National Joint Registry
www.njrcentre.org.uk

MDS VERSION 5.0 Elbow Operation

Form: MDSv5.0 E2 v0.8

E2

Elbow Single Stage Revision
Elbow Stage 1 of 2 Stage Revision
Elbow Stage 2 of 2 Stage Revision
Conversion to Arthrodesis
Excision Arthroplasty
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				
Handedness	Left ☐	Right ☐	Ambidextrous ☐	

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 ☐			

ELBOW REVISION PROCEDURE DETAILS

Procedure Type	Single Stage Revision	☐	Conversion to Arthrodesis	☐
	Stage 1 of 2 Stage Revision	☐	Excision Arthroplasty	☐
	Stage 2 of 2 Stage Revision	☐	Amputation	☐
Side	Left ☐	Right ☐		
Indications For / Findings at Time of Revision (select all that apply)	Infection	☐	Periprosthetic Fracture	☐
	Instability	☐	Other	☐
	Aseptic Loosening	☐		

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)

* 'Not Applicable' indicates that the component was not present.

Radial Component Removed	Yes ☐ No ☐ Not Applicable* ☐	Brand	Not Available ☐
Humeral Component Removed	Yes ☐ No ☐ Not Applicable* ☐	Brand	Not Available ☐
Ulnar Component Removed	Yes ☐ No ☐ Not Applicable* ☐		

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

Patient Procedure	Revision Total Prosthetic Replacement					☐
	Revision Radial Head Replacement					☐
	Revision to Lateral Resurfacing					☐
Fixation Type	Cementless	☐	Cemented	☐	Hybrid	☐
Approach	Kocher	☐				
	Posterior	☐				

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	☐				

BONE GRAFT USED

Humeral Bone Graft	Yes ☐	No ☐
Ulnar Bone Graft	Yes ☐	No ☐

SURGEON'S NOTES

INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None	☐	Fracture Ulna	☐
	Shaft Penetration Humerus	☐	Nerve Injury	☐
	Shaft Penetration Ulna	☐	Vascular Injury	☐
	Fracture Humerus	☐	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.