

**REVISION / RE-OPERATION ANKLE JOINT REPLACEMENT****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

DATE OF INDEX OPERATION	/	/
IF RE-REVISION PREVIOUS DATE	/	/

**SURGEON TO CHECK  
& SIGN PLEASE →**

Surgeon to sign here:

**X****FUNDING** ACC Private DHB DHB Outsourced**DIAGNOSIS** [ TICK ALL THAT APPLY ]

- Impingement
- Osteolysis: Talus  or Tibia
- Pain with no obvious cause
- Subjacent arthritis
- Bearing failure: wear  or fracture
- Failure to osseointegrate
- Periprosthetic #
- Deep infection
- Malalignment
- Subsidence: Talus  or Tibia
- Other [ SPECIFY ]..

**REVISION PROCEDURE** [ TICK ALL THAT APPLY ]

- Bearing exchange only
- Amputation
- Extraction +/- cement spacer
- Fusion: TT  or TTC
- Tibia: standard  revision  custom  allograft composite
- Talus: standard  revision  custom  allograft composite
- Additional procedures [ SPECIFY ]..

**RE-OPERATION PROCEDURE** [ TICK ALL THAT APPLY ]

- Tendon surgery
- Subjacent Fusions [ SPECIFY ]..
- Debridement for infection +/- bearing exchange for access
- Debridement for impingement: open  or arthroscopic
- Ligament reconstruction: medial  or lateral
- ORIF Peri prosthetic #
- Grafting of cysts: with bearing exchange
- Osteotomy [ SPECIFY ]..
- Other [ SPECIFY ]..

**SYSTEMIC ANTIBIOTIC PROPHYLAXIS**

- Cephazolin
- Other [ SPECIFY ]..

**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
- Advanced trainee supervised
- Advanced trainee unsupervised

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

Tibia  Yes  No

Talus  Yes  No

**PLACE CEMENT STICKER OR COMPLETE**

Cement Name:

Cement Antibiotic (if present):

**Tibia**

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bar coded label

**Talus**

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Please do not fold placed stickers  
bar coded label

**Bearing**

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Please do not fold placed stickers  
bar coded label

**IMPORTANT**

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED