



Shoulder Primary

Shoulder Primary:
Replacement of shoulder joint
by a prosthetic implant

Version: November 30, 2017

Patientsticker

Patient

Hospital number _____ Social Security Number) _____

Handedness Right Left

Postal code (numbers) _____ Length (cm) _____ Weight (kg) _____

Smoking No Yes BMI* _____

* Please fill out 'length' and 'weight' or Body Mass Index (BMI)

Diagnosis

Diagnosis¹

Osteoarthritis (OA) Posttraumatic

Rheumatoid arthritis (RA) Inflammatory arthritis

Fracture (acute) Cuff arthropathy

Osteonecrosis Irreparable cuff rupture

Tumour (primary) Other diagnosis, specify _____

Tumour (metastasis)

ASA classification

I Normal healthy patient

II Patient with mild systemic disease

III Patient with severe systemic disease that is limiting but not incapacitating

IV Patient with incapacitating disease that is a constant threat to life

Walch classification of glenoid morphology in OA

A1 Humeral head centered, minor erosion glenoid

A2 Humeral head centered, major erosion glenoid

B1 Humeral head subluxed posteriorly, posterior joint space narrow, subchondral sclerosis and osteophytes

B2 Humeral head subluxed posteriorly, retroverted glenoid with posterior rim erosion

B3 Humeral head subluxed posteriorly (>70%), retroverted glenoid > 10 degrees

C Glenoid retroversion > 25 degrees regardless of erosion

Additional imaging CT MRI Both CT and MRI No CT or MRI

¹ Explanation of variable DIAGNOSIS on other side of this form

Type of operation

Specialism Orthopaedics Trauma Surgery Surgeon code* _____

Date of operation _____ Assistant surgeon code* _____

Side of operation Right Left

Prosthesis Total Shoulder prosthesis Reversed prosthesis Hemi-prosthesis

Approach Deltopectoral Anterosuperior (incl. deltoid split/detachment)

Other approach, specify _____

* Unique number per surgeon (Chosen and known within the hospital) OR BIG-number.



Acromioplasty	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Osteotomy lesser tuberosity	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cuff reconstruction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Distal clavicle resection	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Patient Specific Instrumentation (PSI) used	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Bone graft used	<input type="checkbox"/> No	<input type="checkbox"/> Yes, autograft	<input type="checkbox"/> Yes, allograft	<input type="checkbox"/> Yes, combination of both	

Previous operations (this shoulder)

Osteosynthesis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Distal clavicle resection	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Acromioplasty	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Stabilisation procedure	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Rotator cuff repair	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other previous operations, specify _____		

Cement

Fixation	<input type="checkbox"/> Cementless	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Cemented		
Lavage	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If hybrid fixation,		
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 variable 'DIAGNOSIS': Only fill out the primary diagnosis.

Osteoarthritis: All types of osteoarthritis (including arthrosis, arthritis, (secondary) arthrosis);

Rheumatoid arthritis (RA): RA in all types (also RA seropositive and RA juvenile);

Fracture (acute): Placement of primary shoulder prosthesis within 4 weeks after shoulder fracture;

Osteonecrosis: Avascular necrosis of the humeral head;

Tumour (primary): Primary bone tumour;

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

Tumour (metastasis): Metastatic bone tumour (including pathological fracture);

Posttraumatic: Primary shoulder prosthesis at least 4 weeks after trauma (including failure of osteosynthesis, non-union/pseudoarthrosis after fracture);

Inflammatory arthritis: Including gout, Bechterew disease, Crohn disease and psoriatic arthritis;

Cuff arthropathy: Osteoarthritis secondary to a chronic massive rotator cuff defect;

Cuff rupture: Rupture of the rotator cuff;

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.