V 1.2

West Bengal Joint Registry

Ver: 1.0

S2

Shoulder Single Stage Revision
Shoulder Stage 1 of 2 Stage Revision
Shoulder Stage 2 of 2 Stage Revision
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?	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

SHOULDER 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 ☐	Glenoid Implant Wear ☐
	Instability ☐	Native Glenoid Surface Erosion ☐
	Cuff Insufficiency ☐	Implant Fracture ☐
	Aseptic Loosening Humerus ☐	Lysis – Humerus ☐
	Aseptic Loosening Glenoid ☐	Lysis - Glenoid ☐
	Peri-prosthetic Fracture ☐	Dislocation/Subluxation ☐
	Stiffness ☐	Unexplained pain ☐
	Impingement ☐	Other ☐
	Component Dissociation ☐	

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)		
Humeral Component Removed	Yes ☐	No ☐
Humeral Articulating Bearing Removed	Yes ☐	No ☐
Glenoid Component Removed	Yes ☐	No ☐
Glenoid Articulating Bearing Removed	Yes ☐	No ☐
Other Component Removed	Yes ☐	No ☐

SURGICAL APPROACH (Used for Single Stage, Stage 2 of 2 Stage Revision, & DAIR)					
Patient Procedure (i.e. revision to)	Revision Stemmed Conventional Total Arthroplasty ☐ Revision Stemmed Hemi-arthroplasty ☐ Revision Stemmed Total Reverse Arthroplasty ☐ Revision Glenohumeral Interpositional 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 Humerus (Not applicable for **either** type of DAIR procedure)	Uncemented ☐	Cemented ☐	Not applicable ☐		
Fixation Glenoid (Not applicable for **either** type of DAIR procedure)	Uncemented ☐	Cemented ☐	Not applicable ☐		
Approach	Delto-pectoral ☐ Trans-deltoid ☐ Other ☐				

THROMBOPROPHYLAXIS REGIME (intention to treat)								
Chemical (In Hospital)	Aspirin	☐	Direct Thrombin Inhibitor (e.g. Dabigatran)	☐				
	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 (Not applicable for DAIR procedures, i.e. DAIR <u>with</u> or <u>without</u> modular exchange)								
Was Bone graft used?	Yes ☐		No ☐					

Rotator Cuff								
Rotator Cuff Condition	Normal	☐	Attenuated	☐	Absent/Torn	☐		
Rotator Cuff Repaired?	Yes	☐	No	☐				
Repair Type	Primary Repair	☐	Augmented Patch Repair	☐				
Other Soft Tissues								
Long Head Biceps (LHB) Present?	Yes	☐	No	☐				
LHB Tenotomy Performed?	Yes	☐	No	☐				
LHB Tenodesis Performed?	Yes	☐	No	☐				
Muscle Transfer?	Yes	☐	No	☐				
Other?	Yes	☐	No	☐				

SURGEON'S NOTES

INTRA-OPERATIVE EVENT								
Untoward Intra-Operative Event	None	☐	Fracture Glenoid	☐	Other	☐		
	Fracture Humerus	☐	Vascular Injury	☐				

PRE-OPERATIVE OXFORD SCORES – Tick one box for every question. If no scores available select Pre-operative Oxford Scores Not available

Pre-operative Oxford Score Date	DD/MM/YYYY				Not available ☐
1.	During the past 4 weeks… How would you describe the **worst** pain you had from your shoulder?				Not available ☐
	None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐
2.	During the past 4 weeks… Have you had any trouble dressing yourself because of your shoulder?				Not available ☐
	No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
3.	During the past 4 weeks… Have you had any trouble getting in and out of a car or using public transport because of your shoulder?				Not available ☐
	No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
4.	During the past 4 weeks… Have you been able to use a knife and fork at the same time?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
5.	During the past 4 weeks… Could you do the household shopping on your own?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
6.	During the past 4 weeks… Could you carry a tray containing a plate of food across a room?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
7.	During the past 4 weeks… Could you brush/comb your hair with the affected arm?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
8.	During the past 4 weeks… How would you describe the pain you usually had from your shoulder?				Not available ☐
	None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐
9.	During the past 4 weeks… Could you hang your clothes up in a wardrobe, using the affected arm?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With great difficulty ☐	No, impossible ☐
10.	During the past 4 weeks… Have you been able to wash and dry yourself under both arms?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
11.	During the past 4 weeks… How much has pain from your shoulder interfered with your usual work (including housework)?				Not available ☐
	Not at all ☐	A little bit ☐	Moderately ☐	Greatly ☐	Totally ☐
12.	During the past 4 weeks… Have you been troubled by pain from your shoulder in bed at night?				Not available ☐
	No nights ☐	Only 1 or 2 nights ☐	Some nights ☐	Most nights ☐	Every night ☐

Minimum Dataset Form - COMPONENT LABELS