National Joint Registry
www.njrcentre.org.uk

MDS VERSION 5.0 Shoulder Operation

Form: MDSv5.0 S1 v0.8

S1 Shoulder 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 ☐	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 ☐			

SHOULDER PRIMARY PROCEDURE DETAILS						
Side	Left ☐ Right ☐					
Indications for Implantation (select all that apply)	Osteoarthritis Cuff Tear Arthropathy Inflammatory Arthropathy	☐ ☐ ☐	Avascular Necrosis Acute Trauma Trauma Sequelae Other	☐ ☐ ☐ ☐		
Previous surgery (not arthroplasty) (Select all that apply)	None Stabilisation Cuff Repair	☐ ☐ ☐	Excision ACJ Subacromial Decompression Other	☐ ☐ ☐		

SURGICAL APPROACH						
Patient Procedure	Primary Total Prosthetic Replacement Primary Hemi-arthroplasty of Joint Primary Resurfacing Arthroplasty of Joint Primary Resurfacing Hemi-arthroplasty of Joint Primary Reverse Polarity Total Prosthetic Replacement	☐ ☐ ☐ ☐ ☐				
Fixation Type	Cementless	☐	Cemented	☐	Hybrid	☐
Approach	Delto-Pectoral Superior (MacKenzie) Deltoid Split	☐ ☐ ☐	Deltoid Detachment Posterior	☐ ☐		
Minimally Invasive Technique Used?	Yes ☐	No ☐				
Computer Guided Surgery Used?	Yes ☐	No ☐				
Biological Resurfacing (Glenoid) (select all that apply)	None Microfracture	☐ ☐	Reaming Interposition	☐ ☐		
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 USED						
Humeral Bone Graft	Yes ☐	No ☐				
Glenoid Bone Graft	Yes ☐	No ☐				
SOFT TISSUES						
Long Head Biceps Tenotomy	Yes ☐	No ☐				
Rotator Cuff Condition	Normal ☐	Attenuated ☐	Absent/Torn ☐		Repaired	☐

SURGEON'S NOTES

INTRA OPERATIVE EVENT						
Untoward Intra Operative Event	None Shaft Penetration Fracture Humerus	☐ ☐ ☐	Fracture Glenoid Nerve Injury Vascular Injury	☐ ☐ ☐	Other	☐

PRE-OPERATIVE OXFORD SCORES					
Pre-operative Oxford Score Date	DD/MM/YYYY				Not available ☐
During the past four weeks…					
1. How would you describe the worst pain you had from your shoulder?					Not available ☐
None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐	
2. Have you had any trouble dressing yourself because of your shoulder?					Not available ☐
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐	
3. Have you had any trouble getting in and out of a car or using public transport because of your shoulder?					Not available ☐
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐	
4. Have you been able to use a knife and fork at the same time?					Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐	
5. Could you do the household shopping on your own?					Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐	
6. Could you carry a tray containing a plate of food across a room?					Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐	
7. Could you brush/comb your hair with the affected arm?					Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐	
8. How would you describe the pain you usually had from your shoulder?					Not available ☐
None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐	
9. Could you hang your clothes up in a wardrobe, using the affected arm?					Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐	
10. Have you been able to wash and dry yourself under both arms?					Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐	
11. How much has pain from your shoulder interfered with your usual work (including housework)?					Not available ☐
Not at all ☐	A little bit ☐	Moderately ☐	Greatly ☐	Totally ☐	
12. Have you been troubled by pain from your shoulder in bed at night?					Not available ☐
No nights ☐	Only 1 or 2 nights ☐	Some nights ☐	Most nights ☐	Every night ☐	

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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, screws, surgical tools or endoprostheses.