INDIAN SOCIETY OF HIP & KNEE SURGEONS

KNEE FORM

All of this section must be completed.

(Please complete both sides of this form.)

Place Patients Details Label here

And / or if any patient details required are not available on the hospital label, please complete below

Surname : ..... Female : ☐ Male : ☐

First Name : ..... Middle Initial : .....

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

Address : (Optional) : .....

..... Pin Code : .....

Hospital Patient No. : ..... (Optional / Indoor No.)

Name of Hospital (Optional) : ..... State : .....

Consultant Surgeon Code (inclusion of surgeon code is optional) : .....

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

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

PRIMARY ☐

Includes : Unicompartmental or total knee

Unicompartmental indicate : Medial ☐

Lateral ☐

DIAGNOSIS

Osteoarthritis ☐

Rheumatoid arthritis ☐

Other inflam arthritis ☐

Tumour : (specify below) ☐

.....

Other : (specify below) ☐

.....

Varus ☐ Valgus ☐

REVISION ☐

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

Unicompartmental indicate : Medial ☐

Lateral ☐

DIAGNOSIS

(Tick more than one box if applicable)

Loosening ☐ Lysis ☐ Infection ☐

Implant breakage :

Femoral ☐ Tibial ☐ Patella ☐

Fracture : (specify below)

.....

Other : (specify below)

.....

Previous Implant (Company & Model)

.....

FEMORAL COMPONENTS

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

None ☐ Femoral ☐ Stem ☐

Company : .....

Prosthesis Name : .....

Cat / Ref. No. : .....

Lot No. : .....

Company : .....

Prosthesis Name : .....

Cat / Ref. No. : .....

Lot No. : .....

Company : .....

Prosthesis Name : .....

Cat / Ref. No. : .....

Lot No. : .....

FEMORAL SPACERS

(complete details by Marking boxes)

None

Distal Femoral : Medial ☐ Lateral ☐

Posterior Condyle : Medial ☐ Lateral ☐

Please send completed form to : **ISHKS** Joint Registry, Shalby Hospitals Ltd., Opp. Karnavati Club, S. G. Highway, Ahmedabad 380015. Phone : 079 40203000 Fax : 079 40203109

INDIAN SOCIETY OF HIP & KNEE SURGEONS

KNEE FORM

TIBIAL COMPONENTS

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

None ☐ All-in-one (Monoblock) ☐ Base-plate ☐ Insert ☐ Stem ☐

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

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

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

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

TIBIAL SPACERS (complete details by Marking boxes)

None Blocks : Medial ☐ Lateral ☐
Wedges : Medial ☐ Lateral ☐
Bone Grafts : Medial ☐ Lateral ☐

SCREWS : **NO** **YES** **Number .....**

PATELLA COMPONENTS

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

None ☐ Yes ☐

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

CEMENT USED :

Femoral : Yes ☐ No ☐
Tibial : Yes ☐ No ☐
Patella : Yes ☐ No ☐

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 :

All sections of the form MUST be completed

Please send completed form to : **ISHKS** Joint Registry, Shalby Hospitals Ltd., Opp. Karnavati Club, S. G. Highway, Ahmedabad 380015. Phone : 079 40203000 Fax : 079 40203109