

<h1 style="font-size: 48px; margin: 0;">A2</h1> <p>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 Conversion to arthrodesis Amputation</p>	<p>Patient addressograph</p>
<p>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.</p>	

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 <input type="checkbox"/>	No <input type="checkbox"/>	Not recorded <input type="checkbox"/>
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes <input type="checkbox"/>	No/Not known <input type="checkbox"/>	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 <input type="checkbox"/>

Patient identifiers

Forename(s)			
Surname			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Indeterminate <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			
Patient email address (if provided)			
Patient mobile phone number (if provided)			

Operation details

Hospital					
Operation date (DD/MM/YYYY)					
Anaesthetic types	General <input type="checkbox"/>	Regional – epidural <input type="checkbox"/>	Regional – nerve block <input type="checkbox"/>	Regional – spinal (intrathecal) <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 number one													
Operating surgeon number one Grade		Consultant <input type="checkbox"/>	SPR/ST3-8 <input type="checkbox"/>	Senior Fellow (Post-CCT or equivalent) <input type="checkbox"/>	F1-ST2 <input type="checkbox"/>	Specialty doctor/SAS <input type="checkbox"/>	Other <input type="checkbox"/>						
Dual consultant operation?		Yes <input type="checkbox"/>		No <input type="checkbox"/>									
Operating consultant number two (if dual consultant operation)													
First assistant Grade		Consultant <input type="checkbox"/>		Other <input type="checkbox"/>									
Ankle revision procedure details													
Procedure type	Single stage revision (includes DAIR with modular exchange and modular exchange for indications other than infection)			<input type="checkbox"/>	Stage 2 of 2 stage revision		<input type="checkbox"/>						
					Conversion to arthrodesis		<input type="checkbox"/>						
					Amputation		<input type="checkbox"/>						
	Stage 1 of 2 stage revision			<input type="checkbox"/>									
Revision of		Primary total arthroplasty		<input type="checkbox"/>	Previous revision arthroplasty		<input type="checkbox"/>						
Side		Left <input type="checkbox"/>		Right <input type="checkbox"/>									
Indications for/findings at time of revision (select all that apply)	Infection – previous		<input type="checkbox"/>	Implant fracture									
	Infection – active		<input type="checkbox"/>	Tibial component		<input type="checkbox"/>							
	Aseptic loosening			Talar component		<input type="checkbox"/>							
	Tibial component		<input type="checkbox"/>	Meniscal component		<input type="checkbox"/>							
	Talar component		<input type="checkbox"/>	Wear of polyethylene component		<input type="checkbox"/>							
	Lysis			Meniscal insert dislocation		<input type="checkbox"/>							
	Tibia		<input type="checkbox"/>	Component migration/dissociation		<input type="checkbox"/>							
	Talus		<input type="checkbox"/>	Unexplained pain		<input type="checkbox"/>							
	Malalignment		<input type="checkbox"/>	Stiffness		<input type="checkbox"/>							
				Soft tissue impingement		<input type="checkbox"/>							
	Periprosthetic fracture			<input type="checkbox"/>									
	Unified Classification System (UCS) site												
	Tibia, distal (circle classification)				A	B1	B2	B3	C	D	E	F	N/A
	Talus (circle classification)				A	B1	B2	B3	C	D	E	F	N/A
	<i>A Apophyseal or extraarticular/periarticular</i> <i>B1 Bed of the implant or around the implant – prosthesis stable, good bone</i> <i>B2 Bed of the implant or around the implant – prosthesis loose, good bone</i>				<i>B3 Bed of the implant or around the implant – prosthesis loose, poor bone or bone defect</i> <i>C Clear of or distant to the implant</i> <i>D Dividing the bone between two implants</i> <i>E Each of two bones supporting arthroplasty</i> <i>F Facing and articulating with a hemiarthroplasty</i>								
	Other: <input type="checkbox"/> If "Other" selected, please enter text (max 25 characters):												

Components removed (do not complete for stage 2 of 2 stage revision)				
Tibial components removed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Talar components removed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Meniscal components removed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable <input type="checkbox"/>	
Surgical approach (used for single stage revision and stage 2 of 2 stage revision)				
Patient procedure (i.e. revision to)	Prosthetic replacement not using cement	<input type="checkbox"/>	Debridement And Implant Retention (DAIR) with Modular Exchange	<input type="checkbox"/>
	Prosthetic replacement using cement	<input type="checkbox"/>	Modular exchange for indications other than infection	<input type="checkbox"/>
	Ankle fusion (subtalar joint not fused at this sitting)	<input type="checkbox"/>	Prosthetic replacement not classified elsewhere (e.g. hybrid)	<input type="checkbox"/>
	Ankle & subtalar fusion (using TTC nail)	<input type="checkbox"/>		
	Ankle & subtalar fusion (not using TTC nail)	<input type="checkbox"/>		
	Pantalar fusion	<input type="checkbox"/>		
Approach	Anterior	<input type="checkbox"/>	Anterolateral	<input type="checkbox"/>
	Lateral (transfibular)	<input type="checkbox"/>	Other	<input type="checkbox"/>
Associated procedures at the time of surgery* (select all that apply) *Also select if previously carried out or procedures are planned at the time of index surgery	Subtalar joint fusion	<input type="checkbox"/>	Medial malleolar osteotomy	<input type="checkbox"/>
	Talonavicular fusion	<input type="checkbox"/>	Lateral ligament reconstruction	<input type="checkbox"/>
	Calcaneal displacement osteotomy	<input type="checkbox"/>	Medial ligament reconstruction	<input type="checkbox"/>
	Achilles tendon lengthening	<input type="checkbox"/>	Medial ligament release	<input type="checkbox"/>
	Fusion distal tibiofibular joint	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Fibula osteotomy	<input type="checkbox"/>	None	<input type="checkbox"/>
Thromboprophylaxis regime (intention to treat)				
Chemical			In hospital	At home
	Aspirin		<input type="checkbox"/>	<input type="checkbox"/>
	LMWH		<input type="checkbox"/>	<input type="checkbox"/>
	Pentasaccharide (e.g. Fondaparinux)		<input type="checkbox"/>	<input type="checkbox"/>
	Warfarin		<input type="checkbox"/>	<input type="checkbox"/>
	Direct thrombin inhibitor (e.g. Dabigatran)		<input type="checkbox"/>	<input type="checkbox"/>
	Factor Xa inhibitor (e.g. Rivaroxaban/Apixaban)		<input type="checkbox"/>	<input type="checkbox"/>
	Other		<input type="checkbox"/>	<input type="checkbox"/>
	None		<input type="checkbox"/>	<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 (not applicable for DAIR)								
Was tibial bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Tibial – form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Tibial – type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Was talar bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Talar – form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Talar – type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Was fibular bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Fibular – form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Fibular – type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Structural implant or other augment(s) used e.g. augment, block								
Were tibial structural implant or other augment(s) used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Were talar structural implant or other augment(s) used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If yes, please affix implant labels under “Accessories”								
Surgeon’s notes								
Intra-operative event								
Untoward intra-operative event (select all that apply)	None	<input type="checkbox"/>	Ligament injury	<input type="checkbox"/>				
	Fracture medial malleolus	<input type="checkbox"/>	Nerve injury	<input type="checkbox"/>				
	Fracture lateral malleolus	<input type="checkbox"/>	Tendon injury	<input type="checkbox"/>				
	Fracture (other)	<input type="checkbox"/>	Other	<input type="checkbox"/>				

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.

Talar component	Tibial tray component
Meniscal component	Cement (if used)
Accessories	