



# K2

**Knee Single Stage Revision**  
**Knee Stage 1 of 2 Stage Revision**  
**Knee Stage 2 of 2 Stage Revision**  
**Knee Conversion to Arthrodesis**  
**Knee Amputation**  
**Knee 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
<b>1.1 CONSENTING PATIENT DETAILS</b>	<b>ONLY ENTER PATIENT DETAILS INTO THE NJR IF CONSENT IS GIVEN</b>
* 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                      4 SPR                      7 OTHER (PLEASE SPECIFY) [                      ] 2 ASSOCIATE SPECIALIST                      5 SHO 3 STAFF GRADE / CLINICAL ASSISTANT                      6 FELLOW
* LEAD SURGEON A LOCUM?	1 YES                      2 NO
* LEAD SURGEON FROM NON-UK SURGICAL TEAM?	1 YES                      2 NO
* FIRST ASSISTANT GRADE:	1 CONSULTANT                      4 SPR                      8 NON MEDICAL PRACTITIONER 2 ASSOCIATE SPECIALIST                      5 SHO                      9 OTHER (PLEASE SPECIFY) [                      ] 3 STAFF GRADE / CLINICAL ASSISTANT                      6 HO                      7 FELLOW

4 KNEE 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 CONVERSION TO ARTHRODESIS E AMPUTATION F RE-OPERATION OTHER THAN REVISION

USED FOR: A SINGLE STAGE REVISION B STAGE 1 OF 2 STAGE REVISION D CONVERSION TO ARTHRODESIS E AMPUTATION		
PRIMARY PROCEDURE DATE OR YEAR	DD/MM/YYYY	
PRIMARY PROCEDURE HOSPITAL (IF KNOWN):		
* INDICATIONS FOR/FINDINGS AT TIME OF REVISION (SELECT ALL THAT APPLY)	<div> <div>1 ASEPTIC LOOSENING</div> <div>a: FEMUR</div> <div>b: TIBIA</div> <div>c: PATELLA</div> <div>2 INFECTION</div> <div>3 DISLOCATION/ SUBLUXATION</div> </div> <div> <div>4 LYSIS</div> <div>a: FEMUR</div> <div>b: TIBIA</div> <div>5 INSTABILITY</div> <div>6 WEAR OF POLYETHYLENE COMPONENT</div> <div>7 COMPONENT DISSOCIATION</div> </div> <div> <div>8 PAIN (UNDIAGNOSED)</div> <div>9 MALALIGNMENT</div> <div>10 PERI-PROSTHETIC FRACTURE</div> <div>11 IMPLANT FRACTURE</div> <div>12 STIFFNESS</div> <div>14 OTHER (PLEASE SPECIFY)</div> <div></div> </div>	
* IMPLANT REMOVED: (IF "YES" CIRCLE ONE LETTER WHICH DESCRIBES COMPONENT)	* 1 CEMENTED FEMORAL COMPONENT: a: BICONDYLAR b: UNICOMPARTMENTAL c: PATELLO FEMORAL	YES/NO
	* 2 CEMENTLESS FEMORAL COMPONENT: a: BICONDYLAR b: UNICOMPARTMENTAL c: PATELLO FEMORAL	YES/NO
	* 3 CEMENTED TIBIAL TRAY/COMPONENT: a: BICONDYLAR b: UNICOMPARTMENTAL	YES/NO
	* 4 CEMENTLESS TIBIAL TRAY/COMPONENT: a: BICONDYLAR b: UNICOMPARTMENTAL	YES/NO
	* 5 SIMPLE EXCHANGE OF TIBIAL INSERT/MENISCAL BEARING a: BICONDYLAR b: UNICOMPARTMENTAL	YES/NO
	* 6 CEMENTED PATELLA BUTTON	YES/NO
	* 7 CEMENTLESS PATELLA BUTTON	YES/NO
	* 8 HINGED TYPE KNEE	YES/NO
	* 9 OTHER KNEE (PLEASE SPECIFY)	

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)	<div> <div>1 ASEPTIC LOOSENING FEMUR</div> <div>a: FEMUR</div> <div>b: TIBIA</div> <div>c: PATELLA</div> <div>2 INFECTION</div> <div>3 DISLOCATION/ SUBLUXATION</div> </div> <div> <div>4 LYSIS</div> <div>a: FEMUR</div> <div>b: TIBIA</div> <div>5 INSTABILITY</div> <div>6 WEAR OF POLYETHYLENE COMPONENT</div> <div>7 COMPONENT DISSOCIATION</div> </div> <div> <div>8 PAIN (UNDIAGNOSED)</div> <div>9 MALALIGNMENT</div> <div>10 PERI-PROSTHETIC FRACTURE</div> <div>11 IMPLANT FRACTURE</div> <div>12 STIFFNESS</div> <div>14 OTHER (PLEASE SPECIFY)</div> <div></div> </div>	

USED FOR: F REOPERATION OTHER THAN REVISION OF A COMPONENT		
PRIMARY PROCEDURE DATE OR YEAR	DD/MM/YYYY	
PRIMARY PROCEDURE HOSPITAL (IF KNOWN)		
* PATIENT PROCEDURE (SELECT ALL THAT APPLY)	<div>1 MUA</div> <div>2 WASHOUT</div> <div>3 WOUND DEBRIDEMENT</div>	

**5 KNEE TECHNIQUE 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 TOTAL PROSTHETIC REPLACEMENT NOT CLASSIFIED ELSEWHERE (EG HYBRID)

**SURGICAL APPROACH:**

* APPROACH:	1 LATERAL PARAPATELLAR 2 MEDIAL PARAPATELLAR 3 SUB-VASTUS	4 OTHER (PLEASE SPECIFY) [ ]
MINIMALLY INVASIVE SURGERY USED?	1 YES	2 NO
COMPUTER GUIDED SURGERY USED?	1 YES	2 NO
WAS POWERED LAVAGE USED?	1 YES	2 NO

**BONE DEFECTS: (SELECT COMPARTMENT WITH THE WORST DEFECT)**

<b>FEMUR</b>	<b>1</b> MEDIAL	<b>2</b> LATERAL	
DEPTH:	<b>1</b> LESS THAN 1CM	<b>2</b> 1-2CM	<b>3</b> GREATER THAN 2CM
<b>TIBIA</b>	<b>1</b> MEDIAL	<b>2</b> LATERAL	
DEPTH:	<b>1</b> LESS THAN 1CM	<b>2</b> 1-2CM	<b>3</b> GREATER THAN 2CM
<b>PATELLA</b>	<b>1</b> YES	<b>2</b> NO	

**FEMORAL BONEGRAFT:**

TYPE:	1 ALLOGRAFT	2 AUTOGRAFT	3 SYNTHETIC	4 OTHER	
FORM:	1 STRUT	2 BULK	3 CHIPS/MORCELISTED		
PREPARATION:	1 NONE	2 FROZEN	3 IRRADIATED	4 FREEZE DRIED	5 OTHER

**TIBIAL BONEGRAFT:**

TYPE:	1 ALLOGRAFT	2 AUTOGRAFT	3 SYNTHETIC	4 OTHER	
FORM:	1 STRUT	2 BULK	3 CHIPS/MORCELISTED		
PREPARATION:	1 NONE	2 FROZEN	3 IRRADIATED	4 FREEZE DRIED	5 OTHER

**CEMENTING TECHNIQUES:**

* CEMENT USED (FEMUR):	a: YES	b: NO		
CEMENT MIXING SYSTEM USED:	1 OPEN BOWL AND SPATULA	2 VACUUM MIXING	3 FUME EXTRACTION ONLY	
* CEMENT USED (TIBIA):	a: YES	b: NO		
CEMENT MIXING SYSTEM USED:	1 OPEN BOWL AND SPATULA	2 VACUUM MIXING	3 FUME EXTRACTION ONLY	
* CEMENT USED (PATELLA):	a: YES	b: NO	C: PATELLA NOT REPLACED	
CEMENT MIXING SYSTEM USED:	1 OPEN BOWL AND SPATULA	2 VACUUM MIXING	3 FUME EXTRACTION ONLY	

**\* THROMBOPROPHYLAXIS REGIME (INTENTION TO TREAT)**

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

**SURGEON'S NOTES**

**INTRA OPERATIVE EVENT:**

<b>UNTOWARD INTRA OPERATIVE EVENT:</b>	1 NONE 2 FRACTURE	3 PATELLA TENDON AVULSION	4 LIGAMENT INJURY 5 OTHER (PLEASE SPECIFY) [ ]
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# 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.