DBEC # _____
(Lab use only)

Dartmouth Biomedical Engineering Center Retrieval Lab
14 Engineering Drive, Hanover, NH 03755 Tel. 603-646-3489 FAX. 603-646-3856
E-mail address: *Dartmouth.Biomedical.Engineering.Center@Dartmouth.EDU*

IMPLANT RETRIEVAL FORM

See reverse for shipping procedure

SURGEON INFORMATION: Retrieval Surgeon:_____
Address:_____
Telephone:_____ FAX #:_____ E-mail address:_____
Did you implant the retrieved prosthesis? *yes* ○ *no* ○ If not, who did?_____

PATIENT INFORMATION: Name:_____ ○M F ○ Age:_____ Wt:_____lbs Ht:_____in
Patient activity level prior to the onset of symptoms: *very active* ○ *active* ○ *ambulatory w/aids* ○ *nonambulatory* ○
Patient activity level immediately prior to surgery: *very active* ○ *active* ○ *ambulatory w/aids* ○ *nonambulatory* ○
Description of pain (prior to surgery): 1) severity: *none* ○ *mild* ○ *moderate* ○ *severe* ○
2) location: *groin* ☐ *buttock* ☐ *thigh* ☐ *knee* ☐ *other:*_____
3) duration:_____*months*
What was the primary diagnosis for which this prosthesis was implanted?_____
Were there any additional significant diagnoses prior to surgery? *yes* ○ *no* ○
If so, please describe:_____

IMPLANT INFORMATION: ○ *Left / Right* ○ Manufacturer:_____ Model:_____
Implant LOT #'s (high priority for LOT #'s of polyethylene components):_____
(if possible, please enclose photocopies of the ***retrieved*** implants' identification stickers from the patient file)
Date of Implantation: / / Date of Retrieval: / /
Was this implant inserted as a Primary or a Revision? *P* ○ *R* ○ *unknown* ○
In vivo dislocation? *yes* ○ *no* ○ If yes: *many* ○ *few* ○ *one* ○ # of dislocations during retrieval_____
Why was this prosthesis removed? *loose* ☐ *subsidence* ☐ *painful* ☐ *position* ☐ *instability* ☐ *dislocation* ☐ *lysis* ☐
wear of: poly ☐ *metal* ☐ *fracture of: poly* ☐ *implant* ☐ *bone* ☐ *sepsis* ☐ *postmortem* ☐ *other:*_____
Which component?_____
Pertinent history:_____
Did the poly insert disassociate in vivo? *yes* ○ *no* ○ *loosely attached* ○
Was this implant Hydroxyapatite (HA) coated? *yes* ○ *no* ○
What was the quality of bone at the time of revision? *poor* ○ *fair* ○ *good* ○ *excellent* ○
Was there evidence of significant debris? *no* ☐ *poly* ☐ *metal* ☐ *cement* ☐ *other:*_____
lytic activity at revision? *none* ○ *mild* ○ *moderate* ○ *severe* ○
loosening? *none* ○ *mild* ○ *moderate* ○ *severe* ○
stress shielding? *none* ○ *mild* ○ *moderate* ○ *severe* ○
osteoporosis? *yes* ○ *no* ○ If so, was it: *clinical* ○ *radiographic* ○ *both* ○
What was the removal difficulty? *none* ○ *mild* ○ *moderate* ○ *severe* ○
What surgical instruments were used?_____
What surgical approach was used?_____

MoM DETAILS: Anteversion_____ Inclination_____ Direction of dislocation at retrieval_____

CLINICAL DETAIL: If you implanted this retrieved prosthesis,
Were you initially satisfied with its size? *yes* ○ *no* ○ its orientation? *yes* ○ *no* ○
Were there any complications?_____
Additional comments:_____

Please Enclose All Retrieved Items including metal shells, stems, heads, screws, pegs, clips, etc.

Address-o-graph plate

IMPLANT SHIPPING PROCEDURE

1. Soak the device(s) in a 70% ethanol solution for 48 hours (except metal-on-metal hips – 10% formalin).
2. Blot to remove excess ethanol (formalin).
3. Wrap in towels (paper or cloth).
4. Double wrap in zip-lock plastic bags.
5. Wrap double bagged device with paper towels, then place into a final third zip-lock bag.
6. Ship in a box via one of the overnight services. **Mail to:**

Thayer School of Engineering
Dartmouth Biomedical Engineering Center
14 Engineering Drive, Room 15
Hanover, NH 03755

Thank You!