National Joint Registry
www.njrcentre.org.uk

MDS VERSION 4.0
Ankle Operation

Form: MDSv4.0 A2 v1.3

A2

Ankle Single Stage Revision
Ankle Stage 1 of 2 Stage Revision
Ankle Stage 2 of 2 Stage Revision
Ankle Conversion to Arthrodesis
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 – Nerve Block ☐ Regional – Epidural ☐ 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 ☐

ANKLE REVISION PROCEDURE DETAILS

Procedure Type	Single Stage Revision ☐ Stage 1 of 2 Stage Revision ☐ Stage 2 of 2 Stage Revision ☐	Conversion to Arthrodesis ☐ Amputation ☐
Side	Left ☐ Right ☐	
Indications For / Findings at Time of Revision (select all that apply)	**Infection** High Suspicion (eg pus or confined micro) ☐ Low Suspicion (awaiting micro/histo) ☐ **Aseptic Loosening** Tibial Component ☐ Talar Component ☐ **Lysis** Tibia ☐ Talus ☐ **Malalignment** ☐	**Implant Fracture** Tibial Component ☐ Talar Component ☐ Meniscal Component ☐ **Wear of Polyethylene Component** ☐ **Meniscal Insert Dislocation** ☐ **Component Migration/Dissociation** ☐ **Pain (undiagnosed)** ☐ **Stiffness** ☐ **Soft Tissue Impingement** ☐ **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)

Components Removed	**Tibial** Yes ☐ No ☐	**Talar** Yes ☐ No ☐	**Meniscal** Yes ☐ No ☐
Brand	Not Available ☐		

SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision & Conversion to Arthrodesis (Patient Procedure and Surgeon's Notes Only))

Patient Procedure	Prosthetic Replacement Not Using Cement ☐ Prosthetic Replacement Using Cement ☐ Prosthetic Replacement Not Classified Elsewhere (eg Hybrid) ☐	Ankle Fusion (Subtalar joint not fused at this sitting) ☐ Ankle & Subtalar Fusion (using TTC Nail) ☐ Ankle & Subtalar Fusion (not using TTC Nail) ☐ Pantalar Fusion ☐
Approach	Anterior ☐ Lateral (transfibular) ☐	Anterolateral ☐ Other ☐
Associated Procedures at the time of surgery* (select all that apply) *Also select if previously carried out or procedures are planned at the time of index surgery	Subtalar Joint Fusion ☐ Talonavicular Fusion ☐ Calcaneal Displacement Osteotomy ☐ Achilles Tendon Lengthening ☐ Fusion Distal Tibiofibular Joint ☐	Fibula Osteotomy ☐ Medial Malleolar Osteotomy ☐ Lateral Ligament Reconstruction ☐ Medial Ligament Reconstruction ☐ Other ☐ None ☐

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical	Aspirin ☐ LMWH ☐ Pentasaccharide ☐	Warfarin ☐ Direct Thrombin Inhibitor ☐ Other ☐	None ☐
Mechanical	Foot Pump ☐ Intermittent Calf Compression ☐ TED Stockings ☐	Other ☐ None ☐	

BONE GRAFT

Was bone graft used?	Yes (structural) ☐	Yes (non-structural) ☐	No ☐
What type of graft was used?	Allograft ☐	Autograft ☐	Synthetic Graft ☐

SURGEON'S NOTES

INTRA-OPERATIVE EVENT

Untoward Intra-Operative Event (select all that apply)	None ☐ Fracture medial malleolus ☐ Fracture lateral malleolus ☐	Fracture (other) ☐ Ligament Injury ☐ Other ☐

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.