



DBEC # \_\_\_\_\_  
(Lab use only)

Dartmouth Biomedical Engineering Center Retrieval Lab  
14 Engineering Drive, Hanover, NH 03755 Tel. 603-646-3489 FAX. 603-646-3489  
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## 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) lightly soaked in ethanol (metal-on-metal hips – 10% 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!**