



E1 Elbow 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

Patient Consent Obtained	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
Patient Hospital ID			
Handedness	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Ambidextrous <input type="checkbox"/>

PATIENT IDENTIFIERS

Forename				
Surname				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Not Known <input type="checkbox"/>	Not Specified <input type="checkbox"/>
Date of Birth	DD/MM/YYYY			
Patient Postcode	Overseas Address <input type="checkbox"/>			
NHS Number (if available)				

OPERATION DETAILS

Hospital				
Operation Date	DD/MM/YYYY			
Anaesthetic Types	General <input type="checkbox"/>	Regional – Epidural <input type="checkbox"/>	Regional – Nerve Block <input type="checkbox"/>	Regional – Spinal (Intrathecal) <input type="checkbox"/>
Patient ASA Grade	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
Operation Funding	NHS <input type="checkbox"/>	Independent <input type="checkbox"/>		

SURGEON DETAILS

Consultant in Charge					
Operating Surgeon					
Operating Surgeon Grade	Consultant <input type="checkbox"/>	SpR/ST3-8 <input type="checkbox"/>	F1-ST2 <input type="checkbox"/>	Specialty Doctor/SAS <input type="checkbox"/>	Other <input type="checkbox"/>
First Assistant Grade	Consultant <input type="checkbox"/>	Other <input type="checkbox"/>			

ELBOW PRIMARY PROCEDURE DETAILS

Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Indications for Implantation (select all that apply)	Osteoarthritis <input type="checkbox"/> Inflammatory Arthropathy <input type="checkbox"/> Essex Lopresti <input type="checkbox"/> Avascular Necrosis <input type="checkbox"/>	Acute Trauma <input type="checkbox"/> Trauma Sequelae <input type="checkbox"/> Failed Hemi-Arthroplasty <input type="checkbox"/> Other <input type="checkbox"/>

SURGICAL APPROACH

Patient Procedure	Primary Total Prosthetic Replacement <input type="checkbox"/> Primary Radial Head Replacement <input type="checkbox"/> Lateral Resurfacing <input type="checkbox"/>
Fixation Type	Cementless <input type="checkbox"/> Cemented <input type="checkbox"/> Hybrid <input type="checkbox"/>
Approach	Kocher <input type="checkbox"/> Posterior <input type="checkbox"/>
Minimally Invasive Technique Used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Computer Guided Surgery Used?	Yes <input type="checkbox"/> No <input type="checkbox"/>

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical	Aspirin <input type="checkbox"/> Warfarin <input type="checkbox"/> None <input type="checkbox"/> LMWH <input type="checkbox"/> Direct Thrombin Inhibitor <input type="checkbox"/> Pentasaccharide <input type="checkbox"/> Other <input type="checkbox"/>
Mechanical	Foot Pump <input type="checkbox"/> Other <input type="checkbox"/> Intermittent Calf Compression <input type="checkbox"/> None <input type="checkbox"/> TED Stockings <input type="checkbox"/>

BONE GRAFT USED

Humeral Bone Graft	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ulnar Bone Graft	Yes <input type="checkbox"/> No <input type="checkbox"/>

SURGEON'S NOTES

INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None <input type="checkbox"/> Shaft Penetration Humerus <input type="checkbox"/> Shaft Penetration Ulna <input type="checkbox"/> Fracture Humerus <input type="checkbox"/>	Fracture Ulna <input type="checkbox"/> Nerve Injury <input type="checkbox"/> Vascular Injury <input type="checkbox"/> Other <input type="checkbox"/>
--------------------------------	---	---

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, endoprotheses or bipolar heads.