

PRIMARY SHOULDER REPLACEMENT

TOTAL SHOULDER ARTHROPLASTY HEMIARTHROPLASTY REVERSE SHOULDER

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
- Rotator Cuff Repair
- Previous stabilisation
- Internal fixation for juxtarticular fracture
- Superior capsular reconstruction
- Arthroscopic debridement/decompression
- Other [SPECIFY]..

DIAGNOSIS

- Osteoarthritis
- Rheumatoid arthritis/other inflammatory
- Cuff tear arthropathy
- Massive cuff tear without arthritis
- Acute fracture proximal humerus
- Post old trauma
- Avascular necrosis
- Post recurrent dislocation
- Tumour
- Other [SPECIFY]...

APPROACH [TICK ALL THAT APPLY]

- Deltopectoral
- Navigation
- Patient specific instrumentation
- Other [SPECIFY]...

PRIMARY SURGEON

- Consultant Adv Trainee Unsupervised Adv Trainee Supervised Basic Trainee

HUMERAL STEM TYPE

- Standard
- Stemless
- Short/metaphyseal stem

STRUCTURAL BONE GRAFT GLENOID

- Allograft Autograft

GLENOID MORPHOLOGY

- | | | |
|---------------------------------|---------------------------------|--------------------------------|
| <input type="radio"/> <u>A1</u> | <input type="radio"/> <u>B1</u> | <input type="radio"/> <u>C</u> |
| <input type="radio"/> <u>A2</u> | <input type="radio"/> <u>B2</u> | <input type="radio"/> <u>D</u> |
| | <input type="radio"/> <u>B3</u> | |

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

DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE

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

Humerus Yes No

Glenoid Yes No

PLACE CEMENT STICKER OR COMPLETE

Cement Name:

Cement Antibiotic (if present):

Humerus

Please do not fold placed stickers
bar coded label

Glenoid

Please do not fold placed stickers
bar coded label

Humeral Head

Please do not fold placed stickers
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Augments

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IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED