



# Indian Joint Registry

MDS VERSION 1.0

Form: MDSv1.0 H2 v1.0

## Hip Operation

# H2

Hip Single Stage Revision  
Hip Stage 1 of 2 Stage Revision  
Hip Stage 2 of 2 Stage Revision  
Hip Excision Arthroplasty

Patient Addressograph

**Important:**

Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Dataset Form Component Labels Sheet'. Please ensure that all sheets are stapled together. (If Bilateral, please use two different forms)

**All fields are Mandatory unless otherwise indicated**

**REMEMBER! MAKE A NOTE OF THE IJR REFERENCE NUMBER WHEN YOU ENTER THIS DATA** IJR REF:

### PATIENT DETAILS

IJR Patient Consent Obtained	Yes	No	Not Recorded
Patient Hospital ID			
Body Mass Index (enter either H&W OR BMI OR tick Not Available box)	Height <small>(in centimeters)</small>	BMI	Not Available
	Weight <small>(in Kilometers)</small>		

### PATIENT IDENTIFIERS

First Name				
Middle Name				
Surname				
Gender	Male	Female		
Date of Birth	Age (In Years) :			
Contact Details	Mobile :	Residence Phone :		
	Email :			
Full Address				
Patient Postcode	Overseas Address			
Patient Identification Type	PAN	Aadhaar	Passport (For Overseas Citizen)	Other
Patient Identification Number				

OPERATION DETAILS			
Hospital			
Operation Date			
Anaesthetic Types(Select All that apply)	General Epidural	Nerve Block Spinal (Intrathecal)	
Patient ASA Grade	1	2	3 4 5
Operation Funding	Insurance Government Sponsor	Self Other	Insurance + Self

SURGEON DETAILS			
Consultant in Charge	MCR <sup>1</sup> Number :	Name:	
Operating Surgeon(if different than above)	MCR <sup>1</sup> Number :	Name:	
Operating Surgeon Grade	Consultant	Associate Consultant	Senior Registrar Other
First Assistant Grade	Consultant	Associate Consultant	Senior Registrar Other

1 - Medical Council Registration

HIP REVISION PROCEDURE DETAILS			
Procedure Type	Single Stage Revision Stage 1 of 2 Stage Revision	Stage 2 of 2 Stage Revision Hip Excision Arthroplasty	
Revision Of	Primary Total Arthroplasty Previous Revision Arthroplasty (excluding excision arthroplasty)		
Side	Left	Right	
Indications For / Findings at Time of Revision(Select All that apply)		Stem	Socket Head
	Aseptic Loosening Implant Fracture Head/Socket Mismatch Lysis Malalignment Peri-Prosthetic Fracture	-	- - -
	Dislocation/Subluxation Infection Unexplained Pain	Wear of Acetabular Component Dissociation of Liner Adverse Soft Tissue Reaction to Particulate Debris Other	

PRIMARY OPERATION DETAILS	
Primary Operation Date OR Year	Not Available
Primary Operation Hospital	Not Available

COMPONENTS REMOVED (Do not complete for Stage 2 of 2 Stage Revision)			
Femoral Component Removed	Yes	No	Brand Not Available
Acetabular Component Removed	Yes	No	Brand Not Available

**SURGICAL APPROACH (Used for Single Stage Revision & Stage 2 of 2 Stage Revision)**

Patient Procedure	Revision Using Cement Revision Not Using Cement Revision of and to Resurfacing Arthroplasty Revision Not Classified Elsewhere (eg Hybrid)	
Patient Position	Lateral	Supine
Approach	Hardinge Posterior Trochanteric Osteotomy	Extended Trochanteric Osteotomy Anterior Other

**THROMBOPROPHYLAXIS REGIME (intention to treat)**

Chemical (In Hospital)	Aspirin LMWH Pentasaccharide (eg Fondaparinux) Warfarin	Direct Thrombin Inhibitor (eg Dabigatran) Factor Xa Inhibitor (eg Rivaroxaban/Apixaban) Other None
Mechanical	Foot Pump Intermittent Calf Compression TED Stockings	Other None

**BONEGRAFT USED**

Femur	Yes	No
Acetabulum	Yes	No

**SURGEON'S NOTES****INTRA OPERATIVE EVENT**

Untoward Intra Operative Event	None Calcar Crack Pelvic Penetration	Shaft Fracture Shaft Penetration Trochanteric Fracture	Other
--------------------------------	--	--	-------

# Minimum Dataset Form - COMPONENT LABELS