V 1.2

West Bengal Joint Registry

# H1 Hip 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. (If Bilateral, please use two different forms) **THIS FORM SHOULD NOT BE USED FOR HEMI OR BIPOLAR ARTHROPLASTY PROCEDURES**	

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 ☐

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 ☐ Epidural ☐		Nerve Block ☐ Spinal (Intrathecal) ☐		
Patient ASA Grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation Funding	Insurance ☐ Government Sponsor ☐	Self ☐ Other ☐	Insurance + Self ☐		

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

HIP PRIMARY PROCEDURE DETAILS		
Side	Left ☐ Right ☐	
Indications for Implantation (select all that apply)	Avascular Necrosis ☐	Ankylosing Spondylosis ☐
	Rheumatoid Arthritis ☐	Failed Hemi-Arthroplasty ☐
	Trauma - Acute (Neck of Femur) ☐	Failed - Acetabular Fracture ☐
	Failed - Fractured Neck of Femur (TC/IT) ☐	Osteoarthritis ☐
	Inflammatory Arthropathy ☐	Previous Hip Surgery – non Trauma related ☐
	Previous Infection ☐	SUFE ☐
	Dysplasia of the Hip ☐	Metastatic Cancer/Malignancy ☐
	Previous Arthrodesis ☐	Other ☐

SURGICAL APPROACH

Patient Procedure	Primary Total Prosthetic Replacement Using Cement ☐ Primary Total Prosthetic Replacement Not Using Cement ☐ Primary Resurfacing Arthroplasty of Joint ☐ Primary Total Prosthetic Replacement Not Classified Elsewhere (eg HYBRID) ☐
Patient Position	Lateral ☐ Supine ☐
Approach	Hardinge ☐ Posterior ☐ Trochanteric Osteotomy ☐ Anterior ☐ Other ☐
Minimally Invasive Technique Used?	Yes ☐ No ☐
Computer Guided Surgery Used?	Yes ☐ No ☐
Robotic	Yes ☐ No ☐

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	Aspirin ☐ LMWH ☐ Pentasaccharide (eg Fondaparinux) ☐ Warfarin ☐	Direct Thrombin Inhibitor (eg Dabigitran) ☐ Factor Xa Inhibitor (eg Rivaroxaban/Apixaban) ☐ Other ☐ None ☐
Mechanical	Foot Pump ☐ Intermittent Calf Compression ☐ TED Stockings ☐	Other ☐ None ☐

BONEGRAFT USED

Femur	Yes ☐ No ☐
Acetabulum	Yes ☐ No ☐

SURGEON'S NOTES

INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None ☐ Calcar Crack ☐ Pelvic Penetration ☐	Shaft Fracture ☐ Shaft Penetration ☐ Trochanteric Fracture ☐	Other ☐

Minimum Dataset Form - COMPONENT LABELS