National Joint Registry
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Working for patients, driving forward quality

# MDS VERSION 7.0 Shoulder Operation

Form: MDSv7.0 S1 v3.0

# S1 Shoulder 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<br>(enter either H&W OR BMI OR tick Not Available box) | Height (IN M)<br>Weight (IN KG) | BMI | Not Available ☐ | |
| Handedness | Left ☐ | Right ☐ | Ambidextrous ☐ | Unknown ☐ |

| **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 – Nerve Block ☐ | | | |
| 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 ☐ | | |

| SHOULDER PRIMARY PROCEDURE DETAILS | | | | |
|---|---|---|---|---|
| Side | Left ☐ | Right ☐ | | |
| Indications for Implantation (select all that apply) | Osteoarthritis ☐<br>Avascular Necrosis (AVN) ☐<br>Cuff Tear Arthropathy ☐<br>Cuff Tear without Arthropathy ☐<br>Acute Fracture ☐ | | Inflammatory Arthropathy ☐<br>Trauma Sequelae ☐<br>Metastatic Cancer/Malignancy ☐<br>Dislocation Arthropathy ☐<br>Other ☐ | |
| Previous surgery (not arthroplasty) (Select all that apply) | None ☐<br>For Fracture ☐<br>For Instability ☐<br>For Impingement ☐ | | For Cuff Tear ☐<br>For Gleno-humeral Arthritis ☐<br>Previous Arthrodesis ☐<br>Other ☐ | |

| SURGICAL APPROACH | | | | | | |
|---|---|---|---|---|---|---|
| Patient Procedure | Resurfacing Total Arthroplasty ☐<br>Resurfacing Hemi-arthroplasty ☐<br>Stemless Conventional Total Arthroplasty ☐<br>Stemless Hemi-arthroplasty ☐<br>Stemless Total Reverse Arthroplasty ☐<br>Stemmed Conventional Total Arthroplasty ☐<br>Stemmed Hemi-arthroplasty ☐<br>Stemmed Total Reverse Arthroplasty ☐<br>Interpositional Arthroplasty (Glenohumeral) ☐ | | | | | |
| Fixation Humerus | Uncemented ☐ | | Cemented ☐ | | Not applicable ☐ | |
| Fixation Glenoid | Uncemented ☐ | | Cemented ☐ | | Not applicable ☐ | |
| Approach | Delto-pectoral ☐<br>Trans-deltoid ☐<br>Other ☐ | | | | | |
| Patient specific instruments? | Yes ☐ | No ☐ | | | | |
| Computer Guided Surgery Used? | Yes ☐ | No ☐ | | | | |
| Biological Resurfacing (Glenoid) (select all that apply) | None ☐<br>Microfracture ☐ | | Reaming ☐<br>Interposition ☐ | | | |
| **THROMBOPROPHYLAXIS REGIME (intention to treat)** | | | | | | |
| Chemical (In Hospital) | Aspirin ☐<br>LMWH ☐<br>Pentasaccharide (e.g. Fondaparinux) ☐<br>Warfarin ☐ | | Direct Thrombin Inhibitor (e.g. Dabigatran) ☐<br>Factor Xa Inhibitor (e.g. Rivaroxaban/Apixaban) ☐<br>Other ☐<br>None ☐ | | | |
| Mechanical | Foot Pump ☐<br>Intermittent Calf Compression ☐<br>TED Stockings ☐ | | Other ☐<br>None ☐ | | | |

| BONE GRAFT USED | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Was Humeral Bone graft used? | Yes | ☐ | No | ☐ | | | | |
| Humeral - Form | Structural | ☐ | Morsellised/chips | ☐ | | | | |
| Humeral – Type | Autograft | ☐ | Allograft | ☐ | Synthetic | ☐ | Other | ☐ |
| Was Glenoid Bone graft used? | Yes | ☐ | No | ☐ | | | | |
| Glenoid - Form | Structural | ☐ | Morsellised/chips | ☐ | | | | |
| Glenoid - Type | Autograft | ☐ | Allograft | ☐ | Synthetic | ☐ | Other | ☐ |

| Rotator Cuff | | | | | | |
|---|---|---|---|---|---|---|
| Rotator Cuff Condition | Normal | ☐ | Attenuated | ☐ | Absent/Torn | ☐ |
| Rotator Cuff Repaired? | Yes | ☐ | No | ☐ | | |
| Repair Type | Primary Repair | ☐ | Augmented Patch Repair | ☐ | | |

| Other Soft Tissues | | | | | |
|---|---|---|---|---|---|
| Long Head Biceps (LHB) Present? | Yes | ☐ | No | ☐ | |
| LHB Tenotomy Performed? | Yes | ☐ | No | ☐ | |
| LHB Tenodesis Performed? | Yes | ☐ | No | ☐ | |
| Muscle Transfer? | Yes | ☐ | No | ☐ | |
| Other? | Yes | ☐ | No | ☐ | |

| SURGEON'S NOTES |
|---|
| |

| INTRA-OPERATIVE EVENT | | | | | | |
|---|---|---|---|---|---|---|
| Untoward Intra-Operative Event | None | ☐ | Fracture Glenoid | ☐ | Other | ☐ |
| | Fracture Humerus | ☐ | Vascular Injury | ☐ | | |

**PRE-OPERATIVE OXFORD SCORES – Tick one box for every question. If no scores available select Pre-operative Oxford Scores Not available**

| | | |
|---|---|---|
| Pre-operative Oxford Score Date | DD/MM/YYYY | Not available ☐ |

| | | | | | |
|---|---|---|---|---|---|
| 1. | During the past 4 weeks… How would you describe the **worst** pain you had from your shoulder? | | | | Not available ☐ |
| | None ☐ | Mild ☐ | Moderate ☐ | Severe ☐ | Unbearable ☐ |
| 2. | During the past 4 weeks… Have you had any trouble dressing yourself because of your shoulder? | | | | Not available ☐ |
| | No trouble at all ☐ | A little bit of trouble ☐ | Moderate trouble ☐ | Extreme difficulty ☐ | Impossible to do ☐ |
| 3. | During the past 4 weeks… Have you had any trouble getting in and out of a car or using public transport because of your shoulder? | | | | Not available ☐ |
| | No trouble at all ☐ | A little bit of trouble ☐ | Moderate trouble ☐ | Extreme difficulty ☐ | Impossible to do ☐ |
| 4. | During the past 4 weeks… Have you been able to use a knife and fork at the same time? | | | | Not available ☐ |
| | Yes, easily ☐ | With little difficulty ☐ | With moderate difficulty ☐ | With extreme difficulty ☐ | No, impossible ☐ |
| 5. | During the past 4 weeks… Could you do the household shopping on your own? | | | | Not available ☐ |
| | Yes, easily ☐ | With little difficulty ☐ | With moderate difficulty ☐ | With extreme difficulty ☐ | No, impossible ☐ |
| 6. | During the past 4 weeks… Could you carry a tray containing a plate of food across a room? | | | | Not available ☐ |
| | Yes, easily ☐ | With little difficulty ☐ | With moderate difficulty ☐ | With extreme difficulty ☐ | No, impossible ☐ |
| 7. | During the past 4 weeks… Could you brush/comb your hair with the affected arm? | | | | Not available ☐ |
| | Yes, easily ☐ | With little difficulty ☐ | With moderate difficulty ☐ | With extreme difficulty ☐ | No, impossible ☐ |
| 8. | During the past 4 weeks… How would you describe the pain you usually had from your shoulder? | | | | Not available ☐ |
| | None ☐ | Very mild ☐ | Mild ☐ | Moderate ☐ | Severe ☐ |
| 9. | During the past 4 weeks… Could you hang your clothes up in a wardrobe, using the affected arm? | | | | Not available ☐ |
| | Yes, easily ☐ | With little difficulty ☐ | With moderate difficulty ☐ | With great difficulty ☐ | No, impossible ☐ |
| 10. | During the past 4 weeks… Have you been able to wash and dry yourself under both arms? | | | | Not available ☐ |
| | Yes, easily ☐ | With little difficulty ☐ | With moderate difficulty ☐ | With extreme difficulty ☐ | No, impossible ☐ |
| 11. | During the past 4 weeks… How much has pain from your shoulder interfered with your usual work (including housework)? | | | | Not available ☐ |
| | Not at all ☐ | A little bit ☐ | Moderately ☐ | Greatly ☐ | Totally ☐ |
| 12. | During the past 4 weeks… Have you been troubled by pain from your shoulder in bed at night? | | | | Not available ☐ |
| | No nights ☐ | Only 1 or 2 nights ☐ | Some nights ☐ | Most nights ☐ | Every night ☐ |

# 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, screws, surgical tools or endoprostheses.

| Humeral stem (if used) | Humeral component |
|---|---|
| Glenoid component (if used) | Cement (if used) |
| Accessories | |