VERSION: EP NOV 2020

PRIMARY ELBOW REPLACEMENT

NEW ZEALA	ND JOINT REGISTRY THEATRE NO.		N PATIENT NOTE	S - TO BE R	ETAINED IN THEATRE SUITE	
			AL NAME			
ASA CLASS 1	2 3 4 [PLEASE CIRC	CLE]				
ВМІ			CTICK DATIES!			
CONSULTANT [IF DIFFERENT FROM PATIENT LABEL]			STICK PATIENT LABEL HERE PLEASE PLACE IMPLANT			
_	- SIDE - RIGH ERAL THEN DO SEPARATE FORM	_	LABELS ON T		REOISTRY	
			of to check	Surgeon to sign he	ere:	
FUNDING	○ ACC	Private	O DHB	O DHE	B Outsourced	
PREVIOUS OPERATION ON INDEX JOINT [TICK ALL THAT APPLY] None Internal fixation for juxtarticular fracture Ligament reconstruction Interposition arthroplasty Debridement Synovectomy + removal radial head Osteotomy Other [SPECIFY] DIAGNOSIS Osteoarthritis Rheumatoid arthritis / other inflammatory Tumour Post fracture Post ligament disruption Post dislocation			CLASS Hemiathroplasty (distal humerus replacement) Radial head replacement Radiocapitellar replacement Total Ulnohumeral replacement (unconstrained/linked) Total Ulnohumeral replacement (semiconstrained/linked) APPROACH [TICK ALL THAT APPLY] Medial Lateral Posterior SYSTEMIC ANTIBIOTIC PROPHYLAXIS NAME:			
			OPERATING T Conventional	HEATRE	OPERATING TIME Start Skin Time:	
			Laminar Flow o	or similar	Finish Skin Time:	
			SURGEON AT	TIRE		
			Space Suits/Helmet Fan: ☐ One-piece Toga or ☐ Sterile Hood and Gown			
			Conventional Gown			
PRIMARY SUR	GEON					
Consultant	○ A	dv Trainee Unsupervised	Adv Trainee Su	pervised	Basic Trainee	

DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE

Cement [IF MORE THAN ONE MIX IS USED ONLY ONE CEMENT STICKER IS REQUIRED]	
Humerus Yes No Ulna Yes No Radial Yes No Please do not fold placed stickers bar coded label	PLACE CEMENT STICKER OR COMPLETE Cement Name: Cement Antibiotic (if present): Ulna Please do not fold placed stickers bar coded label
Please do not fold placed stickers bar coded label	Please do not fold placed stickers bar coded label

IMPORTANTIF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED