Talar Component <input type="checkbox"/>
	Aseptic Loosening		Meniscal Component <input type="checkbox"/>
	Tibial Component	<input type="checkbox"/>	Wear of Polyethylene Component <input type="checkbox"/>
	Talar Component	<input type="checkbox"/>	Meniscal Insert Dislocation <input type="checkbox"/>
	Lysis		Component Migration/Dissociation <input type="checkbox"/>
	Tibia	<input type="checkbox"/>	Unexplained Pain <input type="checkbox"/>
	Talus	<input type="checkbox"/>	Stiffness <input type="checkbox"/>
	Malalignment	<input type="checkbox"/>	Soft Tissue Impingement <input type="checkbox"/>
		Other <input type="checkbox"/>	

PREVIOUS OPERATION DETAILS			
Previous Operation Date OR Year	DD/MM/YYYY	Please enter Date if known	Not Available <input type="checkbox"/>
Previous Operation Hospital	Not Available <input type="checkbox"/>		

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)			
Tibial Components Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Talar Components Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Meniscal Components Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SURGICAL APPROACH (Used for Single Stage Revision, Stage 2 of 2 Stage Revision & DAIR)			
Patient Procedure (i.e. revision to)	Prosthetic Replacement Not Using Cement	<input type="checkbox"/>	Debridement And Implant Retention (DAIR) with <input type="checkbox"/>
	Prosthetic Replacement Using Cement	<input type="checkbox"/>	Modular Exchange <input type="checkbox"/>
	Ankle Fusion (Subtalar joint not fused at this sitting)	<input type="checkbox"/>	Debridement And Implant Retention (DAIR) without <input type="checkbox"/>
	Ankle & Subtalar Fusion (using TTC Nail)	<input type="checkbox"/>	Modular Exchange <input type="checkbox"/>
	Ankle & Subtalar Fusion (not using TTC Nail)	<input type="checkbox"/>	Modular Exchange for Indications other than Infection <input type="checkbox"/>
	Pantalar Fusion	<input type="checkbox"/>	Prosthetic Replacement Not Classified Elsewhere (e.g. Hybrid) <input type="checkbox"/>
Approach	Anterior <input type="checkbox"/>	Anterolateral <input type="checkbox"/>	
	Lateral (transfibular) <input type="checkbox"/>	Other <input type="checkbox"/>	
Associated Procedures at the time of surgery* (select all that apply) *Also select if previously carried out or procedures are planned at the time of index surgery	Subtalar Joint Fusion	<input type="checkbox"/>	Medial Malleolar Osteotomy <input type="checkbox"/>
	Talonavicular Fusion	<input type="checkbox"/>	Lateral Ligament Reconstruction <input type="checkbox"/>
	Calcaneal Displacement Osteotomy	<input type="checkbox"/>	Medial Ligament Reconstruction <input type="checkbox"/>
	Achilles Tendon Lengthening	<input type="checkbox"/>	Medial Ligament Release <input type="checkbox"/>
	Fusion Distal Tibiofibular Joint	<input type="checkbox"/>	Other <input type="checkbox"/>
	Fibula Osteotomy	<input type="checkbox"/>	None <input type="checkbox"/>

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

BONE GRAFT USED (Not applicable for DAIR procedures, i.e. DAIR <u>with</u> or <u>without</u> modular exchange)									
Was Tibial Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Tibial – Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>					
Tibial – Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Was Talar Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Talar – Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>					
Talar – Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Was Fibular Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Fibular - Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>					
Fibular - 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 (select all that apply)	None	<input type="checkbox"/>	Ligament injury	<input type="checkbox"/>					
	Fracture medial malleolus	<input type="checkbox"/>	Nerve injury	<input type="checkbox"/>					
	Fracture lateral malleolus	<input type="checkbox"/>	Tendon injury	<input type="checkbox"/>					
	Fracture (Other)	<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.

Talar Component

Tibial tray component

Meniscal component

Cement (if used)

Accessories