



H1 Hip 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. (if Bilateral, please use two different forms)

THIS FORM SHOULD NOT BE USED FOR HEMI OR BIPOLAR ARTHROPLASTY PROCEDURES

All fields are Mandatory unless otherwise indicated

REMEMBER! MAKE A NOTE OF THE IJR REFERENCE NUMBER WHEN YOU ENTER THIS DATA

IJR REF:

PATIENT DETAILS

IJR 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 Centimeters) Weight (in Kilograms)	BMI	Not Available

PATIENT IDENTIFIERS

First Name			
Middle Name			
Surname			
Gender	Male	Female	
Date of Birth	Age (In Years) :		
Contact Details	Mobile :	Residence Phone :	
	Email :		
Full Address			
Patient Postcode	Overseas Address		
Patient Identification Type	PAN	Aadhaar	Passport(For Overseas Citizen) Other
Patient Identification Number			

OPERATION DETAILS

Hospital				
Operation Date				
Anaesthetic Types(select all that apply)	General Epidural		Nerve Block Spinal (Intrathecal)	
Patient ASA Grade	1	2	3	4 5
Operation Funding	Insurance	Self	Insurance + Self	Other

SURGEON DETAILS

Consultant in Charge	MCR ¹ Number :	Name:		
Operating Surgeon (if different then above)	MCR ¹ Number :	Name:		
Operating Surgeon Grade	Consultant	Associate Consultant	Senior Registrar	Other
First Assistant Grade	Consultant	Associate Consultant	Senior Registrar	Other

¹ - Medical Council Registration

HIP PRIMARY PROCEDURE DETAILS

Side	Left	Right
Indications for Implantation (select all that apply)	Avascular Necrosis Ankylosing Spondylosis Rheumatoid Arthritis Failed Hemi-Arthroplasty Trauma - Acute (Neck of Femur) Failed - Acetabular Fracture Failed - Fractured Neck of Femur (TC/IT) Osteoarthritis	Inflammatory Arthropathy Previous Hip Surgery – non Trauma related Previous Infection SUFE Dysplasia of the Hip Metastatic Cancer/Malignancy Previous Arthrodesis Other

SURGICAL APPROACH

Patient Procedure	Primary Total Prosthetic Replacement Using Cement Primary Total Prosthetic Replacement Not Using Cement Primary Resurfacing Arthroplasty of Joint Primary Total Prosthetic Replacement Not Classified Elsewhere (eg Hybrid)		
Patient Position	Lateral	Supine	
Approach	Hardinge Posterior	Trochanteric Osteotomy Anterior	Other
Minimally Invasive Technique Used?	Yes	No	
Computer Guided Surgery Used?	Yes	No	
Robotic	Yes	No	

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	Aspirin LMWH Pentasaccharide (eg Fondaparinux) Warfarin	Direct Thrombin Inhibitor (eg Dabigatran) Factor Xa Inhibitor (eg Rivaroxaban/Apixaban) Other None
Mechanical	Foot Pump Intermittent Calf Compression TED Stockings	Other None

BONEGRAFT USED

Femur	Yes	No
Acetabulum	Yes	No

SURGEON'S NOTES

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INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None Calcar Crack Pelvic Penetration	Shaft Fracture Shaft Penetration Trochanteric Fracture	Other
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