



IMPLANT RETRIEVAL FORM

See reverse for shipping procedure.

SURGEON INFORMATION: Retrieval Surgeon: _____
Address: _____
Telephone: _____ Fax #: _____ Email: _____

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 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): severity: ☐ none ☐ mild ☐ moderate ☐ severe
location: ☐ buttock ☐ groin ☐ knee ☐ thigh other: _____
duration: _____ months

What was the primary diagnosis for which this prosthesis was implanted? _____

Please describe any additional significant diagnoses prior to surgery: _____

Patient smoking status: ☐ nonsmoker ☐ chewing tobacco/snuff ☐ former smoker ☐ smoker

IMPLANT INFORMATION: ☐ Left ☐ Right Manufacturer: _____ Model: _____

Implant lot #s (HIGH PRIORITY for poly components): _____

(If possible, please enclose copies of the *retrieved* implants' ID stickers from the patient file.)

Date of implantation: _____ / _____ / _____ Date of retrieval: _____ / _____ / _____

Was this implanted as a primary or revision implant? ☐ primary ☐ revision ☐ unknown

In vivo dislocation? ☐ yes ☐ no If yes: ☐ many ☐ few ☐ one # of dislocations during retrieval: _____

Why was this implant removed? ☐ dislocation ☐ instability ☐ loose ☐ lysis ☐ painful ☐ position ☐ postmortem ☐ sepsis

☐ subsidence wear of: ☐ poly ☐ metal fracture of: ☐ bone ☐ implant ☐ poly other: _____

Which component? _____

Pertinent History: _____

Poly insert disassociation in vivo? ☐ yes ☐ no ☐ loosely attached Was this implant hydroxapatite (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 ☐ cement ☐ metal ☐ poly other: _____

lytic activity at revision? ☐ none ☐ mild ☐ moderate ☐ severe

loosening? ☐ none ☐ mild ☐ moderate ☐ severe

stress shielding? ☐ none ☐ mild ☐ moderate ☐ severe

osteoporosis? ☐ yes ☐ no If yes, was it: ☐ clinical ☐ radiographic

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: _____

Metal ion levels: _____

CLINICAL DETAILS: 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.

IMPLANT SHIPPING PROCEDURE

- 1. Soak the device(s) in a 70% ethanol solution for 48hrs (except metal-on-metal hips -- use 10% formalin)**
- 2. Blot to removed excess ethanol or formalin.**
- 3. Wrap in towels (paper or cloth).**
- 4. Double wrap in ziploc plastic bags.**
- 5. Wrap double-bagged device with paper towels, then place into a final third ziploc 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!