

PRIMARY HIP REPLACEMENT


TOTAL HIP ARTHROPLASTY RESURFACING ARTHROPLASTY HEMIARTHROPLASTY

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

DATE	THEATRE NO.	HOSPITAL NAME
ASA CLASS 1 2 3 4 [PLEASE CIRCLE]		
BMI		
CONSULTANT [IF DIFFERENT FROM PATIENT LABEL]		

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

PREVIOUS OPERATION ON INDEX JOINT [TICK ALL THAT APPLY]

- None
- Hip Arthroscopy
- Internal fixation for juxtarticular fracture
- Osteotomy
- Other [SPECIFY]...

DIAGNOSIS

- Osteoarthritis
- Rheumatoid arthritis/other inflammatory
- Acute fracture NOF
- Old fracture NOF
- Avascular necrosis
- Developmental dysplasia / Congenital dislocation
- Tumour
- Other [SPECIFY]...

APPROACH [TICK ALL THAT APPLY]

- Posterior
- Anterior
- Superior
- Lateral
- Trans-trochanteric (osteotomy)

SURGICAL ADJUNCTS [TICK IF USED]

- Computer Navigation
- Robotic assisted

SYSTEMIC ANTIBIOTIC PROPHYLAXIS

NAME: _____

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

Femur Yes No

Acetabulum Yes No

PLACE CEMENT STICKER OR COMPLETE

Cement Name:

Cement Antibiotic (if present):

Femur

Please do not fold placed stickers
bar coded label

Acetabulum

Please do not fold placed stickers
bar coded label

Femoral head

Please do not fold placed stickers
bar coded label

Augments

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IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED