



K1 Primary or Complex Primary

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 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 - PRIMARY/COMPLEX PRIMARY				
* SIDE:	1 LEFT		2 RIGHT	
PROCEDURE	1 PRIMARY		2 COMPLEX PRIMARY	
* 4.1 INDICATIONS FOR IMPLANTATION (SELECT ALL THAT APPLY)				
	1 OSTEOARTHRITIS	4 PREVIOUS INFECTION	7 OTHER (PLEASE SPECIFY)	
	2 AVASCULAR NECROSIS	5 RHEUMATOID ARTHRITIS	[]	
	3 OTHER INFLAMMATORY ARTHROPATHY	6 PREVIOUS TRAUMA		
* 4.2 PATIENT PROCEDURE				
	1 PRIMARY TOTAL PROSTHETIC REPLACEMENT USING CEMENT			
	2 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT USING CEMENT			
	3 UNICONDYLAR KNEE REPLACEMENT			
	4 PATELLO-FEMORAL REPLACEMENT			
	5 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT CLASSIFIED ELSEWHERE (EG HYBRID)			
* 4.3 PREVIOUS OPERATION ON THE KNEE (SELECT ALL THAT APPLY)				
	1 OSTEOTOMY	4 SOFT TISSUE REALIGNMENT/RECONSTRUCTION		
	a: FEMORAL b: TIBIAL	5 OTHER		
	2 SYNOVECTOMY			
	3 PATELLECTOMY			
* 4.4 PRE-OPERATIVE FLEXION:				
FIXED FLEXION DEFORMITY (DEGREES)	1 LESS THAN 10	2 10 TO 30	3 GREATER THAN 30	
FLEXION RANGE (DEGREES)	1 LESS THAN 70	2 70 TO 90	3 91 TO 110	4 GREATER THAN 110
5 KNEE TECHNIQUE - PRIMARY / COMPLEX PRIMARY				
DEFAULT REGISTERED TECHNIQUE USED?	1 YES 2 NO IF YES, ENSURE THE RELEVANT SURGEON DEFAULT TECHNIQUE IS RECORDED ON THE DATA ENTRY SYSTEM. (THE SURGEON DEFAULT TECHNIQUE IS MADE UP OF SEVERAL DATA FIELDS.)			
SURGICAL APPROACH:				
* APPROACH:	1 LATERAL PARAPATELLAR	3 SUB-VASTUS	[]	
	2 MEDIAL PARAPATELLAR	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 WORST DEFECT)				
FEMUR	1 MEDIAL	2 LATERAL		
DEPTH:	1 LESS THAN 1CM	2 1-2CM	3 GREATER THAN 2CM	
TIBIA	1 MEDIAL	2 LATERAL		
DEPTH:	1 LESS THAN 1CM	2 1-2CM	3 GREATER THAN 2CM	
PATELLA	1 YES	2 NO		
FEMORAL BONEGRAFT: 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	2 FROZEN	3 IRRADIATED	4 FREEZE DRIED 5 OTHER
TIBIAL BONEGRAFT: 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	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	4 LMWH	7 OTHER (PLEASE SPECIFY)	
	2 CHLOROQUINE	5 PENTASACCHARIDE	[]	
	3 LDH	6 WARFARIN		
		8 NONE		
MECHANICAL: (SELECT ALL THAT APPLY)	1 FOOT PUMP	3 TED STOCKINGS	5 NONE	
	2 INTERMITTENT CALF COMPRESSION	4 OTHER (PLEASE SPECIFY)	[]	

SURGEON'S NOTES

INTRA OPERATIVE EVENT:

UNTOWARD INTRA OPERATIVE EVENT:

1 NONE
2 FRACTURE

3 PATELLA TENDON
AVULSION

4 LIGAMENT INJURY
5 OTHER (PLEASE SPECIFY)
[]

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.