|  |  |  |
| --- | --- | --- |
|  | Hip revision: Every change of components in the hip joint (add, replace or remove one or more components)  **Hip Revision**  Version: January 1, 2015 |  |

**Patientsticker**

**Patient**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hospital number |  | | | | Social Security Number | |  | | | |
|  |  | | | |  |  |  | | | |
| Postal code (numbers) |  | | | | Length (cm) |  | Weight (kg) |  | | |  |
|  |  | | | |  | \* Please fill out Length and Weight or fill out Body Mass Index (BMI) |  | |  | |
| Smoking | ☐ | No | ☐ | Yes | BMI\* |  |  | |  |

**Reason for revision1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Infection | ☐ | No | ☐ | Yes | | Loosening acetabular component | | | ☐ | No | ☐ | Yes | | |
| Cup/Liner wear | ☐ | No | ☐ | Yes | | Loosening femoral component | | | ☐ | No | ☐ | Yes | | |
| Periprosthetic fracture | ☐ | No | ☐ | Yes | | Periarticular ossification | | | ☐ | No | ☐ | Yes | | |
| Dislocation | ☐ | No | ☐ | Yes | | Symptomatic MoM bearing | | | ☐ | No | ☐ | Yes | | |
| Girdlestone/spacer | ☐ | No | ☐ | Yes | | Other reason for revision | | | ☐ | No | ☐ | Yes | | |
|  |  |  | | |  | |  |  | | | | |
| 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 | | | | | | | | | | |
|  |  |  |  | | | | | | | | | | |
| Charnley score | ☐ | A | Single Hip with OA | | | | | | | | | | |
| ☐ | B1 | Bilateral Hips with OA | | | | | | | | | | |
|  | ☐ | B2 | Previous Total Hip Replacement on the contralateral hip | | | | | | | | | | |
|  | ☐ | C | Multiple joints affected with OA or a chronic disease that affects quality of life (especially walking) | | | | | | | | | | |

**Type of operation2**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Specialism | | | ☐ | | Orthopaedics | | | | | | | ☐ | | Trauma Surgery | | | | | | | | Surgeon code\* | | | | |  | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
| Date of operation | | |  | | | | | | | | | | | | | | | | | | | Assistant surgeon code\* | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| Side of operation | | ☐ | | Right | | | | ☐ | | | Left | | | | | | |  | | | | | | | | | | | |  | | | |
|  | |  | |  | | | |  | | |  | | | | | | |  | | | | | | | | | | | |  | | | |
| Type of revision | | ☐ | | Partial revision | | | | | | | | | | | | | | ☐ | | | Girdlestone (incl. spacer) | | | | | | | | | | | | | |
|  | | ☐ | | Total system revision | | | | | | | | | | | | | | ☐ | | | Other reoperation, specify | | | | |  | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | **If partial revision,** | | | | | | | | | | | | | | | | | |
| Conversion to total hip | | ☐ | | No | | | ☐ | | | Yes | | |  | |  | | | Acetabulum revised | | | | | | | | | | ☐ | No | | ☐ | Yes | | | |
|  | |  | |  | | |  | | |  | | |  | |  | | | Inlay revised | | | | | | | | | | ☐ | No | | ☐ | Yes | | | |
| Allograft used | | ☐ | | No | | | ☐ | | | Yes | | |  | |  | | | Head revised | | | | | | | | | | ☐ | No | | ☐ | Yes | | | |
|  | |  | |  | | |  | | |  | | |  | |  | | | Femur revised | | | | | | | | | | ☐ | No | | ☐ | Yes | | | |
|  | |  | |  | | |  | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | | | | | |
|  | | | | |  | | |  | | | | | | |  | | |  | | | |  |  | | | | | | | | | | | | |

**Cement3**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fixation | ☐ | Cementless | | | ☐ | Hybrid | | | ☐ | | Cemented | |  | |  | | | | | | |
|  |  |  | | | |  | |  | |  | |  |  | |  | | | | | | |
| Lavage | ☐ | No | ☐ | Yes | |  |  | | | **If hybrid fixation,** | | | |  | |  | |  |  |  |  | |
| Vacuum (mix) | ☐ | No | ☐ | Yes | |  |  | | | Acetabulum cemented | | | | ☐ | | No | ☐ | | Yes |  |  | |
| Pressurising | ☐ | No | ☐ | Yes | |  |  | | | Femur cemented | | | | ☐ | | No | | ☐ | Yes |  |  | |

**Attach sticker cement**

**Attach sticker acetabular component (cup, shell, monoblock)**

**Attach sticker inlay (bearing, insert)**

**Attach sticker femoral component (main femoral component or main resurfacing femoral component)**

**Attach sticker head**

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