|  |  |  |
| --- | --- | --- |
|  | 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.**