V 1.2

West Bengal Joint Registry

K2

Knee Single Stage Revision
Knee Stage 1 of 2 Stage
Revision Knee Stage 2 of 2 Stage
Revision Knee Conversion to Arthrodesis
Knee Amputation
Secondary Resurfacing of patella
Debridement & 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. (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 ☐ 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*) 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 REVISION PROCEDURE DETAILS		
Procedure Type	Knee Single Stage Revision ☐ Knee Stage 1 of 2 Stage Revision ☐ Knee Stage 2 of 2 Stage Revision ☐	Knee Conversion to Arthrodesis ☐ Knee Amputation ☐
Revision Of	Primary Total Arthroplasty ☐ Previous Revision Arthroplasty (excluding excision arthroplasty) ☐	
Side	Left ☐ Right ☐	
Indications For / Findings at Time of Revision (select all that apply)	Aseptic Loosening Femur ☐ Tibia ☐ Patella ☐ Infection ☐ Dislocation / Subluxation ☐ Lysis Femur ☐ Tibia ☐	Instability ☐ Wear of Polyethylene Component ☐ Component Dissociation ☐ Unexplained Pain ☐ Malalignment ☐ Peri-Prosthetic Fracture ☐ Implant Fracture ☐ Stiffness ☐ Progressive Arthritis Remaining Knee ☐ Other ☐

PRIMARY OPERATION DETAILS		
Primary Operation Date OR Year	Please enter date if known	Not Available ☐
Primary Operation Hospital		Not Available ☐

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)		
Brand of Knee Removed		Not Available ☐

SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision)		
Patient Procedure	Revision Using Cement ☐ Revision Not Using Cement ☐ Debridement & Implant Retention(DAIR) **with** Modualr Exchange ☐ Debridement & Implant Retention(DAIR) **without** Modualr Exchange ☐ Modular Exchange for indications **other** than infection ☐ Secondary Resurfacing of patella ☐ Revision Not Classified Elsewhere (eg Hybrid) ☐	
Approach	Medial Parapatellar ☐ Lateral Parapatellar ☐ Sub-Vastus ☐ Mid-Vastus ☐	Quadriceps Turn-Down ☐ Tibial Tubercle Osteotomy ☐ Other ☐

THROMBOPROPHYLAXIS REGIME (intention to treat)		
Chemical (In Hospital)	Aspirin ☐ LMWH ☐ Pentasaccharide (eg Fondaparinux) ☐ Warfarin ☐	Direct Thrombin Inhibitor ☐ Factor Xa Inhibitor (eg Rivaroxaban/Apixaban) ☐ Other ☐ None ☐
Mechanical	Foot Pump ☐ Intermittent Calf Compression ☐ TED Stockings ☐	Other ☐ None ☐
BONEGRAFT USED		
Femur	Yes ☐ No ☐	
Tibia	Yes ☐ No ☐	
SURGEON'S NOTES		

INTRA OPERATIVE EVENT		
Untoward Intra Operative Event	None ☐ Fracture ☐ Patella Tendon Avulsion ☐	Ligament Injury ☐ Other ☐

Minimum Dataset Form - COMPONENT LABELS