|  |  |  |
| --- | --- | --- |
|  | Knee revision: Every change of  components in the knee joint (add, replace or remove one or more components)  **Knee Revision**  Version: January 1, 2014 |  |

**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 femoral component | | | ☐ | No | ☐ | Yes | | |
| Patella dislocation | ☐ | No | ☐ | Yes | | Loosening tibial component | | | ☐ | No | ☐ | Yes | | |
| Patella pain | ☐ | No | ☐ | Yes | | Loosening of patellar component | | | ☐ | No | ☐ | Yes | | |
| Wear of inlay | ☐ | No | ☐ | Yes | | Progression of osteoarthritis (Uniknee) | | | ☐ | No | ☐ | Yes | | |
| Periprosthetic fracture | ☐ | No | ☐ | Yes | | Revision after knee removal | | | ☐ | No | ☐ | Yes | | |
| Malalignment | ☐ | No | ☐ | Yes | | Arthrofibrosis | | | ☐ | No | ☐ | Yes | | |
| Instability | ☐ | 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 Knee with OA | | | | | | | | | | |
| ☐ | B1 | Bilateral Knees with OA | | | | | | | | | | |
|  | ☐ | B2 | Previous Total Knee Replacement on the contralateral knee | | | | | | | | | | |
|  | ☐ | 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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | | | | | | | | Surgeon code\* | | | | | |  | | | | |
|  | |  | | | | | | | | | | |  | | | | | |  | | | | |
| Date of operation | |  | | | | | | | | | | | Assistant surgeon code\* | | | | | |  | | | | |
|  | |  | | | | | | | | | | |  | | | | | |  | | | | |
| Side of operation | | ☐ | Right | | | ☐ | | Left | | | | |  | | | | | | | | | | |  | | |
|  | |  |  | | |  | |  | | | | |  | | | | | | | | | | |  | | |
| Type of revision | | ☐ | Partial revision | | | | | | | | | | ☐ | | | Removal of prosthesis (incl. spacer) | | | | | | | | | | | | |
|  | | ☐ | Total system revision | | | | | | | | | | ☐ | | | Other reoperation, specify | | | | |  | | | | | | | |
|  | |  |  | | | | | | | | | |  | | |  | | | | |  | | | | | | | |
|  | |  |  | | | | | | | | | | **If partial revision,** | | | | | | | | | | | | | | |
| Conversion to total knee | | ☐ | No | | ☐ | | Yes | |  |  | | | Femur revised | | | | | | | | | ☐ | No | | ☐ | Yes | |
| Patellectomy | | ☐ | No | | ☐ | | Yes | |  |  | | | Tibia revised | | | | | | | | | ☐ | No | | ☐ | Yes | |
| Arthrodesis performed | | ☐ | No | | ☐ | | Yes | |  |  | | | Inlay revised | | | | | | | | | ☐ | No | | ☐ | Yes | |
| Allograft used | | ☐ | No | | ☐ | | Yes | |  |  | | | Patella revised | | | | | | | | | ☐ | No | | ☐ | Yes | |
| Patella component | | ☐ | No | | ☐ | | Yes | |  |  | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | |  | | |  | | | | |  | | | | | | | |
|  | | |  | |  | | | | |  | | |  | | |  |  | | | | | | | | | | | |

**Cement3**

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

**Attach sticker cement**

**Attach sticker femoral component (only articulating component)**

**Attach sticker tibia (tibial baseplate, monoblock)**

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

**Attach sticker patella (only articulating component)**

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