

PRIMARY REPLACEMENT HAND (THUMB OR FINGER: CMCJ, MCPJ, PIPJ)

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

FOR SIMULTANEOUS REPLACEMENT OF MULTIPLE
JOINTS WITH THE SAME IMPLANT AND TECHNIQUE
IN THE SAME HAND, 1 FORM CAN BE COMPLETED,
OTHERWISE SEPARATE FORMS REQUIRED.

**SURGEON TO CHECK
& SIGN PLEASE →**

Surgeon to sign here:

X

FUNDING

ACC

Private

DHB

DHB Outsourced

JOINT REPLACED HAND

FINGER - MCPJ

- Index
- Middle
- Ring
- Little

FINGER - PIPJ

- Index
- Middle
- Ring
- Little

THUMB

- CMCJ
- MCPJ

PREVIOUS OPERATION ON INDEX JOINT

- None
- ORIF
- Ligament reconstruction
- Interposition arthroplasty
- Debridement
- Synvectomy
- Osteotomy
- Other [SPECIFY]...

DIAGNOSIS

- Osteoarthritis
- Rheumatoid arthritis
- Other inflammatory
- Post fracture
- Post ligament disruption
- Other [SPECIFY]...

PRIMARY SURGEON

- Consultant
- Adv Trainee Unsupervised
- Adv Trainee Supervised
- Basic Trainee

APPROACH [TICK ALL THAT APPLY]

- Volar
- Dorsal
- Lateral

PROSTHESIS TYPE

- Silicone
- Surface replacement
- Pyrocarbon
- Other [SPECIFY]...

FIXATION

PROXIMAL IMPLANT

- Cemented
- Uncemented

DISTAL IMPLANT

- Cemented
- Uncemented

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

Hand - Implant information stickers

Please do not fold placed stickers
bar coded label

IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED
