



## Elbow Operation

**E2**

Elbow Single Stage Revision  
 Elbow Stage 1 of 2 Stage Revision  
 Elbow Stage 2 of 2 Stage Revision  
 Failed Hemi-arthroplasty  
 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

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

NJR REF:

**PATIENT DETAILS**

NJR Patient Consent Obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>	
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes <input type="checkbox"/>	No/Not Known <input type="checkbox"/>		
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (IN M) Weight (IN KG)	BMI	Not Available <input type="checkbox"/>	
Handedness	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>	Unknown <input type="checkbox"/>

**PATIENT IDENTIFIERS**

Forename(s)				
Surname				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not Known <input type="checkbox"/>	Not Specified <input type="checkbox"/>
Date of Birth	DD/MM/YYYY			
Patient Postcode				Overseas Address <input type="checkbox"/>
NHS Number OR National Patient Identifier (if available)				
Patient Hospital ID				
Patient email address (optional)				
Patient mobile phone number (optional)				

**OPERATION DETAILS**

Hospital				
Operation Date	DD/MM/YYYY			
Anaesthetic Types	General <input type="checkbox"/>	Regional – Nerve Block <input type="checkbox"/>		
Patient ASA Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
Operation Funding	NHS <input type="checkbox"/>	Independent <input type="checkbox"/>		

## SURGEON DETAILS

Consultant in Charge	
Operating Surgeon	
Operating Surgeon Grade	Consultant <input type="checkbox"/> SpR/ST3-8 <input type="checkbox"/> F1-ST2 <input type="checkbox"/> Specialty Doctor/SAS <input type="checkbox"/> Other <input type="checkbox"/>
First Assistant Grade	Consultant <input type="checkbox"/> Other <input type="checkbox"/>

## ELBOW REVISION PROCEDURE DETAILS

Procedure Type	Single Stage Revision (includes modular exchange for indications <b>other</b> than infection)	<input type="checkbox"/>	Conversion to Arthrodesis	<input type="checkbox"/>
	Stage 1 of 2 Stage Revision	<input type="checkbox"/>	Excision Arthroplasty	<input type="checkbox"/>
	Stage 2 of 2 Stage Revision	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
		<input type="checkbox"/>	Debridement and Implant Retention (DAIR)	<input type="checkbox"/>
Revision of	Primary Arthroplasty	<input type="checkbox"/>	Previous Revision Arthroplasty (excluding excision arthroplasty)	<input type="checkbox"/>
Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>		
Indications For / Findings at Time of Revision (select all that apply)	Infection	<input type="checkbox"/>	Periprosthetic Fracture	<input type="checkbox"/>
	Instability	<input type="checkbox"/>	Failed Hemi-arthroplasty	<input type="checkbox"/>
	Aseptic Loosening	<input type="checkbox"/>	Other	<input type="checkbox"/>

## PREVIOUS OPERATION DETAILS

Previous Operation Date OR Year	DD/MM/YYYY	Please enter date if known	Not Available <input type="checkbox"/>
Previous Operation Hospital			Not Available <input type="checkbox"/>

## COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)

Radial Component Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Humeral Component Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ulnar Component Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SURGICAL APPROACH (Used for Single Stage, Stage 2 of 2 Stage Revision & DAIR)

Patient Procedure (i.e. revision to)	Revision Total Prosthetic Replacement	<input type="checkbox"/>	
	Revision Radial Head Replacement	<input type="checkbox"/>	
	Revision to Lateral Resurfacing	<input type="checkbox"/>	
	Revision Distal Humeral Hemi Arthroplasty	<input type="checkbox"/>	
	Debridement And Implant Retention (DAIR) <b>with</b> Modular Exchange	<input type="checkbox"/>	
	Debridement And Implant Retention (DAIR) <b>without</b> Modular Exchange	<input type="checkbox"/>	
	Modular Exchange for indications <b>other</b> than infection	<input type="checkbox"/>	
Fixation Type (Not applicable for <b>either</b> type of DAIR procedure)	Uncemented <input type="checkbox"/>	Cemented <input type="checkbox"/>	Hybrid <input type="checkbox"/>
Approach	Kocher	<input type="checkbox"/>	
	Posterior	<input type="checkbox"/>	

## THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	Aspirin	<input type="checkbox"/>	Direct Thrombin Inhibitor (e.g. Dabigatran)	<input type="checkbox"/>
	LMWH	<input type="checkbox"/>	Factor Xa Inhibitor	<input type="checkbox"/>
	Pentasaccharide (e.g. Fondaparinux)	<input type="checkbox"/>	(e.g. Rivaroxaban/Apixaban)	<input type="checkbox"/>
	Warfarin	<input type="checkbox"/>	Other	<input type="checkbox"/>
		<input type="checkbox"/>	None	<input type="checkbox"/>
Mechanical	Foot Pump	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Intermittent Calf Compression	<input type="checkbox"/>	None	<input type="checkbox"/>
	TED Stockings	<input type="checkbox"/>		

BONE GRAFT USED (Not applicable for DAIR procedures, i.e. DAIR <u>with</u> or <u>without</u> modular exchange)								
Was Humeral Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Humeral – Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Humeral – Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Was Ulnar Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Ulnar – Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Ulnar - Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>

#### SURGEON'S NOTES

#### INTRA-OPERATIVE EVENT

Untoward Intra-Operative Event	None	<input type="checkbox"/>	Fracture Ulna	<input type="checkbox"/>
	Shaft Penetration Humerus	<input type="checkbox"/>	Nerve Injury	<input type="checkbox"/>
	Shaft Penetration Ulna	<input type="checkbox"/>	Vascular Injury	<input type="checkbox"/>
	Fracture Humerus	<input type="checkbox"/>	Other	<input type="checkbox"/>

# Minimum Dataset Form - COMPONENT LABELS

1. Please affix any component labels to this sheet and ensure any extra component label sheets are attached to the main Minimum Dataset Form.
2. Ensure all component details are provided, including cement.
3. The NJR DOES NOT record the following: wire, mesh, cables, plates, surgical tools or endoprotheses.

Ulnar Component (if used)

Humeral component

Radial component (if used)  
Required for hemi-arthroplasty

Cement (if used)

Accessories