

## ▼ 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

Surgeon

- Orthopaedic surgeon  
 Plastic surgeon

Side

- Right  
 Left

Replaced joint

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| <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 <sup>nd</sup> finger                       |                               |                                |
| <input type="checkbox"/> 3 <sup>rd</sup> finger                       |                               |                                |
| <input type="checkbox"/> 4 <sup>th</sup> finger                       |                               |                                |
| <input type="checkbox"/> 5 <sup>th</sup> finger                       |                               |                                |
| <input type="checkbox"/> Proximal Interphalangeal joints              |                               |                                |
| <input type="checkbox"/> 2 <sup>nd</sup> finger                       |                               |                                |
| <input type="checkbox"/> 3 <sup>rd</sup> finger                       |                               |                                |
| <input type="checkbox"/> 4 <sup>th</sup> finger                       |                               |                                |
| <input type="checkbox"/> 5 <sup>th</sup> finger                       |                               |                                |

Type of procedure

- Cemented  
 Non-cemented

Etiology

- Post-traumatic  
 Inflammatory or rheumatic  
 Degenerative or primary arthritis  
 Neoplastic  
 Infectious  
 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

### Bone Cement

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

### 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