

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

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

Hospital where it took place _____

Surgeon

- Orthopaedic Surgeon
 Neurosurgeon

Side

- Right
 Left

Anatomic region

- | | | |
|---|-------------------------------|--------------------------------|
| <input type="checkbox"/> Radial carpal | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Distal radial cubital (dorsal rotation flap) | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> trapezometacarpal | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Metacarpophalangeal of the thumb | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Metacarpophalangeal | | |
| <input type="checkbox"/> 2 nd finger | | |
| <input type="checkbox"/> 3 rd finger | | |
| <input type="checkbox"/> 4 th finger | | |
| <input type="checkbox"/> 5 th finger | | |
| <input type="checkbox"/> Proximal Interphalangeal joints | | |
| <input type="checkbox"/> 2 nd finger | | |
| <input type="checkbox"/> 3 rd finger | | |
| <input type="checkbox"/> 4 th finger | | |
| <input type="checkbox"/> 5 th finger | | |

Implant removed _____

Etiology

- Infection
 Mechanical problem with the implant
 Intolerance of the carrier
 Other - Specify _____

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 |



Surgery

Procedure

- Arthroplastic resection
- Arthrodesis
- Re-implantation

Existence of other implants in hand and wrist

- No
- Yes - Which ones? _____

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

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