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