

REVISION / RE-OPERATION HIP**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**PROCEDURE PERFORMED** [TICK ALL THAT APPLY]

- Change of all components
- Change of femoral component
- Change of acetabular shell
- Change of liner
- Change of head
- Removal of components only (Girdlestone)
- No components added, exchanged, or removed - re-operation only

REASON FOR THIS REVISION

[TICK ALL THAT APPLY] [REVISION = COMPONENT ADDED, CHANGED, OR REMOVED]

- Deep infection
- Loosening acetabular component
- Loosening femoral component
- Dislocation/instability
- Fracture femur
- Failed hemiarthroplasty
- Poly wear
- Unexplained pain
- Other [SPECIFY]...

SYSTEMIC ANTIBIOTIC PROPHYLAXIS

NAME: _____

PRIMARY SURGEON

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

IF RE-OPERATION ONLY

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

- Debridement / Lavage for deep infection
- Closed reduction of dislocation
- Open reduction of dislocation
- Haematoma Evacuation
- Superficial wound procedure
- Bone Grafting Lytic lesion only
- ORIF of periprosthetic fracture
- Other [SPECIFY]...

APPROACH [TICK ALL THAT APPLY]

- Posterior
- Anterior
- Lateral
- Trans-trochanteric (osteotomy)

SURGICAL ADJUNCTS [TICK IF USED]

- Computer Navigation
- Robotic assisted

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]

Femur Yes No

Acetabulum Yes No

PLACE CEMENT STICKER OR COMPLETE

Cement Name:

Cement Antibiotic (if present):

Femur

Please do not fold placed stickers
bar coded label

Acetabulum

Please do not fold placed stickers
bar coded label

Femoral head

Please do not fold placed stickers
bar coded label

Augments

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IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED