

# PRIMARY CERVICAL DISC REPLACEMENT

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

<b>DATE</b>	<b>THEATRE NO.</b>
<b>ASA CLASS</b> 1 2 3 4 [ PLEASE CIRCLE ]	
<b>BMI</b>	
<b>CONSULTANT</b> [ IF DIFFERENT FROM PATIENT LABEL ]	

**HOSPITAL NAME**

**STICK PATIENT LABEL HERE**

PLEASE PLACE IMPLANT  
LABELS ON THE REVERSE



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

**SURGEON TO CHECK  
& SIGN PLEASE →**

Surgeon to sign here:

X

**FUNDING**

ACC

Private

DHB

DHB Outsourced

## LEVELS OF DISC REPLACEMENT

- C 3/4
- C 4/5
- C 5/6
- C 6/7
- C 7/T1
- Other [ SPECIFY ]...

## PREVIOUS OPERATION

- Foreminotomy
- Adjacent Level Fusion
- Adjacent Level Disc Arthroplasty
- Other [ SPECIFY ]...

## DIAGNOSIS

- Acute Disc Prolapse
- Chronic Spondylosis
- Neck Pain
- Other [ SPECIFY ]...

## APPROACH [ TICK ALL THAT APPLY ]

- Anterior - Right
- Anterior - Left
- Other [ SPECIFY ]...

## INTRAOPERATIVE COMPLICATIONS

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## SYSTEMIC ANTIBIOTIC PROPHYLAXIS

NAME:

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## 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
- Adv Trainee Unsupervised
- Adv Trainee Supervised
- Basic Trainee

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**Implants**

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Please do not fold placed stickers  
bar coded label

**Implants**

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**IMPORTANT**

**IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED**