National Joint Registry
www.njrcentre.org.uk

MDS VERSION 3.1 Knee Operation

Form: MDSv3.1 K2 v1.2

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

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

Patient Consent Obtained	Yes ☐	No ☐	Not Recorded ☐	
Patient Hospital ID				
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height (IN CM) Weight (IN KG)	BMI	Not Available ☐	

PATIENT IDENTIFIERS

Forename				
Surname				
Gender	Male ☐	Female ☐	Not Known ☐	Not Specified ☐
Date of Birth	DD/MM/YYYY			
Patient Postcode			Overseas Address ☐	
NHS Number (if available)				

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 REVISION PROCEDURE DETAILS

Procedure Type	Single Stage Revision	☐	Conversion to Arthrodesis	☐
	Stage 1 of 2 Stage Revision	☐	Amputation	☐
	Stage 2 of 2 Stage Revision	☐		
Side	Left ☐ Right ☐			
Indications For / Findings at Time of Revision (select all that apply)	Aseptic Loosening		Instability	☐
	Femur	☐	Wear of Polyethylene Component	☐
	Tibia	☐	Component Dissociation	☐
	Patella	☐	Pain (undiagnosed)	☐
	Infection	☐	Malalignment	☐
	Dislocation / Subluxation	☐	Peri-Prosthetic Fracture	☐
	Lysis		Implant Fracture	☐
	Femur	☐	Stiffness	☐
	Tibia	☐	Progressive Arthritis Remaining Knee	☐
			Other	☐

PRIMARY OPERATION DETAILS

Primary Operation Date OR Year	DD/MM/YYYY Please enter Date if known	Not Available ☐
Primary Operation Hospital		Not Available ☐

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)

Brand of Knee Removed		Not Available ☐

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

Patient Procedure	Revision Using Cement	☐			
	Revision Not Using Cement	☐			
	Revision Not Classified Elsewhere (eg Hybrid)	☐			
Approach	Medial Parapatellar	☐	Quadriceps Turn-Down	☐	
	Lateral Parapatellar	☐	Tibial Tubercle Osteotomy	☐	
	Sub-Vastus	☐	Other	☐	
	Mid-Vastus	☐			
THROMBOPROPHYLAXIS REGIME (intention to treat)					
Chemical	Aspirin	☐	Warfarin	☐	None ☐
	LMWH	☐	Direct Thrombin Inhibitor	☐	
	Pentasaccharide	☐	Other	☐	
Mechanical	Foot Pump	☐	Other	☐	
	Intermittent Calf Compression	☐	None	☐	
	TED Stockings	☐			
BONEGRAFT USED					
Femur	Yes ☐ No ☐				
Tibia	Yes ☐ No ☐				
SURGEON'S NOTES					

INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None	☐	Ligament Injury	☐
	Fracture	☐	Other	☐
	Patella Tendon Avulsion	☐		

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.