

REVISION / RE-OPERATION CERVICAL 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

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**LEVELS OF REVISION**

- C 3/4
- C 4/5
- C 5/6
- C 6/7
- C 7/T1
- Other [SPECIFY]...

REASON FOR REVISION

- Dislocation of component
- Failure of component
- Adjacent level surgery
- Additional decompression required
- Heterotopic calcification
- Infection
- Pain (neck)
- Other [SPECIFY]...

REVISION

- Replace disc prosthesis (same)
- Replace disc prosthesis (different)
- Removal only
- Fuse
- Other [SPECIFY]...

APPROACH [TICK ALL THAT APPLY]

- Computer Navigation
- Trans-trochanteric
- Minimally invasive surgery
- Anterior
- Posterior
- Lateral

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

PRIMARY SURGEON

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

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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