

**REVISION / RE-OPERATION LUMBAR DISC 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**REASON FOR REVISION**

- Loosening of components
- Dislocation of articulating core
- Loss of spinal alignment
- Fracture of vertebra
- Deep infection
- Removal of components
- Pain
- Other [ SPECIFY ]...

**REVISION**

- Change of TDR components
- Change to Anterior Fusion
- Change of articulating core
- In-situ posterior instrumented fusion

**LEVELS OF DISC REPLACEMENT**

- L 3/4
- L 4/5
- L 5/S1

**LEVELS OF FUSION**

- L 3/4
- L 4/5
- L 5/S1

**PRIMARY SURGEON**

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

**APPROACH** [ TICK ALL THAT APPLY ]

- Retroperitoneal midline abdominal wall incision
- Retroperitoneal lateral abdominal wall incision
- Posterior Approach for in-situ fusion
- Transperitoneal
- Other [ SPECIFY ]...

**INTRAOPERATIVE COMPLICATIONS**


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**SYSTEMIC ANTIBIOTIC PROPHYLAXIS**

NAME:

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**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

**DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE**

**Implants**

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Please do not fold placed stickers  
bar coded label

**Implants**

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**IMPORTANT**

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