National Joint Registry
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MDS VERSION 6.0
Knee Operation

Form: MDSv6.0 K1 v004

K1 Knee 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				
NJR 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 M) 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 or National Patient 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 PRIMARY PROCEDURE DETAILS							
Side	Left ☐	Right ☐					
Indications for Implantation (select all that apply)	Osteoarthritis	☐	Rheumatoid Arthritis	☐			
	Avascular Necrosis	☐	Previous Trauma	☐			
	Other Inflammatory Arthropathy	☐	Other	☐			
	Previous Infection	☐					
PRE OPERATIVE RANGE OF MOVEMENT							
Fixed Flexion Deformity (degrees)	Less than 10 ☐	10 to 30 ☐	Greater than 30 ☐	Not Available ☐			
Flexion (degrees)	Less than 70 ☐	70 to 90 ☐	91 to 110 ☐	Greater than 110 ☐	Not Available ☐		

SURGICAL APPROACH				
Patient Procedure	Primary Total Prosthetic Replacement Using Cement ☐			
	Primary Total Prosthetic Replacement Not Using Cement ☐			
	Unicondylar Knee Replacement			
	- Medial ☐			
	- Lateral ☐			
	Patello-Femoral Knee Replacement ☐			
	Primary Total Prosthetic Replacement Not Classified Elsewhere (eg Hybrid) ☐			
Approach	Medial Parapatellar	☐	Mid-Vastus	☐
	Lateral Parapatellar	☐	Other	☐
	Sub-Vastus	☐		
Minimally Invasive Technique Used?	Yes ☐	No ☐		
Computer Guided Surgery Used?	Yes ☐	No ☐		
Patient Specific Instruments?	Yes ☐	No ☐		
THROMBOPROPHYLAXIS REGIME (intention to treat)				
Chemical (In Hospital)	Aspirin	☐	Direct Thrombin Inhibitor (eg Dabigatran)	☐
	LMWH	☐		
	Pentasaccharide (eg Fondaparinux)	☐	Factor Xa Inhibitor (eg Rivaroxaban/Apixaban)	☐
	Warfarin	☐	Other	☐
			None	☐
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.

Femoral Component (or unicondylar femoral component)	Tibial Tray (or unicondylar tibial component)
Meniscal Component	Cement (if used)
Patella (if used) Needed in Patello-femoral replacement	Accessories