

PRIMARY LUMBAR DISC 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]	

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

- L 3/4
- L 4/5
- L 5/S1

LEVELS OF FUSION

- L 3/4
- L 4/5
- L 5/S1

PREVIOUS OPERATION

- Discectomy L 3/4 L 4/5 L 5/S1
- Other L 3/4 L 4/5 L 5/S1 [SPECIFY]...
- Other [SPECIFY]...

DIAGNOSIS

- Degenerative Disc disease
L 3/4 L 4/5 L 5/S1 [PLAIN X-RAY CHANGES PRESENT]
Other [SPECIFY]...
- Annular tear MRI scan
L 3/4 L 4/5 L 5/S1 [NORMAL PLAIN X-RAY]
Other [SPECIFY]..
- Discogenic pain on discography
L 3/4 L 4/5 L 5/S1
Other [SPECIFY]..

PRIMARY SURGEON

- Consultant Adv Trainee Unsupervised Adv Trainee Supervised Basic Trainee

APPROACH [TICK ALL THAT APPLY]

- Retroperitoneal midline abdominal wall incision
- Retroperitoneal lateral abdominal wall incision
- Transperitoneal
- Other [SPECIFY]...

INTRAOPERATIVE COMPLICATIONS

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

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Implants

Please do not fold placed stickers
bar coded label

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IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED