National Joint Registry
Working for patients, committed to excellence

MDS version 8.0
Hip operation

Form: MDSv8.0 H1 v1

H1 Hip Primary

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'	
Has the patient consented to linkage of study data to NJR data?	Yes ☐	No/Not known ☐	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 ☐	

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 primary procedure details				
Side	**Left** ☐	**Right** ☐		
Indications for implantation (select all that apply)	Osteoarthritis	☐	Metastatic cancer/malignancy	☐
	Inflammatory arthropathy	☐	Previous hip surgery – non-trauma related	☐
	Congenital dislocation/dysplasia of the hip	☐	Previous arthrodesis	☐
	Avascular necrosis (AVN)	☐	Infection – previous	☐
	Trauma		Infection – active	☐
	Trauma acute – hip fracture	☐	SUFE	☐
	Trauma acute – acetabular fracture	☐	Skeletal dysplasia	☐
	Trauma chronic	☐	Other	☐
	Perthes	☐		

Surgical approach					
Patient procedure		Stem/femur		Socket/acetabulum	
		Cemented	Uncemented	Cemented	Uncemented
	Primary total hip replacement	☐	☐	☐	☐
	Dual mobility total hip replacement	☐	☐	☐	☐
	Primary resurfacing of hip	☐	☐	☐	☐
	Primary hemiarthroplasty (unipolar)	☐	☐	-	-
	Primary hemiarthroplasty (bipolar)	☐	☐	-	-

Patient position	Lateral ☐	Supine ☐		
Approach	Hardinge/anterolateral	☐	Trochanteric osteotomy	☐
	Posterior	☐	Other	☐
	Direct anterior	☐		
Minimally invasive technique used?	Yes ☐	No ☐		
Computer guided surgery used?	Yes ☐	No ☐		
Robotic surgery used?	Yes ☐	No ☐		
If Yes, name of robot				

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								
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	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