National Joint Registry www.njrcentre.org.uk Working for patients, driving forward quality	MDS VERSION 7.0 Knee Operation Form: MDSv7.0 K1 v3.0
K1 Knee 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 ☐

KNEE PRIMARY PROCEDURE DETAILS	
Side	**Left** ☐ **Right** ☐
Indications for Implantation (select all that apply)	Osteoarthritis ☐ Rheumatoid Arthritis ☐ Avascular Necrosis (AVN) ☐ Previous Trauma ☐ Other Inflammatory Arthropathy ☐ Other ☐ Previous Infection ☐
PRE-OPERATIVE RANGE OF MOVEMENT	
Fixed Flexion Deformity (degrees)	Less than 10 ☐ 10 to 30 ☐ Greater than 30 ☐ Not Available ☐
Flexion (degrees)	Less than 70 ☐ 70 to 90 ☐ 91 to 110 ☐ Greater than 110 ☐ Not Available ☐

SURGICAL APPROACH	
Patient Procedure	Primary Total Prosthetic Replacement Using Cement ☐ Primary Total Prosthetic Replacement Not Using Cement ☐
	Unicompartmental Knee Replacement (select all that apply) ☐
	Medial ☐ Lateral ☐ Patello-Femoral ☐
	Primary Total Prosthetic Replacement Not Classified Elsewhere (e.g. Hybrid) ☐
Approach	Medial Parapatellar ☐ Mid-Vastus ☐ Lateral Parapatellar ☐ Other ☐ Sub-Vastus ☐
Minimally Invasive Technique Used?	Yes ☐ No ☐
Computer Guided Surgery Used?	Yes ☐ No ☐
Robotic Surgery Used?	Yes ☐ No ☐
If Yes, Name of Robot	
Patient Specific Instruments?	Yes ☐ No ☐
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 ☐
Femoral - Form	Structural ☐ Morsellised/chips ☐
Femoral – Type	Autograft ☐ Allograft ☐ Synthetic ☐ Other ☐
Was Tibial Bone graft used?	Yes ☐ No ☐
Tibial - Form	Structural ☐ Morsellised/chips ☐
Tibial - Type	Autograft ☐ Allograft ☐ Synthetic ☐ Other ☐

SURGEON'S NOTES

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

Femoral Component (or unicondylar femoral component)	Tibial Tray (or unicondylar tibial component)
Meniscal Component	Cement (if used)
Patella (if used) Needed in Patello-femoral replacement	Accessories