National Joint Registry
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MDS VERSION 7.0
Shoulder Operation

Form: MDSv7.0 S2 v2.0

S2

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

Patient Addressograph

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.

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 ☐	No ☐	Not Recorded ☐
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (IN M) BMI Weight (IN KG)		Not Available ☐
Handedness	Left ☐	Right ☐	Ambidextrous ☐ Unknown ☐

PATIENT IDENTIFIERS

Forename(s)				
Surname				
Gender	Male ☐	Female ☐	Not Known ☐	Not Specified ☐
Date of Birth	DD/MM/YYYY			
Patient Postcode		Overseas Address ☐		
NHS Number OR National Patient Identifier (if available)				
Patient Hospital ID				

OPERATION DETAILS

Hospital					
Operation Date	DD/MM/YYYY				
Anaesthetic Types	General ☐		Regional – Nerve Block ☐		
Patient ASA Grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation Funding	NHS ☐	Independent ☐			

SURGEON DETAILS

Consultant in Charge					
Operating Surgeon					
Operating Surgeon Grade	Consultant ☐	SpR/ST3-8 ☐	F1-ST2 ☐	Specialty Doctor/SAS ☐	Other ☐
First Assistant Grade	Consultant ☐	Other ☐			

SHOULDER REVISION PROCEDURE DETAILS

Procedure Type	Single Stage Revision (includes modular exchange for indications **other** than infection) ☐	Conversion to Arthrodesis ☐
		Excision Arthroplasty ☐
	Stage 1 of 2 Stage Revision ☐	Amputation ☐
	Stage 2 of 2 Stage Revision ☐	Debridement and Implant Retention (DAIR) ☐

| Revision of | Primary Arthroplasty ☐ |
| | Previous Revision Arthroplasty (excluding excision arthroplasty) ☐ |

| Side | Left ☐   Right ☐ |

Indications For / Findings at Time of Revision (select all that apply)	Infection ☐	Glenoid Implant Wear ☐
	Instability ☐	Native Glenoid Surface Erosion ☐
	Cuff Insufficiency ☐	Implant Fracture ☐
	Aseptic Loosening Humerus ☐	Lysis – Humerus ☐
	Aseptic Loosening Glenoid ☐	Lysis - Glenoid ☐
	Peri-prosthetic Fracture ☐	Dislocation/Subluxation ☐
	Stiffness ☐	Unexplained pain ☐
	Impingement ☐	Other ☐
	Component Dissociation ☐	

PREVIOUS OPERATION DETAILS

| Previous Operation Date OR Year | DD/MM/YYYY   Please enter date if known   Not Available ☐ |
| Previous Operation Hospital | Not Available ☐ |

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)

Humeral Component Removed	Yes ☐	No ☐
Humeral Articulating Bearing Removed	Yes ☐	No ☐
Glenoid Component Removed	Yes ☐	No ☐
Glenoid Articulating Bearing Removed	Yes ☐	No ☐
Other Component Removed	Yes ☐	No ☐

SURGICAL APPROACH (Used for Single Stage, Stage 2 of 2 Stage Revision, & DAIR)

Patient Procedure (i.e. revision to)	Revision Resurfacing Total Arthroplasty ☐
	Revision Resurfacing Hemi-arthroplasty ☐
	Revision Stemless Conventional Total Arthroplasty ☐
	Revision Stemless Hemi-arthroplasty ☐
	Revision Stemless Total Reverse Arthroplasty ☐
	Revision Stemmed Conventional Total Arthroplasty ☐
	Revision Stemmed Hemi-arthroplasty ☐
	Revision Stemmed Total Reverse Arthroplasty ☐
	Revision Glenohumeral Interpositional Arthroplasty ☐
	Debridement and Implant Retention (DAIR) **With** Modular Exchange ☐
	Debridement and Implant Retention (DAIR) **Without** Modular Exchange ☐
	Modular exchange for indications **other** than infection ☐

| Fixation Humerus (Not applicable for **either** type of DAIR procedure) | Uncemented ☐ | Cemented ☐ | Not applicable ☐ |
| Fixation Glenoid (Not applicable for **either** type of DAIR procedure) | Uncemented ☐ | Cemented ☐ | Not applicable ☐ |

Approach	Delto-pectoral ☐
	Trans-deltoid ☐
	Other ☐

| Patient Specific Instruments? (Not applicable for DAIR **without** modular exchange) | Yes ☐   No ☐ |

| Biological Resurfacing (Glenoid) (select all that apply) (Not applicable for **either** type of DAIR procedure) | None ☐ | Reaming ☐ |
| | Microfracture ☐ | Interposition ☐ |

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	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 ☐ Intermittent Calf Compression ☐ TED Stockings ☐	Other ☐ None ☐

BONE GRAFT USED (Not applicable for DAIR procedures, i.e. DAIR with or without modular exchange)

Was Humeral Bone graft used?	Yes ☐		No ☐					
Humeral – Form	Structural	☐	Morsellised/chips	☐				
Humeral – Type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was Glenoid Bone graft used?	Yes ☐		No ☐					
Glenoid – Form	Structural	☐	Morsellised/chips	☐				
Glenoid - Type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Rotator Cuff

Rotator Cuff Condition	Normal	☐	Attenuated	☐	Absent/Torn	☐
Rotator Cuff Repaired?	Yes	☐	No	☐		
Repair Type	Primary Repair	☐	Augmented Patch Repair	☐		

Other Soft Tissues

Long Head Biceps (LHB) Present?	Yes	☐	No	☐
LHB Tenotomy Performed?	Yes	☐	No	☐
LHB Tenodesis Performed?	Yes	☐	No	☐
Muscle Transfer?	Yes	☐	No	☐
Other?	Yes	☐	No	☐

SURGEON'S NOTES

INTRA-OPERATIVE EVENT

Untoward Intra-Operative Event	None ☐ Fracture Humerus ☐	Fracture Glenoid ☐ Vascular Injury ☐	Other ☐

Pre-operative Oxford Score Date	DD/MM/YYYY			Not available ☐

1. During the past 4 weeks…   Not available ☐
How would you describe the **worst** pain you had <u>from your shoulder</u>?

None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐

2. During the past 4 weeks…   Not available ☐
Have you had any trouble dressing yourself <u>because of your shoulder</u>?

No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐

3. During the past 4 weeks…   Not available ☐
Have you had any trouble getting in and out of a car or using public transport <u>because of your shoulder</u>?

No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐

4. During the past 4 weeks…   Not available ☐
Have you been able to use a knife and fork <u>at the same time</u>?

Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐

5. During the past 4 weeks…   Not available ☐
Could you do the household shopping <u>on your own</u>?

Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐

6. During the past 4 weeks…   Not available ☐
Could you carry a tray containing a plate of food across a room?

Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐

7. During the past 4 weeks…   Not available ☐
Could you brush/comb your hair <u>with the affected arm</u>?

Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐

8. During the past 4 weeks…   Not available ☐
How would you describe the pain you <u>usually</u> had from your shoulder?

None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐

9. During the past 4 weeks…   Not available ☐
Could you hang your clothes up in a wardrobe, <u>using the affected arm</u>?

Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With great difficulty ☐	No, impossible ☐

10. During the past 4 weeks…   Not available ☐
Have you been able to wash and dry yourself under both arms?

Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐

11. During the past 4 weeks…   Not available ☐
How much has <u>pain from your shoulder</u> interfered with your usual work (including housework)?

Not at all ☐	A little bit ☐	Moderately ☐	Greatly ☐	Totally ☐

12. During the past 4 weeks…   Not available ☐
Have you been troubled by <u>pain from your shoulder</u> in bed at night?

No nights ☐	Only 1 or 2 nights ☐	Some nights ☐	Most nights ☐	Every night ☐

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, screws, surgical tools or endoprostheses.

Humeral stem (if used)	Humeral component

Glenoid component (if used)	Cement (if used)

Accessories	