

| | |
|---|-------------------------------------|
| <h1 style="margin: 0;">A1 Ankle Primary</h1> | <p>Patient addressograph</p> |
| <p>Important: Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Data Set form component labels sheet'. Please ensure that all sheets are stapled together.</p> | |

All fields are mandatory unless otherwise indicated

| | |
|--|-----------------|
| Remember! Make a note of the NJR reference number when you enter the data | NJR ref: |
|--|-----------------|

Patient details

| | | | |
|--|---------------------------------|---------------------------------------|--|
| NJR patient consent obtained | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Not recorded <input type="checkbox"/> |
| If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient? | Yes <input type="checkbox"/> | No/Not known <input type="checkbox"/> | This refers to NJR consent being provided by a third party on behalf of the patient, not the 'consent to operate' normally obtained by the consultant. If an 'NJR Patient Consultee Declaration Form' has not been completed, this section should be completed as 'No/Not known' |
| Has the patient consented to linkage of study data to NJR data? | Yes <input type="checkbox"/> | No/Not known <input type="checkbox"/> | Study ID (max 25 characters) |
| Body Mass Index (enter either H&W or BMI or tick Not available box) | Height (In M) Weight (In KG) | BMI | Not available <input type="checkbox"/> |

Patient identifiers

| | | | |
|---|-------------------------------|---|--|
| Forename(s) | | | |
| Surname | | | |
| Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Indeterminate <input type="checkbox"/> |
| Date of birth (DD/MM/YYYY) | | | |
| Patient postcode | | Overseas address <input type="checkbox"/> | |
| NHS number or National Patient Identifier (if available) | | | |
| Patient hospital ID | | | |
| Patient email address (if provided) | | | |
| Patient mobile phone number (if provided) | | | |

Operation details

| | | | | | |
|-----------------------------|----------------------------------|--|---|--|----------------------------|
| Hospital | | | | | |
| Operation date (DD/MM/YYYY) | | | | | |
| Anaesthetic types | General <input type="checkbox"/> | Regional – epidural <input type="checkbox"/> | Regional – nerve block <input type="checkbox"/> | Regional – spinal (intrathecal) <input type="checkbox"/> | |
| Patient ASA grade | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Operation funding | NHS <input type="checkbox"/> | Independent <input type="checkbox"/> | | | |

| Surgeon details | | | | | | | | | | | | | |
|--|---|------------------------------------|---|---------------------------------|---|--------------------------------|---------------|--------------------------|--------------------------|--|--|--|--|
| Consultant in charge | | | | | | | | | | | | | |
| Operating surgeon number one | | | | | | | | | | | | | |
| Operating surgeon number one Grade | Consultant <input type="checkbox"/> | SPR/ST3-8 <input type="checkbox"/> | Senior Fellow (Post-CCT or equivalent) <input type="checkbox"/> | F1-ST2 <input type="checkbox"/> | Specialty doctor/SAS <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | |
| Dual consultant operation? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | | | | | | | | | |
| Operating consultant number two (if dual consultant operation) | | | | | | | | | | | | | |
| First assistant Grade | Consultant <input type="checkbox"/> | | Other <input type="checkbox"/> | | | | | | | | | | |
| Ankle primary procedure details | | | | | | | | | | | | | |
| Side | Left <input type="checkbox"/> | | Right <input type="checkbox"/> | | | | | | | | | | |
| Indications for implantation (select all that apply) | Osteoarthritis | | <input type="checkbox"/> | Trauma | | | | | | | | | |
| | Other inflammatory arthropathy | | <input type="checkbox"/> | Trauma acute | | <input type="checkbox"/> | | | | | | | |
| | Rheumatoid arthritis | | <input type="checkbox"/> | Trauma chronic | | <input type="checkbox"/> | | | | | | | |
| | Infection - previous | | <input type="checkbox"/> | Metastatic cancer/malignancy | | <input type="checkbox"/> | | | | | | | |
| | Infection - active | | <input type="checkbox"/> | Other | | <input type="checkbox"/> | | | | | | | |
| Previous surgery on index joint (select all that apply) | None | <input type="checkbox"/> | Internal fixation | | <input type="checkbox"/> | Other | | <input type="checkbox"/> | | | | | |
| | Distal tibial osteotomy | <input type="checkbox"/> | Arthrodesis | | <input type="checkbox"/> | Not available | | <input type="checkbox"/> | | | | | |
| Pre-operative range deformity | | | | | | | | | | | | | |
| Tibia-hindfoot alignment (based on clinical assessment) | Physiological neutral | | <input type="checkbox"/> | Not available | | <input type="checkbox"/> | | | | | | | |
| | 5-15° varus | | <input type="checkbox"/> | 16-30° varus | | <input type="checkbox"/> | >30 varus | | <input type="checkbox"/> | | | | |
| | 5-15° valgus | | <input type="checkbox"/> | 16-30° valgus | | <input type="checkbox"/> | >30 valgus | | <input type="checkbox"/> | | | | |
| Pre-operative range of movement (clinical) | | | | | | | | | | | | | |
| Ankle dorsiflexion (degrees) | 5-20° | <input type="checkbox"/> | Neutral | <input type="checkbox"/> | Fixed equinus | <input type="checkbox"/> | Not available | | <input type="checkbox"/> | | | | |
| Ankle plantarflexion (degrees) | 5-15° | <input type="checkbox"/> | 16-45° | <input type="checkbox"/> | Not available | <input type="checkbox"/> | | | | | | | |
| Subtalar joint | Normal ROM (compared to opp side) | | <input type="checkbox"/> | Stiff (compared to opp side) | | <input type="checkbox"/> | Not available | | <input type="checkbox"/> | | | | |
| | Joint has been fused | | <input type="checkbox"/> | | | | | | | | | | |
| Surgical approach | | | | | | | | | | | | | |
| Patient procedure | Primary total prosthetic replacement not using cement | | | | | | | | <input type="checkbox"/> | | | | |
| | Primary total prosthetic replacement using cement | | | | | | | | <input type="checkbox"/> | | | | |
| | Primary total prosthetic replacement not classified elsewhere (e.g. hybrid) | | | | | | | | <input type="checkbox"/> | | | | |
| Approach | Anterior | | <input type="checkbox"/> | Anterolateral | | <input type="checkbox"/> | | | | | | | |
| | Lateral (transfibular) | | <input type="checkbox"/> | Other | | <input type="checkbox"/> | | | | | | | |
| Associated procedures at the time of surgery* (select all that apply) *Also select if previously carried out or procedures are planned at the time of index surgery | Subtalar joint fusion | | <input type="checkbox"/> | Medial malleolar osteotomy | | <input type="checkbox"/> | | | | | | | |
| | Talonavicular fusion | | <input type="checkbox"/> | Lateral ligament reconstruction | | <input type="checkbox"/> | | | | | | | |
| | Calcaneal displacement osteotomy | | <input type="checkbox"/> | Medial ligament reconstruction | | <input type="checkbox"/> | | | | | | | |
| | Achilles tendon lengthening | | <input type="checkbox"/> | Medial ligament release | | <input type="checkbox"/> | | | | | | | |
| | Fusion distal tibiofibular joint | | <input type="checkbox"/> | Other | | <input type="checkbox"/> | | | | | | | |
| | Fibula osteotomy | | <input type="checkbox"/> | None | | <input type="checkbox"/> | | | | | | | |
| Computer guided surgery used? | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | | | | | | | | | | |

| Thromboprophylaxis regime (intention to treat) | | | | | | | | | |
|---|---|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--|
| Chemical | | | | | In hospital | At home | | | |
| | Aspirin | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | LMWH | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Pentasaccharide (e.g. Fondaparinux) | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Warfarin | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Direct thrombin inhibitor (e.g. Dabigatran) | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Factor Xa inhibitor (e.g. Rivaroxaban/Apixaban) | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Other | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | None | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Mechanical | Foot pump | <input type="checkbox"/> | Other | | <input type="checkbox"/> | | | | |
| | Intermittent calf compression | <input type="checkbox"/> | None | | <input type="checkbox"/> | | | | |
| | TED stockings | <input type="checkbox"/> | | | | | | | |
| Bone graft used | | | | | | | | | |
| Was tibial bone graft used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Tibial – form | Structural | <input type="checkbox"/> | Morsellised/chips | <input type="checkbox"/> | | | | | |
| Tibial – type | Autograft | <input type="checkbox"/> | Allograft | <input type="checkbox"/> | Synthetic | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Was talar bone graft used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Talar – form | Structural | <input type="checkbox"/> | Morsellised/chips | <input type="checkbox"/> | | | | | |
| Talar – type | Autograft | <input type="checkbox"/> | Allograft | <input type="checkbox"/> | Synthetic | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Was fibular bone graft used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Fibular – form | Structural | <input type="checkbox"/> | Morsellised/chips | <input type="checkbox"/> | | | | | |
| Fibular – type | Autograft | <input type="checkbox"/> | Allograft | <input type="checkbox"/> | Synthetic | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Structural implant or other augment(s) used e.g. augment, block | | | | | | | | | |
| Were tibial structural implant or other augment(s) used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Were talar structural implant or other augment(s) used? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| If yes, please affix implant labels under “Accessories” | | | | | | | | | |
| Surgeon's notes | | | | | | | | | |
| | | | | | | | | | |
| Intra-operative event | | | | | | | | | |
| Untoward intra-operative event (select all that apply) | None | <input type="checkbox"/> | Ligament injury | <input type="checkbox"/> | | | | | |
| | Fracture medial malleolus | <input type="checkbox"/> | Nerve injury | <input type="checkbox"/> | | | | | |
| | Fracture lateral malleolus | <input type="checkbox"/> | Tendon injury | <input type="checkbox"/> | | | | | |
| | Fracture (other) | <input type="checkbox"/> | Other | <input type="checkbox"/> | | | | | |

Minimum Data Set 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 Data Set form.
2. Ensure all component details are provided, including cement.
3. The NJR **does not** record the following: wire, mesh, cables or surgical tools.

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