V 1.2

West Bengal Joint Registry

E2

Elbow Single Stage Revision
Elbow Stage 1 of 2 Stage Revision
Elbow Stage 2 of 2 Stage Revision
Failed Hemi-arthroplasty
Conversion to Arthrodesis
Excision Arthroplasty
Amputation
Debridement and Implant Retention (DAIR)

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 Birth		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 REVISION PROCEDURE DETAILS		
Procedure Type	Single Stage Revision (includes modular exchange for indications **other** than infection) ☐ Stage 1 of 2 Stage Revision ☐ Stage 2 of 2 Stage Revision ☐	Conversion to Arthrodesis ☐ Excision Arthroplasty ☐ Amputation ☐ Debridement and Implant Retention (DAIR) ☐
Revision of	Primary Arthroplasty ☐	Previous Revision Arthroplasty (excluding excision arthroplasty) ☐
Side	**Left ☐** **Right ☐**	
Indications For / Findings at Time of Revision (select all that apply)	Infection ☐ Instability ☐ Aseptic Loosening ☐	Periprosthetic Fracture ☐ Failed Hemi-arthroplasty ☐ Other ☐

PREVIOUS OPERATION DETAILS			
Previous Operation Date OR Year	DD/MM/YYYY	Please enter date if known	Not Available ☐
Previous Operation Hospital			Not Available ☐

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)	
Radial Component Removed	Yes ☐ No ☐
Humeral Component Removed	Yes ☐ No ☐
Ulnar Component Removed	Yes ☐ No ☐

SURGICAL APPROACH (Used for Single Stage, Stage 2 of 2 Stage Revision & DAIR)			
Patient Procedure (i.e. revision to)	Revision Total Prosthetic Replacement ☐ Revision Radial Head Replacement ☐ Revision to Lateral Resurfacing ☐ Revision Distal Humeral Hemi Arthroplasty ☐ Debridement And Implant Retention (DAIR) **with** Modular Exchange ☐ Debridement And Implant Retention (DAIR) **without** Modular Exchange ☐ Modular Exchange for indications **other** than infection ☐		
Fixation Type (Not applicable for **either** type of DAIR procedure)	Uncemented ☐	Cemented ☐	Hybrid ☐
Approach	Kocher ☐ Posterior ☐		
THROMBOPROPHYLAXIS REGIME (intention to treat)			
Chemical (In Hospital)	Aspirin ☐ LMWH ☐ Pentasaccharide (e.g. Fondaparinux) ☐ Warfarin ☐	Direct Thrombin Inhibitor (e.g. Dabigatran) ☐ Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban) ☐ Other ☐ None ☐	
Mechanical	Foot Pump ☐ Intermittent Calf Compression ☐ TED Stockings ☐	Other ☐ None ☐	

BONE GRAFT USED (Not applicable for DAIR procedures, i.e. DAIR with or without modular exchange)				
Was Bone graft used?	Yes	☐	No	☐

SURGEON'S NOTES

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

Minimum Dataset Form - COMPONENT LABELS