PRIMARY ANKLE REPLACEMENT

NEW ZEALAND JOINT REGISTRY - DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE

DATE	THEATRE NO.

ASA CLASS   1   2   3   4 [PLEASE CIRCLE]

BMI

CONSULTANT
[IF DIFFERENT FROM PATIENT LABEL]

◯ **LEFT - SIDE - RIGHT** ◯
IF BILATERAL THEN DO SEPARATE FORMS

HOSPITAL NAME

STICK PATIENT LABEL HERE

PLEASE PLACE IMPLANT
LABELS ON THE REVERSE

NEW ZEALAND JOINT REGISTRY

SURGEON TO CHECK & SIGN PLEASE ⟶

Surgeon to sign here:

X

FUNDING   ◯ ACC   ◯ Private   ◯ DHB   ◯ DHB Outsourced

PREVIOUS OPERATION ON INDEX JOINT [TICK ALL THAT APPLY]

◯ None

◯ Internal fixation for juxtarticular fracture

◯ Arthrodesis

◯ Ligament reconstruction

◯ Subjacent fusion

◯ Other [SPECIFY]...

DIAGNOSIS

◯ Post fracture

◯ Osteoarthritis

◯ Rheumatoid arthritis / other inflammatory

◯ AVN

◯ Instability

◯ Other [SPECIFY]...

X-RAY

◯ Concentric or mild deformity

◯ >10 degrees varus

◯ >10 degrees valgus

CONCURRENT SURGERY [TICK ALL THAT APPLY]

◯ Achilles or calf lengthening

◯ Ligament reconstruction: medial ☐   or   lateral ☐

◯ Hindfoot fusion or osteotomy

◯ Midfoot fusion or osteotomy

APPROACH [TICK ALL THAT APPLY]

◯ Anterior

◯ Lateral

◯ Patient specific instrument

◯ Computer Navigation

◯ Robotic

SYSTEMIC ANTIBIOTIC PROPHYLAXIS

◯ Cephazolin

◯ Other [SPECIFY]...

OPERATING THEATRE

◯ Conventional

◯ Laminar Flow or similar

OPERATING TIME

Start Skin Time:

Finish Skin Time:

SURGEON ATTIRE

◯ Space Suits/Helmet Fan: ☐ One-piece Toga or ☐ Sterile Hood and Gown

◯ Conventional Gown

PRIMARY SURGEON

◯ Consultant   ◯ Advanced trainee supervised   ◯ Advanced trainee unsupervised

Cement [IF MORE THAN ONE MIX IS USED ONLY ONE CEMENT STICKER IS REQUIRED]

Tibia ◯ Yes ◯ No

Talus ◯ Yes ◯ No

PLACE CEMENT STICKER OR COMPLETE

Cement Name:

Cement Antibiotic (if present):

Tibia

Please do not fold placed stickers
bar coded label

Talus

Please do not fold placed stickers
bar coded label

Bearing

Please do not fold placed stickers
bar coded label

IMPORTANT
IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED