



H1 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 HIP 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 2 ANKYLOSING SPONDYLITIS 3 AVASCULAR NECROSIS 4 CONGENITAL DISLOCATION/ DYSPLASIA OF THE HIP 5 FAILED HEMI-ARTHROPLASTY 6 FAILED INTERNAL FIXATION 7 FRACTURED ACETABULUM 8 FRACTURED NECK OF FEMUR 9 OTHER HIP TRAUMA	10 OTHER INFLAMMATORY ARTHROPATHY 11 PERTHES' 12 PREVIOUS ARTHRODESIS 13 PREVIOUS INFECTION 14 PSORIATIC ARTHROPATHY 15 SEROPOSITIVE RHEUMATOID ARTHRITIS 16 SLIPPED UPPER FEMORAL EPIPHYSIS 17 OTHER (PLEASE SPECIFY) []
* 4.2 PATIENT PROCEDURE:		
	1 PRIMARY TOTAL PROSTHETIC REPLACEMENT USING CEMENT 2 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT USING CEMENT 3 PRIMARY RESURFACING ARTHROPLASTY OF JOINT 4 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT CLASSIFIED ELSEWHERE (EG HYBRID)	

5 SURGICAL APPROACH - PRIMARY/COMPLEX PRIMARY		
REGISTERED DEFAULT 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.)	
* PATIENT POSITION:	1 LATERAL 2 SUPINE	
* APPROACH:	1 ANTERIOR 2 ANTERO-LATERAL 3 LATERAL 4 POSTERIOR (INC. HARDINGE)	
* TROCHANTERIC OSTEOTOMY?	1 YES 2 NO	
* COMPLEX OSTEOTOMY?	1 YES 2 NO NOTE: IF NO ABOVE, MUST BE NO HERE	
MINIMALLY INVASIVE SURGERY USED?	1 YES 2 NO	
NUMBER OF INCISIONS:	1 ONE INCISION 2 TWO INCISIONS	
TOTAL INCISION LENGTH:	1 LESS THAN OR EQUAL TO 10CM 2 GREATER THAN 10CM	
COMPUTER GUIDED SURGERY USED?	1 YES 2 NO	
FEMORAL POWERED LAVAGE USED?	1 YES 2 NO	
ACETABULAR POWERED LAVAGE USED?	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/MORCELISED	
PREPARATION:	1 NONE 3 IRRADIATED 5 OTHER 2 FROZEN 4 FREEZE DRIED	
RECONSTRUCTION:	1 ENDOSTEAL 2 PAROSTEAL	
FIXATION:	1 IMPACTION 3 CABLES 5 SCREWS 7 BIODEGRADABLE 2 WIRES 4 PLATES 6 MESH 8 OTHER	
ACETABULAR BONEGRAFT: SELECT ALL THAT APPLY (AT LEAST ONE FROM EACH SECTION)		
TYPE:	1 ALLOGRAFT 2 AUTOGRAFT 3 SYNTHETIC 4 OTHER	
FORM:	1 BLOCK 2 CHIPS/MORCELISED	
PREPARATION:	1 NONE 3 IRRADIATED 5 OTHER 2 FROZEN 4 FREEZE DRIED	
PLACEMENT:	1 ANTERIOR 3 POSTERIOR 5 MEDIAL 2 SUPERIOR 4 INFERIOR	
FIXATION:	1 IMPACTION 3 SCREWS 5 CAGE 7 OTHER 2 MESH 4 RING 6 BIODEGRADABLE	
FEMORAL CEMENTING TECHNIQUES:		
* WAS THE FEMORAL PROSTHESIS CEMENTED?	1 YES 2 NO	
WAS A GUN USED?	1 YES 2 NO	
WAS CEMENT USED RETROGRADE?	1 YES 2 NO	
WAS A PROXIMAL SEAL USED WITH THE GUN?	1 YES 2 NO	
WHICH CEMENT MIXING SYSTEM WAS USED?	1 OPEN BOWL AND SPATULA 2 VACUUM MIXING 3 FUME EXTRACTION ONLY	
ACETABULAR CEMENTING TECHNIQUES:		
* WAS THE ACETABULAR PROSTHESIS CEMENTED?	1 YES 2 NO	
WAS A PROPRIETARY PRESSURISER USED?	1 YES 2 NO	
WHICH CEMENT MIXING SYSTEM WAS USED?	1 OPEN BOWL AND SPATULA 2 VACUUM MIXING 3 FUME EXTRACTION ONLY	

5 SURGICAL APPROACH - PRIMARY/COMPLEX PRIMARY (CONTINUED)

* THROMBO PROPHYLAXIS REGIME (INTENTION TO TREAT)

CHEMICAL (SELECT ALL THAT APPLY)

- | | |
|-------------------|------------------------------------|
| 1 ASPIRIN | 6 WARFARIN |
| 2 CHLOROQUINE | 7 OTHER (CHEMICAL) PLEASE SPECIFY: |
| 3 LDH | [] |
| 4 LMWH | |
| 5 PENTASACCHARIDE | 8 NONE |

MECHANICAL (SELECT ALL THAT APPLY)

- | | |
|---------------------|----------------------|
| 1 FOOT PUMP | 4 OTHER (MECHANICAL) |
| 2 INTERMITTENT CALF | PLEASE SPECIFY: |
| COMPRESSION | [] |
| 3 TED STOCKINGS | |
| | 5 NONE |

SURGEON'S NOTES

INTRA OPERATIVE EVENT:

UNTOWARD INTRA OPERATIVE EVENT:

- | | |
|----------------------|--------------------------|
| 1 NONE | 5 SHAFT PENETRATION |
| 2 CALCAR CRACK | 6 TROCHANTERIC FRACTURE |
| 3 PELVIC PENETRATION | 7 OTHER (PLEASE SPECIFY) |
| 4 SHAFT FRACTURE | [] |

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