

**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  
 Secondary resurfacing of patella  
 Secondary/subsequent partial replacement  
 (Unicompartmental or PFJR)  
 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"/>

**PATIENT IDENTIFIERS**

Forename(s)			
Surname			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not Known <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 - Epidural <input type="checkbox"/>	Regional - Nerve Block <input type="checkbox"/>	Regional - Spinal (Intrathecal) <input type="checkbox"/>
Patient ASA Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <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"/>

**KNEE REVISION PROCEDURE DETAILS**

Procedure Type	Single stage revision (includes modular exchange for indications <b>other</b> than infection) <input type="checkbox"/>	Stage 2 of 2 Stage Revision <input type="checkbox"/>
	Stage 1 of 2 Stage Revision <input type="checkbox"/>	Conversion to Arthrodesis <input type="checkbox"/> Amputation <input type="checkbox"/> Debridement And Implant Retention (DAIR) <input type="checkbox"/>
Revision of	Primary Total 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)	<b>Aseptic Loosening</b>	<b>Instability</b> <input type="checkbox"/>
	Femur <input type="checkbox"/>	<b>Wear of Polyethylene Component</b> <input type="checkbox"/>
	Tibia <input type="checkbox"/>	<b>Component Dissociation</b> <input type="checkbox"/>
	Patella <input type="checkbox"/>	<b>Unexplained Pain</b> <input type="checkbox"/>
	<b>Infection</b> <input type="checkbox"/>	<b>Malalignment</b> <input type="checkbox"/>
	<b>Dislocation / Subluxation</b> <input type="checkbox"/>	<b>Peri-Prosthetic Fracture</b> <input type="checkbox"/>
	<b>Lysis</b>	<b>Implant Fracture</b> <input type="checkbox"/>
	Femur <input type="checkbox"/>	<b>Stiffness</b> <input type="checkbox"/>
	Tibia <input type="checkbox"/>	<b>Progressive Arthritis Remaining Knee</b> <input type="checkbox"/>

**PREVIOUS OPERATION DETAILS**

Previous Operation Date OR Year	DD/MM/YYYY <input type="checkbox"/> 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)**

Femoral Component Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tibial Component Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tibial Liner Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patella Removed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Patient Procedure	Revision Using Cement <input type="checkbox"/>	
	Revision Not Using Cement <input type="checkbox"/>	
	Secondary Resurfacing of Patella <input type="checkbox"/>	
	Partial Replacement Second Compartment of Knee (Uni or PFR) <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"/>	
	Revision Not Classified Elsewhere (e.g. Hybrid) <input type="checkbox"/>	
Approach	Medial Parapatellar <input type="checkbox"/>	Quadriceps Turn-Down <input type="checkbox"/>
	Lateral Parapatellar <input type="checkbox"/>	Tibial Tubercle Osteotomy <input type="checkbox"/>
	Sub-Vastus <input type="checkbox"/>	Other <input type="checkbox"/>
	Mid-Vastus <input type="checkbox"/>	
Patient Specific Instruments? (Not applicable for DAIR <b>without</b> modular exchange)	Yes <input type="checkbox"/>	No <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 (e.g. Rivaroxaban/Apixaban)	<input type="checkbox"/>
	Pentasaccharide (e.g. Fondaparinux)	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Warfarin	<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 Femoral Bone graft used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Femoral – Form	Structural <input type="checkbox"/>	Morsellised/chips <input type="checkbox"/>		
Femoral – Type	Autograft <input type="checkbox"/>	Allograft <input type="checkbox"/>	Synthetic <input type="checkbox"/>	Other <input type="checkbox"/>
Was Tibial Bone graft used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Tibial - Form	Structural <input type="checkbox"/>	Morsellised/chips <input type="checkbox"/>		
Tibial - 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"/>	Ligament Injury	<input type="checkbox"/>
	Fracture	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Patella Tendon Avulsion	<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, screws, surgical tools, endoprotheses 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