Dartmouth Biomedical Engineering Center
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DBEC #: _____
(Lab Use Only)

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 it's 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!