National Joint Registry www.njrcentre.org.uk Working for patients, driving forward quality	MDS VERSION 6.0 Form: MDSv6.0 A2 v004 Ankle Operation
Ankle Single Stage Revision Ankle Stage 1 of 2 Stage Revision Ankle Stage 2 of 2 Stage Revision Ankle Conversion to Arthrodesis Amputation	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	

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REMEMBER! MAKE A NOTE OF THE NJR	REFERENCE NUME	BER WHEN YOU E	NTER THIS DATA	NJR REF:				
PATIENT DETAILS								
NJR Patient Consent Obtained	Yes □	No □	Not Recorded					
Patient Hospital ID								
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (IN M) Weight (IN KG)		ВМІ		Not Available □			
PATIENT IDENTIFIERS								
Forename								
Surname								
Gender	Male □	Female □	Not Known [	]	Not Specified □			
Date of Birth	DD/MM/YYYY							
Patient Postcode	Overseas Address □							
NHS or National Patient Number (if available)								
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 □	Independ	ent 🗆					
SURGEON DETAILS								
Consultant in Charge								
Operating Surgeon								

SpR/ST3-8 □

Other

F1-ST2 □

Specialty Doctor/SAS  $\;\square$ 

Other  $\square$ 

Consultant □

Consultant □

Operating Surgeon Grade

First Assistant Grade

ANKLE REVISION PROCEDURE DETAILS									
	Single Stage Revis	ion			Conversion	on to Arthro	odesis		
Procedure Type	Stage 1 of 2 Stage	Revision			Amputatio	on			
	Stage 2 of 2 Stage								
Revision of		Primary Total Arthroplasty Previous Revision Arthroplasty (excluding excision arthroplasty						hroplasty) □	]
Side	Left □		Right □		lmande:::( !	Eroot			
	Infection High Suspicion (e	eg pus or confined	micro)		Implant I	Fracture Component	t		, l
	. ,	waiting micro/histo	,			component			_ _
	Aseptic Loosening	-	-, <u> </u>			al Compor			_ _
Indications For /	Tibial Componen	<del>-</del>					ene Compo	nent [	<b>-</b>
Findings at Time of Revision (sele	ect   Talai Component	t				l Insert Di			
all that apply)	Lysis		_		' <del>-</del> '	_	tion/Dissoc		_   -
	Tibia Talus				Unexplai Stiffness	ined Pain			] ]
	Malalignment					s sue Imping	gement		_ _
			1		Other		J		_ 
PRIMARY OP	ERATION DETAILS								
Primary Operation	on Date OR Year	DD/MM/YYYY	Pleas	se enter l	Date if known		Not A	vailable 🗆	
Primary Operation	on Hospital						Not A	vailable 🗆	
COMPONENT	S REMOVED (Do not	complete for S	tage 2 of 2	Stage	Revision)				
Components Re	moved	Tibial Yes	□ No □	Talar	Yes □	No □	Menisca	ıl Yes □	□ No □
Brand						Not Av	vailable 🗆		
						_			
SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision & Conversion to Arthrodesis (Patient Procedure and Surgeon's Notes Only))									
Prosthetic Replacement Not Using Cement □ Ankle Fusion (Subtalar joint not fused at this sitting) □									
		lot Using Cement	□ Ankle					ting)	
Patient P	rosthetic Replacement U	lot Using Cement Ising Cement	□ Ankle	e & Subt	talar Fusion (	using TTC	Nail)	ting)	
Patient Procedure P	Prosthetic Replacement U Prosthetic Replacement N	lot Using Cement Ising Cement	☐ Ankle ☐ Ankle ☐ Ankle	e & Subt	talar Fusion ( talar Fusion (	using TTC	Nail)	ting)	
Patient Procedure P	rosthetic Replacement U	lot Using Cement Ising Cement	☐ Ankle ☐ Ankle ☐ Ankle	e & Subt	talar Fusion ( talar Fusion (	using TTC not using	Nail)	ting)	
Patient Procedure P	Prosthetic Replacement U Prosthetic Replacement N	lot Using Cement Ising Cement Iot Classified	□ Ankle □ Ankle □ Ankle □ Panta	e & Subt	talar Fusion ( talar Fusion ( ion	using TTC not using	C Nail) TTC Nail)	ting)	
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INTRA-OPERATIVE EVENT				
Untoward Intra-Operative Event (select all that apply)	None Fracture medial malleolus Fracture lateral malleolus		Fracture (other) Ligament Injury Other	
Minimum Datas	set Form -	COMP	ONENT	LABELS
Please affix any component la Minimum Dataset Form.     Ensure all component details ar The NJR DOES NOT record the	e provided, including ceme	nt.		
Talar Compone	e <u>nt</u>		Tibial tray compon	ent
Meniscal compor	nent		Cement (if used	
Accessories				