

▼ 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 time revision (A) Arthrodesis
 First time of a two-time revision (A) Re-revision (A)
 Second time of a two time revision (A) Other reoperation besides revision (B)

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

Hospital where surgery was performed _____

Other associated pathologies

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

(A) - For any revision or re-revision

Etiology

- Aseptic loosening Tibia Astragalus
 Osteolysis Tibia Astragalus
 Deficient implantation Tibia Astragalus
 Periprosthetic fracture Tibia Astragalus
 Implant fracture Tibia Astragalus
 Polyethylene wear
 Luxation
 Infection
 Pain
 Other - Specify _____

Implant to be removed

- Three components Astragalus
 Tibia Polyethylene

Please check this box if it is the 2nd time of a two-time revision

(B) - For re-operations

- Exploration /Debridement of the operatory wound
 Reduction (open or closed) of luxation
 Excision of heterotopic bone
 Fracture - Specify _____
 Other - Specify _____

▼ Surgery

Procedure

- Cemented revision
- Non-cemented revision
- Hybrid revision
 - Cemented component:
 - Tibia
 - Astragalus

Approach

- Anterior
- Posterior
- Lateral
- AnteroLateral

Graft

- No
- Yes
 - Astragalus
 - Tibia
- 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

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