



# Shoulder Revision

Shoulder revision:  
Every change of  
components in the  
shoulder joint (add,  
replace or remove  
one or more  
components)

Version: November 30, 2017

## Patientsticker

### Patient

Hospital number	_____	Social Security Number	_____
Handedness	<input type="checkbox"/> Right <input type="checkbox"/> Left		
Postal code (numbers)	_____	Length (cm)	_____
Smoking	<input type="checkbox"/> No <input type="checkbox"/> Yes	BMI*	_____

\* Please fill out Length and Weight or fill out Body Mass Index (BMI)

### Reason for revision<sup>1</sup>

Infection	<input type="checkbox"/> No <input type="checkbox"/> Yes	Irreparable cuff rupture	<input type="checkbox"/> No <input type="checkbox"/> Yes
Periprosthetic fracture	<input type="checkbox"/> No <input type="checkbox"/> Yes	Loosening humeral component	<input type="checkbox"/> No <input type="checkbox"/> Yes
Malalignment	<input type="checkbox"/> No <input type="checkbox"/> Yes	Loosening glenoid component	<input type="checkbox"/> No <input type="checkbox"/> Yes
Instability	<input type="checkbox"/> No <input type="checkbox"/> Yes	Progression of glenoid osteoarthritis	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cuff arthropathy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other reason for revision, specify	_____
ASA classification	<input type="checkbox"/> I Normal healthy patient <input type="checkbox"/> II Patient with mild systemic disease <input type="checkbox"/> III Patient with severe systemic disease that is limiting but not incapacitating <input type="checkbox"/> IV Patient with incapacitating disease that is a constant threat to life		

### Type of operation<sup>2</sup>

Specialism	<input type="checkbox"/> Orthopaedics <input type="checkbox"/> Trauma Surgery	Surgeon code*	_____	* Unique number per surgeon (Chosen and known within the hospital) OR BIG-number.
Date of operation	_____	Assistant surgeon code*	_____	
Side of operation	<input type="checkbox"/> Right <input type="checkbox"/> Left			
Revised prosthesis	<input type="checkbox"/> Total Shoulder prosthesis <input type="checkbox"/> Reversed prosthesis <input type="checkbox"/> Hemi-prosthesis			
Type humeral comp. of revised prosthesis	<input type="checkbox"/> Normal stem <input type="checkbox"/> Stemless <input type="checkbox"/> Short stem <input type="checkbox"/> Resurfacing			
Type of revision	<input type="checkbox"/> Partial revision <input type="checkbox"/> Extraction (incl. spacer) <input type="checkbox"/> Total system revision <input type="checkbox"/> Other reoperation, specify			
Conversion hemi to total	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If partial revision,</b>		
Conversion total to hemi	<input type="checkbox"/> No <input type="checkbox"/> Yes	Humeral (stem) revised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Arthrodesis performed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Humeral head/PE liner revised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Amputation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Glenoid cup/glenosphere revised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Patient Specific Instrumentation (PSI) used	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If partial revision,</b>		
Bone graft used	<input type="checkbox"/> No <input type="checkbox"/> Yes, autograft <input type="checkbox"/> Yes, allograft <input type="checkbox"/> Yes, combination of both	Humeral baseplate revised	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		Glenoid liner/baseplate revised	<input type="checkbox"/> No <input type="checkbox"/> Yes	



## Cement

Fixation	<input type="checkbox"/>	Cementless	<input type="checkbox"/>	Hybrid	<input type="checkbox"/>	Cemented				
Lavage	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<b>If hybrid fixation,</b>					
Vacuum (mix)	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		Humerus cemented	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
Pressurising	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes		Glenoid cemented	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes

## Attach sticker cement

### 1. Explanation variables 'REASON FOR REVISION.'

Infection: Prosthetic joint infection (both early infections caused by organisms introduced at the time of surgery as well as delayed/late infections more likely haematogenously acquired);  
Periprosthetic fracture: Fracture around the shoulder prosthesis that disrupts the fixation or the stability of the implant and requires revision surgery;  
Malalignment: Incorrect implant positioning and alignment of shoulder prosthesis;  
Instability: Instability of the shoulder prosthesis, as a result of increased soft-tissue laxity, inadequate flexion of the implants or improper positioning or alignment of the prosthesis;  
Cuff arthropathy: Osteoarthritis secondary to a chronic massive rotator cuff defect;  
Cuff rupture: Rupture of rotator cuff;  
Loosening humeral component: Loosening of the humeral component;  
Loosening glenoid component: Loosening of the glenoid component;  
Progression of glenoid osteoarthritis: Progression of glenoid osteoarthritis resulting in a revision to a total shoulder prosthesis;

## Attach sticker humeral component (in case of reversed shoulder, stem component)

### 2. Explanation variables 'TYPE OF OPERATION'

Allograft used: The use of allograft bone to manage excessive bone loss;

## Attach sticker humeral head (in case of reversed shoulder, poly-ethylene liner)

## Attach sticker glenoid component (in case of reversed shoulder, glenoid head component / glenosphere)

## In case of reversed shoulder, attach sticker humeral baseplate (metaphyseal component)

## Attach sticker glenoid liner (in case of reversed shoulder, attach sticker glenoid baseplate component)

Do not register any other components like: stem extensions, augmentations, sleeves, necks, cables, claws, screws, head adapters, wedges, spacers etc.