V 1.2

West Bengal Joint Registry

E1 Elbow 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

PATIENT DETAILS

Patient Consent Obtained for Registry?	Yes ☐	No ☐	Not Recorded ☐	
Patient Hospital ID				
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (in Centimeters) Weight (in Kilograms)	BMI	Not Available ☐	
Handedness	Left ☐	Right ☐	Ambidextrous ☐	Unknown ☐

PATIENT IDENTIFIERS

Full Name				
Gender	Male ☐	Female ☐		
Date of BirthContact		Age (In Years) :		
Contact Details (optional)	Mobile :	Residence Phone :		
	Email :			
Full Address (optional*) Please provide city.				
Patient Pincode (optional)		Overseas Address ☐		
Identification Type (optional)	PAN ☐	Aadhaar ☐	Passport (For Overseas Citizen) ☐	Other ☐
Patient Identification Number (optional)				

OPERATION DETAILS		
Hospital		
Operation Date		
Anaesthetic Types(select all that apply)	General ☐	Regional- Nerve Block ☐
Patient ASA Grade	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	
Operation Funding	Insurance ☐ Self ☐ Insurance + Self ☐ Government Sponsor ☐ Other ☐	

SURGEON DETAILS		
Consultant in Charge	MCR[1] Number :	Name:
Operating Surgeon (if different than above)	MCR[1] Number :	Name:
Operating Surgeon Grade	Consultant ☐ Associate Consultant ☐ Senior Registrar ☐ Other ☐	
First Assistant Grade	Consultant ☐ Associate Consultant ☐ Senior Registrar ☐ Other ☐	

*1 - (MCR) - Medical Council Registration number

ELBOW PRIMARY PROCEDURE DETAILS					
Side	Left ☐ Right ☐				
Indications for Implantation (select all that apply)	Osteoarthritis	☐	Other Acute Trauma	☐	
	Inflammatory Arthropathy	☐	Trauma Sequelae	☐	
	Essex Lopresti	☐	Other	☐	
	Avascular Necrosis (AVN)	☐			

SURGICAL APPROACH						
Patient Procedure	Primary Total Prosthetic Replacement					☐
	Primary Radial Head Replacement					☐
	Lateral Resurfacing					☐
	Distal Humeral Hemi Arthroplasty					☐
Fixation Type	Uncemented	☐	Cemented	☐	Hybrid	☐
Approach	Kocher	☐				
	Posterior	☐				
Minimally Invasive Technique Used?	Yes ☐	No ☐				
Computer Guided Surgery Used?	Yes ☐	No ☐				
THROMBOPROPHYLAXIS REGIME (intention to treat)						
Chemical (In Hospital)	Aspirin	☐	Direct Thrombin Inhibitor (e.g. Dabigratan)	☐		
	LMWH	☐	Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban)	☐		
	Pentasaccharide (e.g. Fondaparinux)	☐	Other	☐		
	Warfarin	☐	None	☐		
Mechanical	Foot Pump	☐	Other	☐		
	Intermittent Calf Compression	☐	None	☐		
	TED Stockings	☐				
BONE GRAFT USED						
Was Bone graft used?	Yes	☐	No	☐		

SURGEON'S NOTES

INTRA-OPERATIVE EVENT				
Untoward Intra-Operative Event	None	☐	Fracture Ulna	☐
	Shaft Penetration Humerus	☐	Nerve Injury	☐
	Shaft Penetration Ulna	☐	Vascular Injury	☐
	Fracture Humerus	☐	Other	☐

Minimum Dataset Form - COMPONENT LABELS