National Joint Registry www.njrcentre.org.uk Working for patients, driving forward quality	MDS VERSION 7.0 Hip Operation Form: MDSv7.0 H1 v2.0
H1 Hip 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.	

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 ☐	No ☐	Not Recorded ☐
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes ☐	No/Not Known ☐	
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (IN M) Weight (IN KG)	BMI	Not Available ☐

PATIENT IDENTIFIERS

Forename(s)				
Surname				
Gender	Male ☐	Female ☐	Not Known ☐	Not Specified ☐
Date of Birth	DD/MM/YYYY			
Patient Postcode			Overseas Address ☐	
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 ☐ Regional - Epidural ☐		Regional – Nerve Block ☐ Regional – Spinal (Intrathecal) ☐		
Patient ASA Grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation Funding	NHS ☐	Independent ☐			

SURGEON DETAILS					
Consultant in Charge					
Operating Surgeon					
Operating Surgeon Grade	Consultant ☐	SPR/ST3-8 ☐	F1-ST2 ☐	Specialty Doctor/SAS ☐	Other ☐
First Assistant Grade	Consultant ☐	Other ☐			

HIP PRIMARY PROCEDURE DETAILS				
Side	Left ☐	Right ☐		
Indications for Implantation (select all that apply)	Osteoarthritis	☐	Trauma – Chronic	☐
	Inflammatory Arthropathy	☐	Previous Hip Surgery – non Trauma related	☐
	Congenital Dislocation / Dysplasia of the Hip	☐	Previous Arthrodesis	☐
	Avascular Necrosis (AVN)	☐	Previous Infection	☐
	Trauma – Acute (e.g. Neck of Femur)	☐	SUFE	☐
	Failed Hemi-Arthroplasty	☐	Skeletal Dysplasia	☐
	Perthes	☐	Other	☐
	Metastatic Cancer/Malignancy	☐		

SURGICAL APPROACH		
Patient Procedure	Primary Total Prosthetic Replacement Using Cement	☐
	Primary Total Prosthetic Replacement Not Using Cement	☐
	Primary Resurfacing Arthroplasty of Joint	☐
	Primary Total Prosthetic Replacement Not Classified Elsewhere (e.g. Hybrid)	☐
	Conversion of Hemi Arthroplasty to Total Primary Hip Replacement	☐
	Conversion of Hemi Arthroplasty to Primary Hip Replacement Retaining Femoral Stem	☐

Patient Position	Lateral ☐	Supine ☐		
Approach	Hardinge/Anterolateral	☐	Trochanteric Osteotomy	☐
	Posterior	☐	Other	☐
	Direct Anterior	☐		
Minimally Invasive Technique Used?	Yes ☐	No ☐		
Computer Guided Surgery Used?	Yes ☐	No ☐		
Robotic Surgery Used?	Yes ☐	No ☐		
If Yes, Name of Robot				

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								
Was Femoral Bone graft used?	Yes	☐	No	☐				
Femur - Form	Structural	☐	Morsellised/chips	☐				
Femur – Type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was Acetabular Bone graft used?	Yes	☐	No	☐				
Acetabular - Form	Structural	☐	Morsellised/chips	☐				
Acetabular - Type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

SURGEON'S NOTES

INTRA-OPERATIVE EVENT						
Untoward Intra-Operative Event	None Calcar Crack Pelvic Penetration	☐ ☐ ☐	Shaft Fracture Shaft Penetration Trochanteric Fracture	☐ ☐ ☐	Other	☐

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, screws, surgical tools, endoprostheses or bipolar heads.

Cup or Shell	Liner (if used)
Stem (not needed for retained femoral stem)	Head
Cement (if used)	Accessories (not screws)