|  |  |  |
| --- | --- | --- |
|  | Hip Primary: Replacement of hip joint by a prosthetic implant  **Hip Primary**  Version: January 1, 2015 |  |

**Patient card**

**Patient**

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

**Diagnosis**

1 Explanation of variable DIAGNOSIS on other side of this form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Diagnosis1 | ☐ | Osteoarthritis (OA) | | ☐ | | Post-Perthes | |  |
|  | ☐ | Dysplasia | | ☐ | | Tumour (primary) | |  |
|  | ☐ | Rheumatoid arthritis (RA) | | ☐ | | Tumour (metastasis) | |  |
|  | ☐ | Fracture (acute) | | ☐ | | Late posttraumatic | |  |
|  | ☐ | Osteonecrosis | | ☐ | | Inflammatory arthritis | | |
|  | | | | ☐ | | Other diagnosis, specify |  | |
|  |  |  | |  |  | |  | |
| 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 operation**

\* 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 | | | | | | |  | | | | | | | |  | |
|  |  | | |  |  | |  | | | | | | |  | | | | | | | |  | |
| Prosthesis | ☐ | | | Total hip prosthesis (THP) | | | | | | | | | | ☐ | Resurfacing prosthesis | | | | | | | | | | |
|  | ☐ | | | Hemi-prosthesis (KHP) | | | | | | | | | | ☐ | Other prosthesis, specify | | | | | |  | | | | |
|  |  | | |  | | | | | | | | | |  |  | | | |  | |  | | | | |
| Approach | ☐ | | | Straight lateral | | | | | | | | | | ☐ | Anterior | | | | | | | | | | |
|  | ☐ | | | Posterolateral | | | | | | | | | | ☐ | Trochanter Osteotomy | | | | | |  | | | | |
|  | ☐ | | | Anterolateral | | | | | | | | | | ☐ | Other approach, specify | | | | | |  | | | | |
|  |  | | |  | | | | | | | | | |  |  | | | | | |  | | | | |
| Bone graft used2 | ☐ | | | No | | ☐ | Yes, autograft | | | ☐ | | Yes, allograft | | | | ☐ | Yes, combination of both | | | | | | | | |
|  |  | | |  | | | | | | |  | |  | | | | |  | | | | | | |
|  |  | | |  | | | | | | |  | |  | | | | |  | | | | | | |

**Previous operations (this hip)3**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Osteosynthesis | | ☐ | No | | ☐ | Yes | Girdlestone | | | | ☐ | No | ☐ | Yes |
| Osteotomy | | ☐ | No | | ☐ | Yes | Arthroscopy | | | | ☐ | No | ☐ | Yes |
| Arthrodesis | | ☐ | No | | ☐ | Yes | Other previous operations | | | | ☐ | No | ☐ | Yes |
|  | | |  | |  |  |  |  |  | | | | | |

**Cement4**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**