V 1.2

# West Bengal Joint Registry

# 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.
(If Bilateral, please use two different forms)

**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) BMI Not Available ☐<br>Weight (IN Kilograms) |

## PATIENT IDENTIFIERS

| | | | | |
|---|---|---|---|---|
| Full Name | | | | |
| | | | | |
| | | | | |
| Gender | Male ☐ Female ☐ | | | |
| Date of Birth | Age(In Years) : | | | |
| Contact Details (optional) | Mobile : | Residence Phone : | | |
| | Email : | | | |
| Full Address (optional*)<br>*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

| KNEE PRIMARY PROCEDURE DETAILS | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Side | Left ☐ | Right ☐ | | | | | | | |
| Indications for Implantation (select all that apply) | Osteoarthritis ☐ | Previous Trauma ☐ | Previous Infection ☐ | Failed HTO ☐ | Rheumatoid Arthritis ☐ | Other Inflammatory Arthropathy ☐ | Other ☐ | | |
| **PRE OPERATIVE ASSESSMENT** | | | | | | | | | |
| Fixed Flexion Deformity (degrees) | < 10 ☐ | 10 to 30 ☐ | > 30 ☐ | Not Available ☐ | | | | | |
| Flexion (degrees) | < 70 ☐ | 70 to 90 ☐ | 91 to 110 ☐ | > 110 ☐ | Not Available ☐ | | | | |
| Varus ☐ Valgus ☐ | < 10 ☐ | 10 to 30 ☐ | >30 ☐ | Not Available ☐ | | | | | |

## SURGICAL APPROACH

| | |
|---|---|
| Patient Procedure | Primary Total Prosthetic Replacement Using Cement ☐<br>Primary Total Prosthetic Replacement Not Using Cement ☐<br>Unicondylar Knee Replacement ☐<br>Medial ☐ Lateral ☐<br>Patello-Femoral Knee Replacement ☐<br>Primary Total Prosthetic Replacement Not Classified Elsewhere (eg Hybrid) ☐ |
| Approach | Medial Parapatellar ☐ Mid-Vastus ☐<br>Lateral Parapatellar ☐ Sub-Vastus ☐<br>Tibial Tubercle Osteotomy ☐ Other ☐ |
| Minimally Invasive Technique Used? | Yes ☐ No ☐ |
| Computer Guided Surgery Used? | Yes ☐ No ☐ |
| Robotic | Yes ☐ No ☐ |
| Patient Specific Instruments | Yes ☐ No ☐ |

## THROMBOPROPHYLAXIS REGIME (intention to treat)

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

## BONEGRAFT USED

| | |
|---|---|
| Femur | Yes ☐ No ☐ |
| Tibia | Yes ☐ No ☐ |

## SURGEON'S NOTES

## INTRA OPERATIVE EVENT

| | | |
|---|---|---|
| Untoward Intra Operative Event | None ☐<br>Fracture ☐<br>Patella Tendon Avulsion ☐ | Ligament Injury ☐<br>Other ☐ |

# Minimum Dataset Form - COMPONENT LABELS