

▼ 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

Location

- Unilateral
 - Right side
 - Left Side
- Bilateral

Etiology

- Primary arthrosis
- Avascular necrosis
- Rheumatic
- Post-Traumatic
- Other - Specify _____

Previous surgery

- No
- Yes - Specify _____

Type of Arthroplasty

- Total replacement
- Compartmental
 - Unicompartamental (partial) knee replacement
 - Bicompartamental knee replacement
 - Patello femoral replacement

Type of Procedure

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

Degree of Difficulty:

- Simple primary
- Complex primary
 - Specify _____

Bone defects

- No
- Yes
 - Femur
 - Tibia

Other associated pathologies

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

▼ Surgery

Approach

- Internal parapatellar
 - Conventional
 - Mid-Vastus
 - Sub-Vastus
- External parapatellar

Posterior cruciate ligament

- With preservation
- With sacrifice

Patellar component

- Cemented component
 - No
 - Yes
 - Cemented
 - Non cemented
- Type
 - Patellar resurfacing
 - Non-resurfacing

Bearing surface

- Mobile / Rotative
- Fixed

Bone Cement

- No
- Yes - Which one? _____
 - Without antibiotics
 - With antibiotics
 - Which one? _____

Total length of the incision _____ cm

Graft

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

VTE prophylaxy

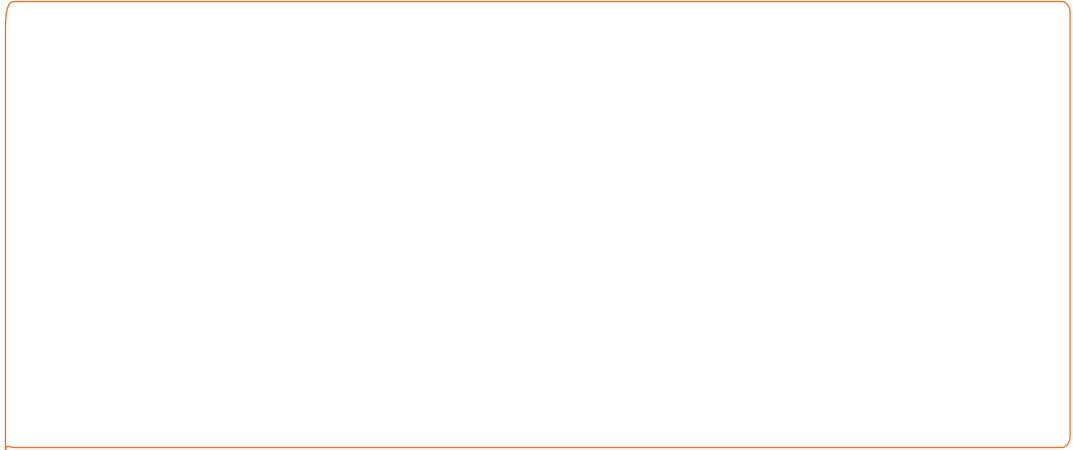
- Chemical
 - Nadroparin (Fraxiparin)
 - Enoxaparin (Lovenox)
 - Rivaroxaban (Xarelto)
 - Dabigatran (Pradaxa)
 - Fondaparinux (Arixtra)
 - Other _____
- Mechanical
- No prophylaxy

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