National Joint Registry
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MDS version 8.0
Knee operation

Form: MDSv8.0 K2 v1

K2

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
Stage 2 of planned incomplete primary procedure
Conversion to arthrodesis
Excision arthroplasty
Amputation

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 ☐				

Knee revision procedure details				
Procedure type	Single stage revision (includes DAIR **with** modular exchange and modular exchange for indications **other** than infection)	☐	Stage 2 of 2 stage revision	☐
			Stage 2 of planned incomplete primary procedure	☐
			Conversion to arthrodesis	☐
	Stage 1 of 2 stage revision	☐	Excision arthroplasty	☐
			Amputation	☐
Revision of	Primary total arthroplasty	☐	Partial knee replacement(s)	☐
	Previous revision arthroplasty	☐	Focal knee resurfacing	☐
Side	**Left** ☐	**Right** ☐		

Indications for/findings at time of revision (select all that apply)				
	Aseptic loosening		**Wear of polyethylene component**	☐
	Femur	☐	**Component dissociation**	☐
	Tibia	☐	**Unexplained pain**	☐
	Patella	☐	**Malalignment**	☐
	Infection	☐	**Implant fracture**	☐
	Dislocation/subluxation	☐	**Stiffness**	☐
	Lysis		**Progressive arthritis remaining knee**	☐
	Femur	☐	**Leg length discrepancy**	☐
	Tibia	☐	**Focal chondral defect**	☐
	Instability	☐		
	Periprosthetic fracture		☐	
	Unified Classification System (UCS) site			
	Femur, distal		A B1 B2 B3 C D E F N/A	
	Tibia, proximal		A B1 B2 B3 C D E F N/A	
	Patella		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):			

Grading complexity (optional)			
Revision level	R1 ☐	R2 ☐	R3 ☐
Patient comorbidities	A ☐	B ☐	C ☐
Infection	Yes ☐	No ☐	
Extensor mechanism compromise	Yes ☐	No ☐	
Soft tissue compromise	Yes ☐	No ☐	

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 ☐
Tibial component removed?	Yes ☐	No ☐	Not applicable ☐
Tibial liner removed?	Yes ☐	No ☐	Not applicable ☐
Patella removed?	Yes ☐	No ☐	Not applicable ☐

Surgical approach (used for single stage, stage 2 of 2 stage revision and stage 2 of planned incomplete primary procedure)						
Patient procedure	Revision using cement					☐
	Revision not using cement					☐
	Secondary resurfacing of patella					☐
	Partial replacement second compartment of knee (Uni or PFR)					☐
	Debridement And Implant Retention (DAIR) **with** modular exchange					☐
	Modular exchange for indications **other** than infection					☐
	Revision not classified elsewhere (e.g. hybrid)					☐
Approach	Medial parapatellar	☐		Quadriceps turn-down		☐
	Lateral parapatellar	☐		Tibial tubercle osteotomy		☐
	Sub-vastus	☐		Other		☐
	Mid-vastus	☐				
Patient specific instruments?	Yes ☐	No ☐				
Use of tourniquet	Yes ☐	No ☐				
How long was it used for?	0-15 minutes	☐	15-30 minutes	☐	More than 30 minutes	☐

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 tibial bone graft used?	Yes	☐	No	☐				
Tibial – form	Structural	☐	Morsellised/chips	☐				
Tibial – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. stems, wedges, block, cone, sleeve				
Were femoral structural implant or other augment(s) used?	Yes	☐	No	☐
Were tibial 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	☐	Ligament injury	☐
	Fracture	☐	Other	☐
	Patella tendon avulsion	☐		

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.

Femoral component (or unicondylar femoral component)	Tibial tray (or unicondylar tibial component)
Meniscal component	Cement (if used)
Patella (if used) Needed in Patello-femoral replacement	Accessories