National Joint Registry
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MDS version 8.0
Hip operation

H2

Single stage revision (includes DAIR with modular exchange and modular exchange for indications other than infection)
Stage 1 of 2 stage revision
Stage 2 of 2 stage revision
Excision arthroplasty

Patient addressograph

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.

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 ☐	No ☐	Not recorded ☐		
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes ☐	No/Not known ☐	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'		
Body Mass Index (enter either H&W **or** BMI **or** tick Not available box)	Height (In M) Weight (In KG)	BMI	Not available ☐		

Patient identifiers			
Forename(s)			
Surname			
Sex	Male ☐	Female ☐	Indeterminate ☐
Date of birth (DD/MM/YYYY)			
Patient postcode		Overseas address ☐	
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 Regional – epidural	☐ ☐	Regional – nerve block Regional – spinal (intrathecal)		☐ ☐
Patient ASA grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation funding	NHS ☐	Independent ☐			

Surgeon details						
Consultant in charge						
Operating surgeon number one						
Operating surgeon number one Grade	Consultant ☐	SPR/ST3-8 ☐	Senior Fellow (Post-CCT or equivalent) ☐	F1-ST2 ☐	Specialty doctor/SAS ☐	Other ☐
Dual consultant operation?	Yes ☐	No ☐				
Operating consultant number two (if dual consultant operation)						
First assistant Grade	Consultant ☐	Other ☐				

Hip revision procedure details				
Procedure type	Single stage revision (includes DAIR **with** modular exchange and modular exchange for indications **other** than infection)	☐	Stage 1 of 2 stage revision	☐
			Stage 2 of 2 stage revision	☐
			Excision arthroplasty	☐
Revision of	Primary total arthroplasty	☐		
	Previous revision arthroplasty	☐		
	Primary hemiarthroplasty	☐		
Side	**Left** ☐	**Right** ☐		

Indications for/findings at time of revision (select all that apply)										
	Dislocation/subluxation	☐	Dissociation of liner	☐						
	Infection	☐	Adverse soft tissue reaction to particulate debris	☐						
	Unexplained pain	☐	Acetabular erosion by hemiarthroplasty	☐						
	Wear of acetabular component	☐	Leg length discrepancy	☐						
			Stem	**Socket**	**Head**					
	Aseptic loosening		☐	☐	-					
	Implant fracture of a non-ceramic component		☐	☐	☐					
	Implant fracture of a ceramic component		☐	☐	☐					
	Head/socket mismatch		-	☐	☐					
	Lysis		☐	☐	-					
	Malalignment		☐	☐	-					
	Periprosthetic fracture		☐							
	Unified Classification System (UCS) site									
	Acetabulum/pelvis (circle classification)		A	B1	B2	B3	C	D	E	F	N/A
	Femur, proximal (circle classification)		A	B1	B2	B3	C	D	E	F	N/A
	A Apophyseal or extraarticular/periarticular *B1 Bed of the implant or around the implant – prosthesis stable, good bone* *B2 Bed of the implant or around the implant – prosthesis loose, good bone* *B3 Bed of the implant or around the implant – prosthesis loose, poor bone or bone defect*		*C Clear of or distant to the implant* *D Dividing the bone between two implants* *E Each of two bones supporting arthroplasty* *F Facing and articulating with a hemiarthroplasty*							
	Other: ☐ If "Other" selected, please enter text (max 25 characters):									

Revision complexity (optional)	H1 ☐	H2 ☐	H3 ☐	
Was the case discussed at an MDT? (optional)	Local MDT	Yes ☐	No ☐	Unknown ☐
	Regional MDT	Yes ☐	No ☐	Unknown ☐
	Infection MDT	Yes ☐	No ☐	Unknown ☐

Components removed (do not complete for Stage 2 of 2 stage revision)			
Femoral component removed?	Yes ☐	No ☐	Not applicable ☐
Modular head removed?	Yes ☐	No ☐	Not applicable ☐
Femoral cement removed?	Yes ☐	No ☐	Not applicable ☐
Acetabular component removed?	Yes ☐	No ☐	Not applicable ☐
Acetabular liner removed?	Yes ☐	No ☐	Not applicable ☐
Acetabular cement removed?	Yes ☐	No ☐	Not applicable ☐

Surgical approach (used for single stage, stage 2 of 2 stage revision and revision of hemi)							
Patient procedure		Stem/femur			Socket/acetabulum		
		Cemented	Uncemented	Not replaced	Cemented	Uncemented	Not replaced
	Revision of total hip replacement	☐	☐	☐	☐	☐	☐
	Revision of primary hemiarthroplasty to total hip replacement	☐	☐	-	☐	☐	-
	Revision of primary hemiarthroplasty to total hip replacement retaining femoral stem	-	-	-	☐	☐	-
	Revision of **and to** resurfacing arthroplasty	☐	☐	☐	☐	☐	☐
	Revision of **and to** primary hemiarthroplasty (e.g. head exchange)	☐	☐	☐	-	-	-
	Debridement And Implant Retention (DAIR) **with** modular exchange	☐					
	Modular exchange for indications **other** than infection	☐					
	Application Posterior Lip Augmentation Device (PLAD)	☐					
Patient position	Lateral ☐	Supine ☐					
Approach	Hardinge/anterolateral	☐	Extended trochanteric osteotomy	☐			
	Posterior	☐	Direct anterior	☐			
	Trochanteric osteotomy	☐	Other	☐			

Thromboprophylaxis regime (intention to treat)								
Chemical					In hospital		At home	
	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	☐			Other		☐	
	Intermittent calf compression	☐			None		☐	
	TED stockings	☐						

Bone graft used (not applicable for DAIR)								
Was femoral bone graft used?	Yes	☐	No	☐				
Femoral – form	Structural	☐	Morsellised/chips	☐				
Femoral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was acetabular bone graft used?	Yes	☐	No	☐				
Acetabular – form	Structural	☐	Morsellised/chips	☐				
Acetabular – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. buttress, shim, augment, restrictor, wedge, flange				
Were femoral structural implant or other augment(s) used?	Yes	☐	No	☐
Were acetabular structural implant or other augment(s) used?	Yes	☐	No	☐

If yes, please affix implant labels under "Accessories"

Surgeon's notes

Intra-operative event						
Untoward intra-operative event (select all that apply)	None	☐	Shaft fracture	☐	Other	☐
	Calcar crack	☐	Shaft penetration	☐		
	Pelvic penetration	☐	Trochanteric fracture	☐		

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.

Cup or shell	Liner (if used)
Stem	Head
Cement (if used)	Accessories