| | |
|---|---|
| # A1   **Ankle Primary** | 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      Not Available ☐<br>Weight (IN KG) |

## 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 ☐ | | |
| | Regional – Epidural ☐ | | Regional – Spinal (Intrathecal) ☐ | | |
| 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 ☐ | | |

## ANKLE PRIMARY PROCEDURE DETAILS

| | |
|---|---|
| Side | Left ☐      Right ☐ |
| Indications for Implantation (select all that apply) | Osteoarthritis ☐    Rheumatoid Arthritis ☐<br>Other Inflammatory Arthropathy ☐    Other ☐ |
| Has the patient had a previous fracture around the index joint? | Yes ☐     No ☐     Not available ☐ |
| Previous Surgery on Index Joint (select all that apply) | None ☐    Internal Fixation ☐    Other ☐<br>Distal Tibial Osteotomy ☐    Arthrodesis ☐    Not Available ☐ |
| Has the patient had a previous bony infection of the tibia or hindfoot | Yes ☐     No ☐     Not available ☐ |

### PRE-OPERATIVE RANGE DEFORMITY

| | |
|---|---|
| Tibia-Hindfoot Alignment (based on clinical assessment) | Physiological Neutral ☐    Not Available ☐<br>5-15° Varus ☐    16-30° Varus ☐    >30 Varus ☐<br>5-15° Valgus ☐    16-30° Valgus ☐    >30 Valgus ☐ |

### PRE-OPERATIVE RANGE OF MOVEMENT (Clinical)

| | |
|---|---|
| Ankle Dorsiflexion (degrees) | 5-20° ☐    Neutral ☐    Fixed Equinus ☐    Not Available ☐ |
| Ankle Plantarflexion (degrees) | 5-15° ☐    16-45° ☐    Not Available ☐ |
| Subtalar Joint | Normal ROM (compared to opp side) ☐    Stiff (compared to opp side) ☐    Not Available ☐<br>Joint has been fused ☐ |

## SURGICAL APPROACH

| | |
|---|---|
| Patient Procedure | Primary Total Prosthetic Replacement Not Using Cement ☐<br>Primary Total Prosthetic Replacement Using Cement ☐<br>Primary Total Prosthetic Replacement Not Classified Elsewhere (e.g. Hybrid) ☐ |
| Approach | Anterior ☐    Anterolateral ☐<br>Lateral (transfibular) ☐    Other ☐ |
| Associated Procedures at the time of surgery* (select all that apply)<br><br>*Also select if previously carried out or procedures are planned at the time of index surgery | Subtalar Joint Fusion ☐    Medial Malleolar Osteotomy ☐<br>Talonavicular Fusion ☐    Lateral Ligament Reconstruction ☐<br>Calcaneal Displacement Osteotomy ☐    Medial Ligament Reconstruction ☐<br>Achilles Tendon Lengthening ☐    Medial Ligament release ☐<br>Fusion Distal Tibiofibular Joint ☐    Other ☐<br>Fibula Osteotomy ☐    None ☐ |
| Computer Guided Surgery Used? | Yes ☐     No ☐ |

### THROMBOPROPHYLAXIS REGIME (intention to treat)

| | |
|---|---|
| Chemical (In Hospital) | Aspirin ☐    Direct Thrombin Inhibitor (e.g. Dabigatran) ☐<br>LMWH ☐    Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban) ☐<br>Pentasaccharide (e.g. Fondaparinux) ☐    Other ☐<br>Warfarin ☐    None ☐ |
| Mechanical | Foot Pump ☐    Other ☐<br>Intermittent Calf Compression ☐    None ☐<br>TED Stockings ☐ |

### BONE GRAFT USED

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Was Tibial Bone graft used? | Yes | ☐ | No | ☐ | | | | |
| Tibial – Form | Structural | ☐ | Morsellised/chips | ☐ | | | | |
| Tibial – Type | Autograft | ☐ | Allograft | ☐ | Synthetic | ☐ | Other | ☐ |
| Was Talar Bone graft used? | Yes | ☐ | No | ☐ | | | | |
| Talar – Form | Structural | ☐ | Morsellised/chips | ☐ | | | | |
| Talar – Type | Autograft | ☐ | Allograft | ☐ | Synthetic | ☐ | Other | ☐ |
| Was Fibular Bone graft used? | Yes | ☐ | No | ☐ | | | | |
| Fibular - Form | Structural | ☐ | Morsellised/chips | ☐ | | | | |
| Fibular - Type | Autograft | ☐ | Allograft | ☐ | Synthetic | ☐ | Other | ☐ |

## SURGEON'S NOTES



## INTRA-OPERATIVE EVENT

| Untoward Intra-Operative Event (select all that apply) | None | ☐ | Ligament Injury | ☐ |
| --- | --- | --- | --- | --- |
| | Fracture medial malleolus | ☐ | Nerve injury | ☐ |
| | Fracture lateral malleolus | ☐ | Tendon injury | ☐ |
| | Fracture (other) | ☐ | Other | ☐ |

# 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, endoprostheses or bipolar heads.

| Talar Component | Tibial tray component |
|---|---|
| | |
| Meniscal component | Cement (if used) |
| | |
| Accessories | |