

# PRIMARY REPLACEMENT WRIST (WRIST, DRUJ)

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

<b>DATE</b>	<b>THEATRE NO.</b>
<b>ASA CLASS</b> 1 2 3 4 [ PLEASE CIRCLE ]	
<b>BMI</b>	
<b>CONSULTANT</b> [ 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

## JOINT REPLACED WRIST

— WRIST

Partial

Total

— DRUJ

Partial / Ulna Head

Total

## 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

## ASSOCIATED PROCEDURES [SOFT TISSUE OR BONE]

Yes [ 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

**Wrist - Implant information stickers**

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Please do not fold placed stickers  
bar coded label

**IMPORTANT**

**IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED**

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