

▼ 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 : height²) _____

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) or Girdlestone (A)
 Other re-operation besides revision (B)
 Second stage of a two stage revision (A)
 Arthrodesis

Other associated pathologies

- HBP
 Diabetes
 RA
 Dislipidemy
 Cardiopathies
 Lung Disease
 Peripheral vascular disease
 Other - Specify: _____
 No associated pathologies

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

Hospital where the primary surgery was performed _____

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

Etiology

- | | | | |
|--|----------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Periprothestic fracture | <input type="checkbox"/> Humerus | <input type="checkbox"/> Cubit | <input type="checkbox"/> Radial head |
| <input type="checkbox"/> Aseptic loosening | <input type="checkbox"/> Humerus | <input type="checkbox"/> Cubit | <input type="checkbox"/> Radial head |
| <input type="checkbox"/> Osteolysis | <input type="checkbox"/> Humerus | <input type="checkbox"/> Cubit | <input type="checkbox"/> Radial head |
| <input type="checkbox"/> Implant dissociation | | | |
| <input type="checkbox"/> luxation | | | |
| <input type="checkbox"/> Implant fracture | <input type="checkbox"/> Humerus | <input type="checkbox"/> Cubit | <input type="checkbox"/> Radial head |
| <input type="checkbox"/> Implant malpositioning | <input type="checkbox"/> Humerus | <input type="checkbox"/> Cubit | <input type="checkbox"/> Radial head |
| <input type="checkbox"/> PE wear | | | |
| <input type="checkbox"/> Infection | | | |
| <input type="checkbox"/> Pain | | | |
| <input type="checkbox"/> Other - Specify: _____ | | | |

Please check if it is a second stage of a two-stage revision

(B) - for Re-Operation

- | | |
|---|---|
| <input type="checkbox"/> Exploration / debridement of the operating wound | <input type="checkbox"/> Localized bone graft |
| <input type="checkbox"/> Reduction (open or closed) of the luxation | <input type="checkbox"/> Correction of fracture - wich one? _____ |
| <input type="checkbox"/> Excision of the heterotopic bone | <input type="checkbox"/> Other - Specify: _____ |

Surgery

Position

- Lateral decubitus
- Ventral decubitus
- Dorsal decubitus

Garrotte on the root of the limb

- Yes - How long did the garrotte last?

- No

Approach

- transtricipital or transolecranon posterior approach
- Laterotricipital posterior approach
 - External
 - Internal
- Other - Specify _____

Transhumeral osteotomy

- No
- Yes

Transcubital osteotomy

- No
- Yes

VTE prophylaxy

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

Antibiotic prophylaxy

- No
- Yes - Which one? _____
 - 24H
 - 48H
 - >48H

Surgical technique

(fill this when new implants are inserted)

Procedure

- Cemented revision
- Non-cemented revision
- Hybrid Revision
 - Humeral
 - Cubital

Cement

- No
- Yes - Which one? _____
 - Cemented component
 - Humeral
 - Cubital

Graft

- No
- Yes
 - Humerus
 - Cubit

Type

- Autograft
- Allograft
- Bone replacement

Shape

- Structural
- Fragmented

Components inserted

- PE
- Humeral component
- Cubital component
- Radial head
- Other?- 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