

REVISION / REOPERATION REPLACEMENT HAND (THUMB OR FINGER: CMCJ, MCPJ, PIPJ)

NEW ZEALAND JOINT REGISTRY - DO NOT PLACE IN PATIENT NOTES - TO BE RETAINED IN THEATRE SUITE

DATE	THEATRE NO.	HOSPITAL NAME
ASA CLASS 1 2 3 4 [PLEASE CIRCLE]		
BMI		
CONSULTANT [IF DIFFERENT FROM PATIENT LABEL]		
<input type="radio"/> LEFT - SIDE - RIGHT <input type="radio"/> IF BILATERAL THEN DO SEPARATE FORMS AN INDIVIDUAL FORM IS REQUIRED FOR EACH JOINT REVISED		STICK PATIENT LABEL HERE PLEASE PLACE IMPLANT LABELS ON THE REVERSE
DATE OF INDEX OPERATION / /	SURGEON TO CHECK & SIGN PLEASE →	
IF RE-REVISION PREVIOUS DATE / /		
FUNDING <input type="radio"/> ACC <input type="radio"/> Private <input type="radio"/> DHB <input type="radio"/> DHB Outsourced		Surgeon to sign here: <input checked="" type="checkbox"/>



JOINT REVISED - HAND [INCLUDING IF JOINT FUSED]

FINGER - MCPJ

- Index
- Middle
- Ring
- Little

FINGER - PIPJ

- Index
- Middle
- Ring
- Little

THUMB

- CMCJ
- MCPJ

REASON FOR REVISION

- Infection
- Aseptic loosening
- Trauma - Fracture
- Dislocation
- Pain
- Implant fracture
- Other [SPECIFY]...

ASSOCIATED PROCEDURES [SOFT TISSUE OR BONE]

- Yes [SPECIFY]...
- _____
- _____
- _____
- _____

PRIMARY SURGEON

- Consultant Adv Trainee Unsupervised Adv Trainee Supervised Basic Trainee

APPROACH [TICK ALL THAT APPLY]

- Volar
- Dorsal
- Lateral

PROSTHESIS TYPE

- Silicone
- Surface replacement
- Pyrocarbon
- Other [SPECIFY]...

FIXATION

PROXIMAL IMPLANT

- Cemented
- Uncemented

DISTAL IMPLANT

- Cemented
- Uncemented

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

Hand - Implant information stickers

Please do not fold placed stickers
bar coded label

IMPORTANT

IF A BILATERAL PROCEDURE TWO COMPLETED FORMS ARE REQUIRED
