National Joint Registry
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Working for patients, driving forward quality

MDS VERSION 6.0 Shoulder Operation

Form: MDSv6.0 S1 v005

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

NJR 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 or National Patient Number (if available)				

OPERATION DETAILS

Hospital					
Operation Date	DD/MM/YYYY				
Anaesthetic Types	General ☐ Regional – Epidural ☐		Regional – Nerve Block ☐		
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	☐	Avascular Necrosis	☐
	Cuff Tear Arthropathy	☐	Acute Trauma	☐
	Inflammatory Arthropathy	☐	Trauma Sequelae	☐
	Metastatic Cancer/Malignancy	☐	Other	☐
Previous surgery (not arthroplasty) (Select all that apply)	None	☐	Excision ACJ	☐
	Stabilisation	☐	Subacromial Decompression	☐
	Cuff Repair	☐	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	☐	Deltoid Detachment	☐		
	Superior (MacKenzie)	☐	Posterior	☐		
	Deltoid Split	☐				
Minimally Invasive Technique Used?	Yes ☐	No ☐				
Computer Guided Surgery Used?	Yes ☐	No ☐				
Biological Resurfacing (Glenoid) (select all that apply)	None	☐	Reaming	☐		
	Microfracture	☐	Interposition	☐		
THROMBOPROPHYLAXIS REGIME (intention to treat)						
Chemical (In Hospital)	Aspirin	☐	Direct Thrombin Inhibitor (eg Dabigatran)	☐		
	LMWH	☐	Factor Xa Inhibitor (eg Rivaroxaban/Apixaban)	☐		
	Pentasaccharide (eg Fondaparinux)	☐	Other	☐		
	Warfarin	☐	None	☐		
Mechanical	Foot Pump	☐	Other	☐		
	Intermittent Calf Compression	☐	None	☐		
	TED Stockings	☐				
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	☐	Fracture Glenoid	☐	Other	☐
	Shaft Penetration	☐	Nerve Injury	☐		
	Fracture Humerus	☐	Vascular Injury	☐		

PRE-OPERATIVE OXFORD SCORES – Tick one box for every question. If no scores available select Pre-operative Oxford Scores Not available

Pre-operative Oxford Scores Not available		Not available ☐
Pre-operative Oxford Score Date	DD/MM/YYYY	Not available ☐

1.	During the past 4 weeks… How would you describe the **worst** pain you had from your shoulder?				Not available ☐
	None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐
2.	During the past 4 weeks… 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.	During the past 4 weeks… 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.	During the past 4 weeks… 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.	During the past 4 weeks… 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.	During the past 4 weeks… 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.	During the past 4 weeks… 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.	During the past 4 weeks… How would you describe the pain you usually had from your shoulder?				Not available ☐
	None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐
9.	During the past 4 weeks… Could you hang your clothes up in a wardrobe, using the affected arm?				Not available ☐
	Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With great difficulty ☐	No, impossible ☐
10.	During the past 4 weeks… 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.	During the past 4 weeks… 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.	During the past 4 weeks… 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 ☐

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.

Humeral stem (if used)	Humeral component
Glenoid component (if used)	Cement (if used)
Accessories	