

# REVISION / RE-OPERATION SHOULDER

**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 [ TICK ALL THAT APPLY ]

- Change of all components
- Change of glenoid component
- Change of humeral component
- Change of liner
- Change of head only
- Removal of components only (with or without spacer insertion)
- Removal only humerus component
- Removal only glenoid component
- Conversion procedure [ SPECIFY ]...
- No components added or changed - re-operation only
- Other [ SPECIFY ]...

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

- Deep infection
- Loosening glenoid component
- Loosening humeral component
- Dislocation/instability anterior
- Instability posterior
- Rotator cuff impingement/failure
- Fracture humerus
- Implant breakage/dissociation
- Glenoid erosion
- Other [ SPECIFY ]...

## PRIMARY SURGEON

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

## IF RE-OPERATION ONLY

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

- Closed reduction of dislocation
- Debridement / Lavage for deep infection
- MUA
- Open reduction of dislocation
- Superficial wound procedure
- Subscapular repair

## APPROACH [ TICK ALL THAT APPLY ]

- Deltopectoral
- Patient specific instrument
- Other [ SPECIFY ]...

## BONE GRAFT

- Allograft
- Autograft

## 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

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

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

Humerus  Yes  No

Glenoid  Yes  No

**PLACE CEMENT STICKER OR COMPLETE**

Cement Name:

Cement Antibiotic (if present):

**Humerus**

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**Glenoid**

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**Humeral Head**

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**Augments**

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**IMPORTANT**

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