



# K1 Knee Primary

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 (IN Centimeters) Weight (IN Kilograms)	BMI	Not Available

**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	Nerve Block			
	Epidural	Spinal (Intrathecal)			
Patient ASA Grade	1	2	3	4	5
Operation Funding	Insurance	Self	Insurance + Self		
	Government Sponsor	Other			

**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

**KNEE PRIMARY PROCEDURE DETAILS**

Side	Left	Right			
Indications for Implantation (select all that apply)	Osteoarthritis	Rheumatoid Arthritis			
	Previous Trauma	Other Inflammatory Arthropathy			
	Previous Infection	Other			
	Failed HTO				
<b>PRE OPERATIVE RANGE OF MOVEMENT</b>					
Fixed Flexion Deformity (degrees)	< 10	10 to 30	> 30	Not Available	
Flexion (degrees)	< 70	70 to 90	91 to 110	> 110	Not Available

SURGICAL APPROACH		
Patient Procedure	Primary Total Prosthetic Replacement Using Cement Primary Total Prosthetic Replacement Not Using Cement Unicondylar Knee Replacement <span style="float: right;">Medial    Lateral</span> Patello-Femoral Knee Replacement Primary Total Prosthetic Replacement Not Classified Elsewhere (eg Hybrid)	
Approach	Medial Parapatellar Lateral Parapatellar Tibial Tubercle Osteotomy	Mid-Vastus Sub-Vastus Other
Minimally Invasive Technique Used?	Yes	No
Computer Guided Surgery Used?	Yes	No
Robotic	Yes	No
Patient Specific Instruments	Yes	No
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
Tibia	Yes	No
SURGEON'S NOTES		
INTRA OPERATIVE EVENT		
Untoward Intra Operative Event	None Fracture Patella Tendon Avulsion	Ligament Injury Other

