

PRIMARY KNEE REPLACEMENT

TOTAL KNEE UNICOMPARTMENTAL - MEDIAL OR LATERAL PATELLOFEMORAL

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]	

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

PREVIOUS OPERATION ON INDEX JOINT [TICK ALL THAT APPLY]

- None
- Osteotomy
- Ligament reconstruction
- Meniscectomy
- Internal fixation for juxtarticular fracture
- Synovectomy
- Other [SPECIFY]...

DIAGNOSIS

- Osteoarthritis
- Rheumatoid arthritis/other inflammatory
- Post ligament - disruption/reconstruction
- Post fracture
- Avascular necrosis
- Tumour
- Other [SPECIFY]...

APPROACH [TICK ALL THAT APPLY]

- Medial parapatellar
- Lateral parapatellar
- Tibial tubercle osteotomy
- Other [EG EXTENSILE MEASURES]...

SURGICAL ADJUNCTS [TICK IF USED]

- Computer Navigation
- Robotic assisted
- Patient specific cutting guides

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

Tibia Yes No

Patella Yes No

PLACE CEMENT STICKER OR COMPLETE

Cement Name:

Cement Antibiotic (if present):

Femur

Please do not fold placed stickers
bar coded label

Tibia

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Patella

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Augments

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IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED