



Indian Joint Registry

MDS VERSION 6.0 Knee Operation

Form: MDSv6.0 K2 v1.0

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. (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)	BMI	Not Available
	Weight (IN Kilograms)		

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

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

PRIMARY OPERATION DETAILS

Primary Operation Date OR Year	Not Available
Primary Operation Hospital	Not Available

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

Brand of Knee Removed	Not Available
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SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision)

Patient Procedure	Revision Using Cement Revision Not Using Cement Revision Not Classified Elsewhere (eg Hybrid)	
Approach	Medial Parapatellar Lateral Parapatellar Sub-Vastus Mid-Vastus	Quadriceps Turn-Down Tibial Tubercle Osteotomy Other
Patient Specific Instruments	Yes No	

THROMBOPROPHYLAXIS REGIME (intention to treat)

Chemical (In Hospital)	Aspirin LMWH Pentasaccharide (eg Fondaparinux) Warfarin	Direct Thrombin Inhibitor 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

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INTRA OPERATIVE EVENT

Untoward Intra Operative Event	None Fracture Patella Tendon Avulsion	Ligament Injury Other
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Minimum Dataset Form - COMPONENT LABELS