

## Identification

### Patient

Gender:

Male  Female

Birth Date (dd-mm-yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Area of Residency \_\_\_\_\_

Nationality: \_\_\_\_\_

### Surgical Team

Main Surgeon (ID nr. of the Medical Bar Association) \_\_\_\_\_

Degree of the Surgeon:

Assistant  Head of Department  Senior Surgeon  Fellow/Scholar  
 Graduate Surgeon  Resident  Junior Surgeon

Degree of the first help:

Assistant  Head of Department  Senior Surgeon  Fellow/Scholar  
 Graduate Surgeon  Resident  Junior Surgeon

### Pre-Op

Hospital \_\_\_\_\_

Date of the Surgery (dd-mm-yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Anesthesia

Regional  General

ASA

I  II  III  IV

Weight \_\_\_\_\_ kg

Height \_\_\_\_\_ m

Body Mass Index (kg : height<sup>2</sup>) \_\_\_\_\_

Physical activity

- 1- inactive or dependent  
 2- sedentary without any compensatory physical activity  
 3- light to moderate physical activity  
 4- hard occupation; physical activity as a hobby  
 5- very intense physical activity; contact or radical sports

Financial coverage

Private  National Health System  
 Sub-system  Insurance



## Disease

### Side

- Left  
 Right

### Procedure

- One stage revision (A)  
 First stage of a two stage revision (A)  
 Second stage of a two stage revision (A)  
 Re-revision (A)  
 Arthrodesis  
 Other re-operation besides revision (B)

Date of the primary surgery (dd-mm-yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hospital where surgery was performed \_\_\_\_\_

### Other associated pathologies

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> HBP      | <input type="checkbox"/> Dislipidemy   | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiopathies | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> RA       | <input type="checkbox"/> Lung Disease  | <input type="checkbox"/> No associated pathologies   |

(A) - For any revision or girdlestone (includes re-revision)

### Etiology

- |  |                                       |   |                                  |  |
|--|---------------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> Aseptic loosening       | <input type="checkbox"/> Femur        | <input type="checkbox"/> Tibia          | <input type="checkbox"/> Patella | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Osteolysis              | <input type="checkbox"/> Femur        | <input type="checkbox"/> Tibia          | <input type="checkbox"/> Patella | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Deficient implantation  | <input type="checkbox"/> Femur        | <input type="checkbox"/> Tibia          | <input type="checkbox"/> Patella | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Periprosthetic fracture | <input type="checkbox"/> Femur        | <input type="checkbox"/> Tibia          | <input type="checkbox"/> Patella | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Implant fracture        | <input type="checkbox"/> Femur        | <input type="checkbox"/> Tibia          | <input type="checkbox"/> Patella | <input type="checkbox"/> Other - Specify _____ |
| <input type="checkbox"/> Polyethylene wear       |                                       |   |                                  |  |
| <input type="checkbox"/> Luxation                | <input type="checkbox"/> Femorotibial | <input type="checkbox"/> Femoropatellar |                                  |  |
| <input type="checkbox"/> Infection               |                                       |   |                                  |  |
| <input type="checkbox"/> Pain                    |                                       |   |                                  |  |
| <input type="checkbox"/> Other - Specify _____   |                                       |   |                                  |  |

### Implant to be removed

- |   |                                   |                                       |
|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Femoral                      | <input type="checkbox"/> Cemented | <input type="checkbox"/> Non cemented |
| <input type="checkbox"/> Tibial                       | <input type="checkbox"/> Cemented | <input type="checkbox"/> Non cemented |
| <input type="checkbox"/> Patellar                     | <input type="checkbox"/> Cemented | <input type="checkbox"/> Non cemented |
| <input type="checkbox"/> Tibial insert (Polyethylene) |                                   |                                       |

▼ Disease

(B) - For re-operations

- Exploration /Debridement of the operatory wound
- Arthrolysis
  - All
  - Femoral
  - Tibial
  - Polyethylene (insert)
  - Patellar
- Resolution of mechanical conflict
- Other - Specify \_\_\_\_\_

## Surgery

### Procedure

- Cemented revision
- Non-cemented revision
- Hybrid revision
  - Cemented component:
    - Femur
    - Tibia
- Arthrodesis

### Platform

- Mobile
- Fixed

### Approach

- Internal or conventional parapatellar
- Distal resurfacing of the quadriceps tendon
- Quadriceps incision (quadriceps snip)
- Osteotomy of the TAT
- Other - Specify \_\_\_\_\_

### Cement

- No
- Yes - Which one? \_\_\_\_\_
  - Without antibiotics
  - With antibiotics  
Which one? \_\_\_\_\_

### Graft

- No
- Yes
  - Tibia
  - Femur
- Type
  - Autologous
  - Allograft
  - Bone replacement
- Shape
  - Structural
  - Fragmented

### VTE prophylaxy

- Chemical
  - Nadroparin (Fraxiparin)
  - Enoxaparin (Lovenox)
  - Rivaroxaban (Xarelto)
  - Dabigatran (Pradaxa)
  - Fondaparinux (Arixtra)
  - Other \_\_\_\_\_
- Mechanical
- No prophylaxy

### Profilaxia antiobiotica

- No
- Yes - Which one ? \_\_\_\_\_
  - 24H
  - 48H
  - >48H

## Additional fixation elements

### Stem

- Femoral
  - Cemented
  - Non-cemented
- Tibial
  - Cemented
  - Non-cemented
- Femoral component
  - With constriction
  - Without constriction

### Polyethylene insert

- Yes
- No - Specify \_\_\_\_\_
- Patella
- Wedges - Specify \_\_\_\_\_
- Augmentation - Specify \_\_\_\_\_
- Steps - Specify \_\_\_\_\_



## Notes

Surgeon notes (previous conditions; surgical findings and intraoperative events)

(You should mention all surgical occurrences)



## Stickers

(Include screws, cement and bone graft or bone substitute)

- ▶ Glue here the stickers of all the implanted material or list below the components, models and manufacturers of all the implanted material