

REVISION / RE-OPERATION ELBOW JOINT**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**REVISION PROCEDURE** [TICK ALL THAT APPLY]

- Change of humeral component
- Change of ulnar component
- Change of radial head component
- Change of all components
- Removal of components
- Other [SPECIFY]...

REASON FOR REVISION

- Loosening humeral component
- Loosening ulnar component
- Loosening radial head component
- Unexplained pain
- Deep infection
- Fracture humerus
- Fracture ulna
- Dislocations
- Other [SPECIFY]...

IF RE-OPERATION ONLY

[NO COMPONENT ADDED, CHANGED OR REMOVED - SPECIFY PROCEDURE]

- Closed reduction of dislocation
- Open reduction of dislocation
- Treatment deep infection
- Superficial wound procedure
- MUA

PRIMARY SURGEON

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

CLASS

- Hemiathroplasty (distal humerus replacement)
- Radial head replacement
- Radiocapitellar replacement
- Total Ulnohumeral replacement (unconstrained/linked)
- Total Ulnohumeral replacement (semiconstrained/linked)

APPROACH [TICK ALL THAT APPLY]

- Medial
- Lateral
- Posterior

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

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

Humerus Yes No

Ulna Yes No

Radial Yes No

PLACE CEMENT STICKER OR COMPLETE

Cement Name:

Cement Antibiotic (if present):

Humerus

Please do not fold placed stickers
bar coded label

Ulna

Please do not fold placed stickers
bar coded label

Radial Head

Please do not fold placed stickers
bar coded label

Augments

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bar coded label

IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED