



Minimum Dataset Version 1 **KNEE 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 KNEE 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>11 PAIN</td> </tr> <tr> <td>2 DISLOCATION / SUBLUXATION</td> <td>12 PATELLA MALTRACKING</td> </tr> <tr> <td>3 IMPLANT FRACTURE - FEMORAL</td> <td>13 PERIPROSTHETIC FRACTURE</td> </tr> <tr> <td>4 IMPLANT FRACTURE - PATELLA</td> <td>14 WEAR OF PATELLA</td> </tr> <tr> <td>5 IMPLANT FRACTURE - TIBIAL</td> <td>15 WEAR OF POLYETHYLENE COMPONENT</td> </tr> <tr> <td>6 INCORRECT SIZING</td> <td>16 WEAR OF TIBIA</td> </tr> <tr> <td>7 INFECTION</td> <td>17 OTHER (PLEASE SPECIFY)</td> </tr> <tr> <td>8 INSTABILITY</td> <td></td> </tr> <tr> <td>9 LYSIS</td> <td></td> </tr> <tr> <td>10 MALALIGNMENT</td> <td></td> </tr> </table>	1 ASEPTIC LOOSENING	11 PAIN	2 DISLOCATION / SUBLUXATION	12 PATELLA MALTRACKING	3 IMPLANT FRACTURE - FEMORAL	13 PERIPROSTHETIC FRACTURE	4 IMPLANT FRACTURE - PATELLA	14 WEAR OF PATELLA	5 IMPLANT FRACTURE - TIBIAL	15 WEAR OF POLYETHYLENE COMPONENT	6 INCORRECT SIZING	16 WEAR OF TIBIA	7 INFECTION	17 OTHER (PLEASE SPECIFY)	8 INSTABILITY		9 LYSIS		10 MALALIGNMENT	
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INDICATIONS FOR IMPLANTATION: * YOU MAY SELECT MORE THAN ONE OPTION (IF REVISION, SELECT INDICATIONS FOR ORIGINAL PROCEDURE IF KNOWN)	<table border="0"> <tr> <td>1 OSTEOARTHRITIS</td> <td>7 SEROPOSITIVE RHEUMATOID ARTHRITIS</td> </tr> <tr> <td>2 AVASCULAR NECROSIS</td> <td>8 TRAUMA</td> </tr> <tr> <td>3 FAILED INTERNAL FIXATION</td> <td>9 OTHER (PLEASE SPECIFY)</td> </tr> <tr> <td>4 PREVIOUS ARTHRODESIS</td> <td></td> </tr> <tr> <td>5 PREVIOUS KNEE TRAUMA NOT SPECIFIED</td> <td></td> </tr> <tr> <td>6 SERONEGATIVE RHEUMATOID ARTHRITIS</td> <td></td> </tr> </table>	1 OSTEOARTHRITIS	7 SEROPOSITIVE RHEUMATOID ARTHRITIS	2 AVASCULAR NECROSIS	8 TRAUMA	3 FAILED INTERNAL FIXATION	9 OTHER (PLEASE SPECIFY)	4 PREVIOUS ARTHRODESIS		5 PREVIOUS KNEE TRAUMA NOT SPECIFIED		6 SERONEGATIVE RHEUMATOID ARTHRITIS									
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SIDE: *	1 LEFT 2 RIGHT																				
SURGEON'S NOTES:																					

5 KNEE TECHNIQUE SCREEN

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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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)												
KNEE TO SKIN INCISION: *	<table border="0"> <tr> <td>1 MIDLINE</td> </tr> <tr> <td>2 MEDIAL</td> </tr> <tr> <td>3 LATERAL</td> </tr> </table>	1 MIDLINE	2 MEDIAL	3 LATERAL									
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SURGICAL APPROACH: *	<table border="0"> <tr> <td>1 LATERAL PARAPATELLAR</td> </tr> <tr> <td>2 MEDIAL PARAPATELLAR</td> </tr> <tr> <td>3 SUB-VASTUS</td> </tr> <tr> <td>4 OTHER (PLEASE SPECIFY)</td> </tr> </table>	1 LATERAL PARAPATELLAR	2 MEDIAL PARAPATELLAR	3 SUB-VASTUS	4 OTHER (PLEASE SPECIFY)								
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3 SUB-VASTUS													
4 OTHER (PLEASE SPECIFY)													
MINIMALLY INVASIVE SURGERY USED? *	1 NO 2 YES												
IMAGE GUIDED SURGERY USED? *	1 NO 2 YES												
TOURNIQUET USED? *	1 NO 2 YES												
HAS THE FAT PAD BEEN REMOVED? *	<table border="0"> <tr> <td>1 NO</td> </tr> <tr> <td>2 YES - FULLY</td> </tr> <tr> <td>3 YES - PARTIALLY</td> </tr> </table>	1 NO	2 YES - FULLY	3 YES - PARTIALLY									
1 NO													
2 YES - FULLY													
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CEMENT 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).

