



Indian Joint Registry

MDS VERSION 1.0 Knee Operation

Form: MDSv1.0 K2 v1.0

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

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

REMEMBER! MAKE A NOTE OF THE IJR REFERENCE NUMBER WHEN YOU ENTER THIS DATA

IJR REF:

PATIENT DETAILS

| | | | |
|--|--|-----|---------------|
| IJR 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 |

PATIENT IDENTIFIERS

| | | | | |
|-------------------------------|------------------|-------------------|---------------------------------|-------|
| First Name | | | | |
| Middle Name | | | | |
| Surname | | | | |
| Gender | Male | Female | | |
| Date of Birth | Age(In Years) : | | | |
| Contact Details | Mobile : | Residence Phone : | | |
| | Email : | | | |
| Full Address | | | | |
| Patient Postcode | Overseas Address | | | |
| Patient Identification Type | PAN | Aadhaar | Passport (For Overseas Citizen) | Other |
| Patient Identification Number | | | | |

| 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 - Medical Council Registration

| 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 | 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 Revision Not Classified Elsewhere (eg Hybrid) | |
| Approach | Medial Parapatellar Lateral Parapatellar Sub-Vastus Mid-Vastus | Quadriceps Turn-Down Tibial Tubercle Osteotomy Other |
| Patient Specific Instruments | Yes | No |

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