



DBEC # _____
(Lab use only)

Dartmouth Biomedical Engineering Center Retrieval Lab
14 Engineering Drive, Hanover, NH 03755 Tel. 603-646-3489 FAX. 603-646-3489
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 10% formalin solution for 48 hours.
2. Blot to remove excess formalin.
3. Wrap in towels (paper or cloth) lightly soaked in formalin.
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!