



Minimum Dataset Version 1 **HIP OPERATION**

IMPORTANT: You **MUST** complete all sections marked *. Please circle relevant numbers. All component stickers should be affixed to the accompanying 'Minimum Dataset Form - Component Labels Sheet'. Please ensure that the two sheets are stapled together. Following electronic data entry into the National Joint Registry system, the completed Minimum Dataset Form and accompanying Component Labels Sheet must be retained on the patient's records.

HAS THE PATIENT CONSENTED FOR THEIR DATA TO BE STORED? IF 'NO', DO NOT COMPLETE SECTION 1.

1 PATIENT DETAILS

FORENAME: *																																									
SURNAME: *																																									
GENDER: *	1 MALE 2 FEMALE 3 NOT KNOWN 4 NOT SPECIFIED																																								
DATE OF BIRTH: *																																									
PATIENT POSTCODE:																																									
PATIENT'S PREFERRED LANGUAGE:																																									
OTHER PATIENT PREFERRED LANGUAGE:	<table border="0"> <tr> <td>1 ENGLISH</td> <td>11 GAELIC</td> <td>21 NORWEGIAN</td> <td>31 SYLHETHI</td> </tr> <tr> <td>2 ARABIC</td> <td>12 GERMAN</td> <td>22 PATOIS</td> <td>32 TAMIL</td> </tr> <tr> <td>3 BENGALI</td> <td>13 GREEK</td> <td>23 POLISH</td> <td>33 TURKISH</td> </tr> <tr> <td>4 CANTONESE</td> <td>14 GUJARATI</td> <td>24 PORTUGESE</td> <td>34 URDU</td> </tr> <tr> <td>5 CREOLE</td> <td>15 HAKKA</td> <td>25 PUNJABI</td> <td>35 VIETNAMESE</td> </tr> <tr> <td>6 DUTCH</td> <td>16 HAUSA</td> <td>26 PUSHTOO</td> <td>36 WELSH</td> </tr> <tr> <td>7 FARSI</td> <td>17 HINDI</td> <td>27 SOMAIL</td> <td>37 YORUBA</td> </tr> <tr> <td>8 FINNISH</td> <td>18 IBO</td> <td>28 SPANISH</td> <td>38 OTHER</td> </tr> <tr> <td>9 FLEMISH</td> <td>19 ITALIAN</td> <td>29 SWAHILI</td> <td>(PLEASE SPECIFY)</td> </tr> <tr> <td>10 FRENCH</td> <td>20 MANDARIN</td> <td>30 SWEDISH</td> <td></td> </tr> </table>	1 ENGLISH	11 GAELIC	21 NORWEGIAN	31 SYLHETHI	2 ARABIC	12 GERMAN	22 PATOIS	32 TAMIL	3 BENGALI	13 GREEK	23 POLISH	33 TURKISH	4 CANTONESE	14 GUJARATI	24 PORTUGESE	34 URDU	5 CREOLE	15 HAKKA	25 PUNJABI	35 VIETNAMESE	6 DUTCH	16 HAUSA	26 PUSHTOO	36 WELSH	7 FARSI	17 HINDI	27 SOMAIL	37 YORUBA	8 FINNISH	18 IBO	28 SPANISH	38 OTHER	9 FLEMISH	19 ITALIAN	29 SWAHILI	(PLEASE SPECIFY)	10 FRENCH	20 MANDARIN	30 SWEDISH	
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NHS NUMBER:																																									
PATIENT HOSPITAL ID:																																									

2 OPERATION DETAILS

HOSPITAL: *	
OPERATION DATE: *	
ANAESTHETIC TYPES: <i>YOU MAY SELECT MORE THAN ONE OPTION</i>	1 GENERAL 2 REGIONAL - EPIDURAL 3 REGIONAL - NERVE BLOCK 4 REGIONAL - SPINAL (INTRATHECAL)
PATIENT PHYSICAL STATUS: *	1 P1 - FIT AND HEALTHY 2 P2 - MILD DISEASE NOT INCAPACITATING 3 P3 - INCAPACITATING SYSTEMIC DISEASE 4 P4 - LIFE THREATENING DISEASE
OPERATION FUNDING:	1 NHS FUNDING 2 INDEPENDENT FUNDING
WAS THE OPERATION PERFORMED IN A LAMINAR FLOW THEATRE?	1 NO 2 YES

3 SURGEON DETAILS

CONSULTANT IN CHARGE: *															
LEAD SURGEON: *															
LEAD SURGEON GRADE: *	<table border="0"> <tr> <td>1 CONSULTANT</td> <td>6 HOUSE OFFICER (HO)</td> </tr> <tr> <td>2 ASSOCIATE SPECIALIST</td> <td>7 PART OF VISITING SURGICAL TEAM FROM OVERSEAS</td> </tr> <tr> <td>3 STAFF GRADE / CLINICAL ASSISTANT</td> <td>8 OTHER (PLEASE SPECIFY):</td> </tr> <tr> <td>4 SPECIALIST REGISTRAR (SPR)</td> <td></td> </tr> <tr> <td>5 SENIOR HOUSE OFFICER (SHO)</td> <td></td> </tr> </table>	1 CONSULTANT	6 HOUSE OFFICER (HO)	2 ASSOCIATE SPECIALIST	7 PART OF VISITING SURGICAL TEAM FROM OVERSEAS	3 STAFF GRADE / CLINICAL ASSISTANT	8 OTHER (PLEASE SPECIFY):	4 SPECIALIST REGISTRAR (SPR)		5 SENIOR HOUSE OFFICER (SHO)					
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IS THE LEAD SURGEON A LOCUM? *	1 NO 2 YES														
FIRST ASSISTANT GRADE: *	<table border="0"> <tr> <td>1 CONSULTANT</td> <td>8 PART OF VISITING SURGICAL TEAM FROM OVERSEAS</td> </tr> <tr> <td>2 ASSOCIATE SPECIALIST</td> <td>9 NON-MEDICALLY QUALIFIED PRACTITIONER</td> </tr> <tr> <td>3 STAFF GRADE / CLINICAL ASSISTANT</td> <td>10 OTHER (PLEASE SPECIFY):</td> </tr> <tr> <td>4 SPECIALIST REGISTRAR (SPR)</td> <td></td> </tr> <tr> <td>5 SENIOR HOUSE OFFICER (SHO)</td> <td></td> </tr> <tr> <td>6 HOUSE OFFICER (HO)</td> <td></td> </tr> <tr> <td>7 SURGICAL ASSISTANT</td> <td></td> </tr> </table>	1 CONSULTANT	8 PART OF VISITING SURGICAL TEAM FROM OVERSEAS	2 ASSOCIATE SPECIALIST	9 NON-MEDICALLY QUALIFIED PRACTITIONER	3 STAFF GRADE / CLINICAL ASSISTANT	10 OTHER (PLEASE SPECIFY):	4 SPECIALIST REGISTRAR (SPR)		5 SENIOR HOUSE OFFICER (SHO)		6 HOUSE OFFICER (HO)		7 SURGICAL ASSISTANT	
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IS THE FIRST ASSISTANT A LOCUM? *	1 NO 2 YES														

4 HIP OPERATION DETAILS

PRIMARY OR REVISION?	1 PRIMARY 2 REVISION																
PRIMARY PROCEDURE DATE: (REVISION ONLY)																	
REVISION NO: (REVISION ONLY)																	
PRIMARY PROCEDURE HOSPITAL: (REVISION ONLY)																	
INDICATION FOR REVISION: * (REVISION ONLY) YOU MAY SELECT MORE THAN ONE OPTION	<table border="0"> <tr> <td>1 ASEPTIC LOOSENING</td> <td>9 MALALIGNMENT</td> </tr> <tr> <td>2 DISLOCATION / SUBLUXATION</td> <td>10 PAIN</td> </tr> <tr> <td>3 IMPLANT FRACTURE - ACETABULUM</td> <td>11 PERIPROSTHETIC FRACTURE</td> </tr> <tr> <td>4 IMPLANT FRACTURE - FEMORAL HEAD</td> <td>12 WEAR POLYETHYLENE COMPONENT</td> </tr> <tr> <td>5 IMPLANT FRACTURE - STEM</td> <td>13 OTHER (PLEASE SPECIFY)</td> </tr> <tr> <td>6 INCORRECT SIZING</td> <td></td> </tr> <tr> <td>7 INFECTION</td> <td></td> </tr> <tr> <td>8 LYSIS</td> <td></td> </tr> </table>	1 ASEPTIC LOOSENING	9 MALALIGNMENT	2 DISLOCATION / SUBLUXATION	10 PAIN	3 IMPLANT FRACTURE - ACETABULUM	11 PERIPROSTHETIC FRACTURE	4 IMPLANT FRACTURE - FEMORAL HEAD	12 WEAR POLYETHYLENE COMPONENT	5 IMPLANT FRACTURE - STEM	13 OTHER (PLEASE SPECIFY)	6 INCORRECT SIZING		7 INFECTION		8 LYSIS	
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SIDE: *	1 LEFT 2 RIGHT																
SURGEON'S NOTES:																	

5 HIP TECHNIQUE

THROMBO-PROPHYLAXIS REGIME (OTHER THAN THE TYPE OF ANAESTHETIC INDICATED EARLIER) YOU MAY SELECT MORE THAN ONE OPTION	<table border="0"> <tr> <td>1 CHEM - ASPIRIN</td> <td>7 CHEM - OTHER (PLEASE SPECIFY)</td> </tr> <tr> <td>2 CHEM - CHLOROQUINE</td> <td>8 MECH - FOOT PUMP</td> </tr> <tr> <td>3 CHEM - LOW DOSE HEPARIN (LDH)</td> <td>9 MECH - INTERMITTENT CALF COMPRESSION</td> </tr> <tr> <td>4 CHEM - LOW MOLECULAR WEIGHT HEPARIN (LMWH)</td> <td>10 MECH - TED STOCKINGS</td> </tr> <tr> <td>5 CHEM - PENTASACCHARIDE</td> <td>11 MECH - OTHER (PLEASE SPECIFY)</td> </tr> <tr> <td>6 CHEM - WARFARIN</td> <td></td> </tr> </table>	1 CHEM - ASPIRIN	7 CHEM - OTHER (PLEASE SPECIFY)	2 CHEM - CHLOROQUINE	8 MECH - FOOT PUMP	3 CHEM - LOW DOSE HEPARIN (LDH)	9 MECH - INTERMITTENT CALF COMPRESSION	4 CHEM - LOW MOLECULAR WEIGHT HEPARIN (LMWH)	10 MECH - TED STOCKINGS	5 CHEM - PENTASACCHARIDE	11 MECH - OTHER (PLEASE SPECIFY)	6 CHEM - WARFARIN	
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6 CHEM - WARFARIN													
HAS THE DEFAULT TECHNIQUE BEEN USED?	1 YES (NO NEED TO FILL IN REST OF SECTION 5) 2 NO (PLEASE COMPLETE REST OF SECTION 5)												
FEMORAL CEMENTING TECHNIQUE													
WAS THE FEMORAL PROSTHESIS CEMENTED?*	1 NO 2 YES (IF 'YES', PLEASE ANSWER THE FOLLOWING QUESTIONS)												
WAS A GUN USED?	1 NO 2 YES												
WAS PULSATILE LAVAGE USED?	1 NO 2 YES												
WERE CEMENT PRESSURISERS USED?	1 NO 2 YES												
WHICH CEMENT MIXING SYSTEM USED?	A OPEN BOWL AND SPATULA B VACUUM MIXING												
ACETABULAR CEMENTING TECHNIQUE													
WAS THE ACETABULAR PROSTHESIS CEMENTED?*	1 NO 2 YES (IF 'YES', PLEASE ANSWER THE FOLLOWING QUESTIONS)												
WAS A GUN USED?	1 NO 2 YES												
WAS PULSATILE LAVAGE USED?	1 NO 2 YES												
WERE CEMENT PRESSURISERS USED?	1 NO 2 YES												
WHICH CEMENT MIXING SYSTEM USED?	A OPEN BOWL AND SPATULA B VACUUM MIXING												
WAS A FEMORAL BONEGRAFT USED? *	1 NO 2 YES												
WAS AN ACETABULAR BONEGRAFT USED? *	1 NO 2 YES												
WAS IMAGE GUIDED SURGERY USED? *	1 NO 2 YES												
SURGICAL APPROACH: * PATIENT POSITION	1 LATERAL 2 SUPINE												
INCISION	1 ANTERIOR 2 ANTERO-LATERAL 3 LATERAL 4 POSTERIOR												
TROCHANTER	1 WITH TROCHANTERIC OSTEOTOMY 2 WITHOUT TROCHANTERIC OSTEOTOMY												
MINIMALLY INVASIVE SURGERY USED? *	1 NO 2 YES												



Minimum Dataset Form - **COMPONENT LABELS SHEET**

Please affix any component labels to this sheet. Please ensure that the component labels sheet is attached to the main Minimum Dataset Form (either Hip Operation or Knee Operation).

