



E2

Elbow Single Stage Revision
Elbow Stage 1 of 2 Stage Revision
Elbow Stage 2 of 2 Stage Revision
Failed Hemi-arthroplasty
Conversion to Arthrodesis
Excision Arthroplasty
Amputation
Debridement and Implant Retention (DAIR)

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"/>
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height <small>(IN M)</small>	BMI	Not Available <input type="checkbox"/>
Weightedness	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Ambidextrous <input type="checkbox"/> Unknown <input type="checkbox"/>

PATIENT IDENTIFIERS

Forename(s)	
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 Number OR National Patient Identifier (if available)	
Patient Hospital ID	

OPERATION DETAILS

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

ELBOW REVISION PROCEDURE DETAILS

Procedure Type	Single Stage Revision (includes modular exchange for indications other than infection)	<input type="checkbox"/>	Conversion to Arthrodesis	<input type="checkbox"/>
	Stage 1 of 2 Stage Revision	<input type="checkbox"/>	Excision Arthroplasty	<input type="checkbox"/>
	Stage 2 of 2 Stage Revision	<input type="checkbox"/>	Amputation	<input type="checkbox"/>
		<input type="checkbox"/>	Debridement and Implant Retention (DAIR)	<input type="checkbox"/>
Revision of	Primary 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)	Infection	<input type="checkbox"/>	Periprosthetic Fracture	<input type="checkbox"/>
	Instability	<input type="checkbox"/>	Failed Hemi-arthroplasty	<input type="checkbox"/>
	Aseptic Loosening	<input type="checkbox"/>	Other	<input type="checkbox"/>

PREVIOUS OPERATION DETAILS

Previous Operation Date OR Year	DD/MM/YYYY	Please enter date if known	Not Available	<input type="checkbox"/>
Previous Operation Hospital			Not Available	<input type="checkbox"/>

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)

Radial Component Removed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Humeral Component Removed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ulnar Component Removed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

Patient Procedure (i.e. revision to)	Revision Total Prosthetic Replacement	<input type="checkbox"/>				
	Revision Radial Head Replacement	<input type="checkbox"/>				
	Revision to Lateral Resurfacing	<input type="checkbox"/>				
	Revision Distal Humeral Hemi Arthroplasty	<input type="checkbox"/>				
	Debridement And Implant Retention (DAIR) with Modular Exchange	<input type="checkbox"/>				
	Debridement And Implant Retention (DAIR) without Modular Exchange	<input type="checkbox"/>				
	Modular Exchange for indications other than infection	<input type="checkbox"/>				
Fixation Type	Uncemented	<input type="checkbox"/>	Cemented	<input type="checkbox"/>	Hybrid	<input type="checkbox"/>
Approach	Kocher	<input type="checkbox"/>				
	Posterior	<input type="checkbox"/>				

THROMBOPROPHYLAXIS REGIME (intention to treat)

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

BONE GRAFT USED

Was Humeral Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Humeral – Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Humeral – Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>
Was Ulnar Bone graft used?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Ulnar – Form	Structural	<input type="checkbox"/>	Morsellised/chips	<input type="checkbox"/>				
Ulnar - Type	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	<input type="checkbox"/>

SURGEON'S NOTES

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INTRA-OPERATIVE EVENT

Untoward Intra-Operative Event	None	<input type="checkbox"/>	Fracture Ulna	<input type="checkbox"/>
	Shaft Penetration Humerus	<input type="checkbox"/>	Nerve Injury	<input type="checkbox"/>
	Shaft Penetration Ulna	<input type="checkbox"/>	Vascular Injury	<input type="checkbox"/>
	Fracture Humerus	<input type="checkbox"/>	Other	<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, surgical tools or endoprotheses.

Ulnar Component (if used)

Humeral component

Radial component (if used)
Required for hemi-arthroplasty

Cement (if used)

Accessories