



# 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. (If Bilateral, please use two different forms)

**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 <sup>1</sup> Number :		Name:	
Operating Surgeon (if different then above)	MCR <sup>1</sup> Number :		Name:	
Operating Surgeon Grade	Consultant	Associate Consultant	Senior Registrar	Other
First Assistant Grade	Consultant	Associate Consultant	Senior Registrar	Other

<sup>1</sup>  
- Medical Council Registration

KNEE PRIMARY PROCEDURE DETAILS					
Side	Left	Right			
Indications for Implantation (select all that apply)	Osteoarthritis Other Inflammatory Arthropathy Previous Infection Failed HTO	Rheumatoid Arthritis Previous Trauma Other			
PRE OPERATIVE RANGE OF MOVEMENT					
Fixed Flexion Deformity (degrees)	< 10	10 to 30	> 30	Not Available	
Flexion (degrees)	< 70	70 to 90	91 to 110	> 110	Not Available

## SURGICAL APPROACH

Patient Procedure	Primary Total Prosthetic Replacement Using Cement Primary Total Prosthetic Replacement Not Using Cement Unicondylar Knee Replacement Patello-Femoral Knee Replacement Primary Total Prosthetic Replacement Not Classified Elsewhere (eg Hybrid)	
Approach	Medial Parapatellar Lateral Parapatellar Sub-Vastus	Medial    Lateral Mid-Vastus Other
Computer Guided Surgery Used?	Yes	No
Robotic	Yes	No
Patient Specific Instruments	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
Tibia	Yes	No

## SURGEON'S NOTES

## INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None Fracture Patella Tendon Avulsion	Ligament Injury Other
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