



National Joint Registry

www.njrcentre.org.uk

Working for patients, driving forward quality

# MDS VERSION 7.0 Elbow Operation

Form: MDSv7.0 E1 v1.0

## E1 Elbow Primary

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

REMEMBER! MAKE A NOTE OF THE NJR REFERENCE NUMBER WHEN YOU ENTER THIS DATA

NJR REF:

### PATIENT DETAILS

NJR Patient Consent Obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height <small>(IN M)</small> Weight <small>(IN KG)</small>	BMI	Not Available <input type="checkbox"/>
Handedness	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Ambidextrous <input type="checkbox"/> Unknown <input type="checkbox"/>

### PATIENT IDENTIFIERS

Forename(s)	
Surname	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Not Known <input type="checkbox"/> Not Specified <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	

### OPERATION DETAILS

Hospital	
Operation Date	DD/MM/YYYY
Anaesthetic Types	General <input type="checkbox"/> Regional – Nerve Block <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	
Operating Surgeon Grade	Consultant <input type="checkbox"/> SpR/ST3-8 <input type="checkbox"/> F1-ST2 <input type="checkbox"/> Specialty Doctor/SAS <input type="checkbox"/> Other <input type="checkbox"/>
First Assistant Grade	Consultant <input type="checkbox"/> Other <input type="checkbox"/>

ELBOW PRIMARY PROCEDURE DETAILS			
Side	Left <input type="checkbox"/> Right <input type="checkbox"/>		
Indications for Implantation (select all that apply)	Osteoarthritis	<input type="checkbox"/>	Other Acute Trauma <input type="checkbox"/>
	Inflammatory Arthropathy	<input type="checkbox"/>	Trauma Sequelae <input type="checkbox"/>
	Essex Lopresti	<input type="checkbox"/>	Other <input type="checkbox"/>
	Avascular Necrosis (AVN)	<input type="checkbox"/>	

SURGICAL APPROACH									
Patient Procedure	Primary Total Prosthetic Replacement <input type="checkbox"/>								
	Primary Radial Head Replacement <input type="checkbox"/>								
	Lateral Resurfacing <input type="checkbox"/>								
	Distal Humeral Hemi Arthroplasty <input type="checkbox"/>								
Fixation Type	Uncemented <input type="checkbox"/>		Cemented <input type="checkbox"/>		Hybrid <input type="checkbox"/>				
Approach	Kocher <input type="checkbox"/>		Posterior <input type="checkbox"/>						
Minimally Invasive Technique Used?	Yes <input type="checkbox"/>		No <input type="checkbox"/>						
Computer Guided Surgery Used?	Yes <input type="checkbox"/>		No <input type="checkbox"/>						
THROMBOPROPHYLAXIS REGIME (intention to treat)									
Chemical (In Hospital)	Aspirin <input type="checkbox"/>		Direct Thrombin Inhibitor (e.g. Dabigatran) <input type="checkbox"/>						
	LMWH <input type="checkbox"/>		Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban) <input type="checkbox"/>						
	Pentasaccharide (e.g. Fondaparinux) <input type="checkbox"/>		Other <input type="checkbox"/>						
	Warfarin <input type="checkbox"/>		None <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 Humeral Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Humeral - Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>					
Humeral – Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Was Ulnar Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Ulnar - Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>					
Ulnar - Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>	
SURGEON'S NOTES									

INTRA-OPERATIVE EVENT				
Untoward Intra-Operative Event	None	<input type="checkbox"/>	Fracture Ulna	<input type="checkbox"/>
	Shaft Penetration Humerus	<input type="checkbox"/>	Nerve Injury	<input type="checkbox"/>
	Shaft Penetration Ulna	<input type="checkbox"/>	Vascular Injury	<input type="checkbox"/>
	Fracture Humerus	<input type="checkbox"/>	Other	<input type="checkbox"/>

# 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, surgical tools or endoprotheses.

Ulnar Component (if used)

Humeral component

Radial component (if used)  
Required for hemi-arthroplasty

Cement (if used)

Accessories