



National Joint Registry

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Working for patients, driving forward quality

MDS VERSION 7.0 Knee Operation

Form: MDSv7.0 K1 v2.0

K1 Knee Primary

Patient Addressograph

Important:

Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Dataset Form Component Labels Sheet'. Please ensure that all sheets are stapled together.

All fields are Mandatory unless otherwise indicated

REMEMBER! MAKE A NOTE OF THE NJR REFERENCE NUMBER WHEN YOU ENTER THIS DATA

NJR REF:

PATIENT DETAILS

NJR Patient Consent Obtained

Yes ☒

No ☐

Not Recorded ☐

Body Mass Index
(enter either H&W OR BMI OR
tick Not Available box)

Height (IN M) 1.78

Weight (IN KG) 125

BMI 39.45

Not Available ☐

PATIENT IDENTIFIERS

Forename(s)

Chris

Surname

Apple-Two

Gender

Male ☐

Female ☒

Not Known ☐

Not Specified ☐

Date of Birth

02/07/1980

Patient Postcode

Overseas Address ☐

NHS Number or National Patient
Identifier (if available)

111

Patient Hospital ID

OPERATION DETAILS

Hospital

The Manor Hospital

Operation Date

06/09/2024

Anaesthetic Types

General ☒

Regional - Epidural ☐

Regional - Nerve Block ☐

Regional - Spinal (Intrathecal) ☐

Patient ASA Grade

1 ☐

2 ☒

3 ☐

4 ☐

5 ☐

Operation Funding

NHS ☒

Independent ☐

SURGEON DETAILS

Consultant in Charge

John Smith, MD

Operating Surgeon

John Smith, MD

Operating Surgeon Grade

Consultant ☒

SPR/ST3-8 ☐

F1-ST2 ☐

Specialty Doctor/SAS ☐

Other ☐

First Assistant Grade

Consultant ☒




Other ☐

KNEE PRIMARY PROCEDURE DETAILS									
Side	Left <input type="checkbox"/>		Right <input checked="" type="checkbox"/>						
Indications for Implantation (select all that apply)	Osteoarthritis		<input checked="" type="checkbox"/>		Rheumatoid Arthritis		<input type="checkbox"/>		
	Avascular Necrosis (AVN)		<input type="checkbox"/>		Previous Trauma		<input type="checkbox"/>		
	Other Inflammatory Arthropathy		<input type="checkbox"/>		Other		<input type="checkbox"/>		
	Previous Infection		<input type="checkbox"/>						
PRE-OPERATIVE RANGE OF MOVEMENT									
Fixed Flexion Deformity (degrees)	Less than 10 <input checked="" type="checkbox"/>		10 to 30 <input type="checkbox"/>		Greater than 30 <input type="checkbox"/>		Not Available <input type="checkbox"/>		
Flexion (degrees)	Less than 70 <input checked="" type="checkbox"/>		70 to 90 <input type="checkbox"/>		91 to 110 <input type="checkbox"/>		Greater than 110 <input type="checkbox"/>		Not Available <input type="checkbox"/>
SURGICAL APPROACH									
Patient Procedure	Primary Total Prosthetic Replacement Using Cement							<input type="checkbox"/>	
	Primary Total Prosthetic Replacement Not Using Cement							<input type="checkbox"/>	
	Unicompartmental Knee Replacement (select all that apply)							<input type="checkbox"/>	
	Medial <input type="checkbox"/>		Lateral <input type="checkbox"/>		Patello-Femoral <input type="checkbox"/>				
	Primary Total Prosthetic Replacement Not Classified Elsewhere (e.g. Hybrid)							<input type="checkbox"/>	
Approach	Medial Parapatellar <input type="checkbox"/>		Mid-Vastus <input type="checkbox"/>						
	Lateral Parapatellar <input checked="" type="checkbox"/>		Other <input type="checkbox"/>						
	Sub-Vastus <input type="checkbox"/>								
Minimally Invasive Technique Used?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>						
Computer Guided Surgery Used?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>						
Patient Specific Instruments?	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>						
THROMBOPROPHYLAXIS REGIME (intention to treat)									
Chemical (In Hospital)	Aspirin		<input type="checkbox"/>		Direct Thrombin Inhibitor (e.g. Dabigatran)		<input type="checkbox"/>		
	LMWH		<input checked="" type="checkbox"/>		Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban)		<input type="checkbox"/>		
	Pentasaccharide (e.g. Fondaparinux)		<input type="checkbox"/>		Other		<input type="checkbox"/>		
	Warfarin		<input type="checkbox"/>		None		<input type="checkbox"/>		
Mechanical	Foot Pump		<input checked="" type="checkbox"/>		Other		<input type="checkbox"/>		
	Intermittent Calf Compression		<input checked="" type="checkbox"/>		None		<input type="checkbox"/>		
	TED Stockings		<input type="checkbox"/>						
BONE GRAFT USED									
Was Femoral Bone graft used?	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>						
Femoral - Form	Structural <input type="checkbox"/>		Morsellised/chips <input type="checkbox"/>						
Femoral – Type	Autograft <input type="checkbox"/>		Allograft <input type="checkbox"/>		Synthetic <input type="checkbox"/>		Other <input type="checkbox"/>		
Was Tibial Bone graft used?	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>						
Tibial - Form	Structural <input type="checkbox"/>		Morsellised/chips <input type="checkbox"/>						
Tibial - Type	Autograft <input type="checkbox"/>		Allograft <input type="checkbox"/>		Synthetic <input type="checkbox"/>		Other <input type="checkbox"/>		
SURGEON'S NOTES									

INTRA-OPERATIVE EVENT									
Untoward Intra-Operative Event	None		<input checked="" type="checkbox"/>		Ligament Injury		<input type="checkbox"/>		
	Fracture		<input type="checkbox"/>		Other		<input type="checkbox"/>		
	Patella Tendon Avulsion		<input type="checkbox"/>						

Minimum Dataset Form - COMPONENT LABELS

1. Please affix any component labels to this sheet and ensure any extra component label sheets are attached to the main Minimum Dataset Form.
2. Ensure all component details are provided, including cement.
3. The NJR DOES NOT record the following: wire, mesh, cables, plates, screws, surgical tools, endoprotheses or bipolar heads.

<div><div></div><div>REF 3400.50.000</div><div>LOT TJ-908042</div></div> <div>Acetabular Shell with Ti-Coat, 50mm</div> <div>Acetabular shell</div> <div>Use By</div> <div>2028-01-11</div> <div>(01) 00814703010408 (17) 280111 (10) TJ-908042</div> <div>50mm</div>	<div><div></div><div>REF 3502.50.032</div><div>LOT OPSK08</div></div> <div>Acetabular Insert with E-Link Poly, 32mm Head, Size 50mm</div> <div>Non-constrained polyethylene acetabular liner</div> <div>Use By</div> <div>2021-08-10</div> <div>(01) 00814703011672 (17) 210810 (10) OPSK08</div> <div>32mm Head, Size 50mm</div>
<div><div></div><div>REF 3203.32.350</div><div>LOT 7011031106</div></div> <div>32mm BIOLOX delta Femoral Head, 12/14 taper, +3.5mm Head Length</div> <div>Ceramic femoral head prosthesis</div> <div>Use By</div> <div>2021-02-06</div> <div>(01) 00814703011542 (17) 210206 (10) 7011031106</div> <div>+3.5mm Head Length</div>	