INDIAN SOCIETY OF HIP & KNEE SURGEONS

HIP FORM

Place Patients Details Label here

And / or if any patient details required are not abvailable on the hospital label, Please Complete below

Surname : ..... First Name : .....

Middle Initial : ..... Female : ☐ Male : ☐

Age : ..... Weight : ..... Height : .....

Address :.....

.....

Contact No..... Pin Code : .....

Patient Identification Type : PAN ☐ Aadhar ☐ Passport ☐ Other ☐

Patient ID No.:..... Hospital Patient No.:.....

Name of the Hospital : ..... State : .....

Consultant Surgeon Code : .....

(All of this section MUST be completed) (complete operation date & mark boxes)

OPERATION DATE : ...../...../..... (if bilateral use 2 forms) **L** ☐ **R** ☐

PRIMARY ☐

Dose not include Hemi Arthroplasty, Bipolar Arthroplasty

PRIMARY PROCEDURE

Cemented ☐ Uncemented ☐ Hybrid ☐

Resurfacing ☐ Any other ☐

Diagnosis

- Avascular Necrosis ☐
- Anky. Spondylitis ☐
- Rheumatoid Arthritis ☐
- Failed Hemiarthroplasty ☐
- Fracture Dislocation ☐
- Failed TC, IT Fractures ☐
- Dysplasia ☐
- Fresh Fracture Neck ☐
- Primary O.A. ☐
- Tumor ☐
- Other (Please specify) ☐

.....

REVISION ☐

Includes : removal, exchange or addition of one or more Components

PROCEDURE

Cemented ☐ Uncemented ☐ Hybrid ☐

(Tick more than one box if applicable)

Diagnosis

- Loosening ☐
- Lysis ☐
- Dislocation ☐
- Infection ☐

Implant breakage : Stem ☐ acetabular ☐

Fracture : ☐

Other : (Specify below)

.....

Previous Implant (Company & Model)

.....

Date/Year of Primary Surgery

.....

ACETABULAR COMPONENTS

(Mark boxes, place company labels on the given areas or complete details by hand)

None ☐ Cup ☐ Shell ☐ Insert ☐ Reinforcement Ring ☐ Struct. Graft ☐ Other ☐

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

ACETABULAR CEMENT : NO ☐ YES ☐

CEMENT NAME : .....

(Use company label or complete details : If more than one mix is used, Use only 1 label)

(Complete by hand, labels not required)

SCREWS : NO ☐ YES ☐ Number .....

Please send completed Form to : ISHKS Registry Office, 505, Abhijyot Square, Near Metrix Tower, Behind Divya Bhaskar Press, Makarba, S. G. Highway, Ahmedabad-380051, Gujarat.

INDIAN SOCIETY OF HIP & KNEE SURGEONS

HIP FORM

(Please complete both the sides of this form)

FEMORAL COMPONENTS

(Mark boxes, place company lables or complete details by hand)

None ☐ Stem ☐ Centraliser ☐ Head ☐ Intra-medullary Plug ☐ Other ☐

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

Company : .....
Prosthesis Name : .....
Size : .....
Cat / Ref. No. : .....
Lot No. :.....

FEMORAL CEMENT : NO ☐ YES ☐

FEMORAL CEMENTING : Gun ☐ Hand Packing ☐

CEMENT NAME : .....

(Use company label or complete details : If more than one mix is used, Use only 1 label)

COMPUTER ASSISTED : Yes ☐ No ☐

System used : .....

COMMENTS or extra labels :
(For Revision Case; Give Additional Available Information)

CONSENT : Yes ☐ No ☐

All sections of the form MUST be completed

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