National Joint Registry
Working for patients, committed to excellence

MDS version 8.0
Elbow operation

E2

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
Partial excision arthroplasty (i.e. removal of radial head prosthesis)
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 ☐	
Handedness	Left ☐	Right ☐	Ambidextrous ☐	Unknown ☐

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 – nerve block		☐
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 ☐				

Elbow revision procedure details				
Procedure type	Single stage revision (includes DAIR **with** modular exchange and modular exchange for indications **other** than infection)	☐	Conversion to arthrodesis	☐
			Partial excision arthroplasty (i.e. removal of radial head prosthesis)	☐
			Excision arthroplasty	☐
	Stage 1 of 2 stage revision	☐	Amputation	☐
	Stage 2 of 2 stage revision	☐		
Revision of	Primary arthroplasty	☐	Previous revision arthroplasty	☐
Side	**Left** ☐	**Right** ☐		

Indications for/findings at time of revision (select all that apply)										
	Infection ☐									
	Instability ☐									
	Failed Hemiarthroplasty ☐									
		Ulnar	Humeral	Radial head						
	Breakage/dissociation of prosthesis	☐	☐	☐						
	Aseptic loosening	☐	☐	☐						
	Lysis	☐	☐	☐						
	Periprosthetic fracture	☐								
	Unified Classification System (UCS) site									
	Humerus, distal	A	B1	B2	B3	C	D	E	F	N/A
	Ulna/radius, proximal	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):									

Components removed (do not complete for stage 2 of 2 stage revision)			
Radial component removed?	Yes ☐	No ☐	Not applicable ☐
Humeral component removed?	Yes ☐	No ☐	Not applicable ☐
Ulnar component removed?	Yes ☐	No ☐	Not applicable ☐

Surgical approach (used for single stage revision and stage 2 of 2 stage revision)					
Patient procedure (i.e. revision to)	Revision total prosthetic replacement				☐
	Revision radial head replacement				☐
	Revision to lateral resurfacing				☐
	Revision distal humeral hemiarthroplasty				☐
	Debridement And Implant Retention (DAIR) **with** modular exchange				☐
	Modular exchange for indications **other** than infection				☐
Fixation type (not applicable for DAIR)	Uncemented ☐	Cemented ☐	Hybrid ☐		
Approach	Lateral	☐	Posterior triceps off		☐
	Posterior triceps on	☐	Medial		☐

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 humeral bone graft used?	Yes	☐	No	☐				
Humeral – form	Structural	☐	Morsellised/chips	☐				
Humeral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was ulnar bone graft used?	Yes	☐	No	☐				
Ulnar – form	Structural	☐	Morsellised/chips	☐				
Ulnar – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. augment, block, wedge, restrictor, sleeve				
Were humeral structural implant or other augment(s) used?	Yes	☐	No	☐
Were radial structural implant or other augment(s) used?	Yes	☐	No	☐
Were ulnar 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	☐	Fracture ulna	☐
	Shaft penetration humerus	☐	Nerve injury	☐
	Shaft penetration ulna	☐	Vascular injury	☐
	Fracture humerus	☐	Other	☐

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.

Ulnar component (if used)	Humeral component
Radial component (if used) Required for hemiarthroplasty	Cement (if used)
Accessories	