

**REVISION / RE-OPERATION KNEE JOINT****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**REVISION PROCEDURE PERFORMED** [ MORE THAN ONE MAY APPLY ]

- Change of all components
- Change of femoral component
- Change of tibial component
- Change of tibial polyethylene only
- Change of patellar component
- Addition of patellar component
- Removal of all components only
- No components added or changed - re-operation only
- Other [ SPECIFY ]...

**REASON FOR THIS REVISION** [ TICK ALL THAT APPLY ]

- Deep infection
- Loosening femoral component
- Loosening patellar component
- Loosening tibial component
- Failed unicompartmental
- Wear in non-replaced compartment
- Periprosthetic Fracture  Femur  Tibia
- Poly wear
- Stiffness/Arthrofibrosis
- Instability
- Unexplained pain
- Other [ SPECIFY ]...

**PRIMARY SURGEON**

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

**IF RE-OPERATION ONLY** [ NO COMPONENT ADDED, CHANGED OR REMOVED ]

- Debridement / Lavage for deep infection
- Manipulation under anaesthetic
- Superficial wound procedure
- ORIF Periprosthetic Fracture
- Other [ SPECIFY ]...

**APPROACH** [ TICK ALL THAT APPLY ]

- Medial parapatellar
- Lateral parapatellar
- Tibial tubercle osteotomy
- Other [ EG EXTENSILE MEASURES ]...

**SURGICAL ADJUNCTS** [ TICK IF USED ]

- Computer Navigation
- Robotic assisted
- Patient specific cutting guides

**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 ]

**Femur**     Yes     No

**Tibia**     Yes     No

**Patella**     Yes     No

**PLACE CEMENT STICKER OR COMPLETE**

Cement Name:

Cement Antibiotic (if present):

**Femur**

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bar coded label

**Tibia**

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bar coded label

**Patella**

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bar coded label

**Augments**

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**IMPORTANT**

**IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED**