



K2

Knee Single Stage Revision
Knee Stage 1 of 2 Stage Revision
Knee Stage 2 of 2 Stage Revision
Knee Conversion to Arthrodesis
Knee Amputation
Secondary resurfacing of patella
Secondary/subsequent partial replacement
(Unicompartmental or PFJR)

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 <input type="checkbox"/>	No <input type="checkbox"/>	Not Recorded <input type="checkbox"/>
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 <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 or National Patient Number (if available)			

OPERATION DETAILS

Hospital			
Operation Date	DD/MM/YYYY		
Anaesthetic Types	General <input type="checkbox"/>	Regional - Nerve Block <input type="checkbox"/>	Regional - Epidural <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"/>	

KNEE REVISION PROCEDURE DETAILS				
Procedure Type	Single Stage Revision	<input type="checkbox"/>	Conversion to Arthrodesis	<input type="checkbox"/>
	Stage 1 of 2 Stage Revision	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
	Stage 2 of 2 Stage Revision	<input type="checkbox"/>		
Revision of	Primary Total Arthroplasty	<input type="checkbox"/>	Previous Revision Arthroplasty (excluding excision arthroplasty)	<input type="checkbox"/>
Side	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>
Indications For / Findings at Time of Revision (select all that apply)	Aseptic Loosening		Instability	<input type="checkbox"/>
	Femur	<input type="checkbox"/>	Wear of Polyethylene Component	<input type="checkbox"/>
	Tibia	<input type="checkbox"/>	Component Dissociation	<input type="checkbox"/>
	Patella	<input type="checkbox"/>	Unexplained Pain	<input type="checkbox"/>
	Infection	<input type="checkbox"/>	Malalignment	<input type="checkbox"/>
	Dislocation / Subluxation	<input type="checkbox"/>	Peri-Prosthetic Fracture	<input type="checkbox"/>
	Lysis		Implant Fracture	<input type="checkbox"/>
	Femur	<input type="checkbox"/>	Stiffness	<input type="checkbox"/>
	Tibia	<input type="checkbox"/>	Progressive Arthritis Remaining Knee	<input type="checkbox"/>
			Other	<input type="checkbox"/>

PRIMARY OPERATION DETAILS			
Primary Operation Date OR Year	DD/MM/YYYY	Please enter Date if known	Not Available <input type="checkbox"/>
Primary Operation Hospital			Not Available <input type="checkbox"/>

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)	
Brand of Knee Removed	Not Available <input type="checkbox"/>

SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision)				
Patient Procedure	Revision Using Cement		<input type="checkbox"/>	
	Revision Not Using Cement		<input type="checkbox"/>	
	Revision Not Classified Elsewhere (eg Hybrid)		<input type="checkbox"/>	
Approach	Medial Parapatellar	<input type="checkbox"/>	Quadriceps Turn-Down	<input type="checkbox"/>
	Lateral Parapatellar	<input type="checkbox"/>	Tibial Tubercle Osteotomy	<input type="checkbox"/>
	Sub-Vastus	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Mid-Vastus	<input type="checkbox"/>		
Patient Specific Instruments?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

THROMBOPROPHYLAXIS REGIME (intention to treat)				
Chemical (In Hospital)	Aspirin	<input type="checkbox"/>	Direct Thrombin Inhibitor	<input type="checkbox"/>
	LMWH	<input type="checkbox"/>	(eg Dabigatran)	
	Pentasaccharide (eg Fondaparinux)	<input type="checkbox"/>	Factor Xa Inhibitor	<input type="checkbox"/>
	Warfarin	<input type="checkbox"/>	(eg Rivaroxaban/Apixaban)	
Mechanical			Other	<input type="checkbox"/>
	Foot Pump	<input type="checkbox"/>	None	<input type="checkbox"/>
	Intermittent Calf Compression	<input type="checkbox"/>		
	TED Stockings	<input type="checkbox"/>		

BONEGRAFT USED	
Femur	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tibia	Yes <input type="checkbox"/> No <input type="checkbox"/>

SURGEON'S NOTES	

INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None	<input type="checkbox"/>	Ligament Injury	<input type="checkbox"/>
	Fracture	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Patella Tendon Avulsion	<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.

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