National Joint Registry
Working for patients, committed to excellence

MDS version 8.0
Shoulder operation

S2	Patient addressograph
Single stage revision (includes DAIR with modular exchange and modular exchange for indications other than infection) **Stage 1 of 2 stage revision** **Stage 2 of 2 stage revision** **Stage 2 of planned incomplete primary procedure** **Conversion to arthrodesis** **Excision arthroplasty** **Amputation**	

Important:
Please tick relevant boxes. All component stickers should be affixed to the accompanying 'Minimum Data Set form component labels sheet'. Please ensure that all sheets are stapled together.

All fields are mandatory unless otherwise indicated

Remember! Make a note of the NJR reference number when you enter the data	**NJR ref:**

Patient details				
NJR patient consent obtained	Yes ☐	No ☐	Not recorded ☐	
If 'Yes' or 'No' was selected for patient consent above, was consent provided by a consultee on behalf of the patient?	Yes ☐	No/Not known ☐	This refers to NJR consent being provided by a third party on behalf of the patient, not the 'consent to operate' normally obtained by the consultant. If an 'NJR Patient Consultee Declaration Form' has not been completed, this section should be completed as 'No/Not known'	
Body Mass Index (enter either H&W **or** BMI **or** tick Not available box)	Height (In M) Weight (In KG)	BMI	Not available ☐	
Handedness	Left ☐	Right ☐	Ambidextrous ☐	Unknown ☐

Patient identifiers			
Forename(s)			
Surname			
Sex	Male ☐	Female ☐	Indeterminate ☐
Date of birth (DD/MM/YYYY)			
Patient postcode		Overseas address ☐	
NHS number **or** National Patient Identifier (if available)			
Patient hospital ID			
Patient email address (if provided)			
Patient mobile phone number (if provided)			

Operation details					
Hospital					
Operation date (DD/MM/YYYY)					
Anaesthetic types	General	☐	Regional – nerve block		☐
Patient ASA grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation funding	NHS ☐	Independent ☐			

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Surgeon details						
Consultant in charge						
Operating surgeon number one						
Operating surgeon number one Grade	Consultant ☐	SPR/ST3-8 ☐	Senior Fellow (Post-CCT or equivalent) ☐	F1-ST2 ☐	Specialty doctor/SAS ☐	Other ☐
Dual consultant operation?	Yes ☐	No ☐				
Operating consultant number two (if dual consultant operation)						
First assistant Grade	Consultant ☐	Other ☐				

Shoulder revision procedure details				
Procedure type	Single stage revision (includes DAIR **with** modular exchange and modular exchange for indications **other** than infection)	☐	Stage 2 of planned incomplete primary procedure	☐
			Conversion to arthrodesis	☐
	Stage 1 of 2 stage revision	☐	Excision arthroplasty	☐
	Stage 2 of 2 stage revision	☐	Amputation	☐
Revision of	Primary arthroplasty			☐
	Previous revision arthroplasty			☐
Side	**Left** ☐	**Right** ☐		

Indications for/findings at time of revision (select all that apply)				
	Infection	☐	Glenoid implant wear	☐
	Instability	☐	Native glenoid surface erosion	☐
	Cuff insufficiency	☐	Implant fracture	☐
	Aseptic loosening humerus	☐	Lysis – humerus	☐
	Aseptic loosening glenoid	☐	Lysis – glenoid	☐
	Stiffness	☐	Dislocation/subluxation	☐
	Impingement	☐	Unexplained pain	☐
	Component dissociation	☐		
	Periprosthetic fracture		☐	
	Unified Classification System (UCS) site			
	Glenoid/scapula (circle classification)		A B1 B2 B3 C D E F N/A	
	Humerus, proximal (circle classification)		A B1 B2 B3 C D E F N/A	
	A Apophyseal or extraarticular/periarticular *B1 Bed of the implant or around the implant – prosthesis stable, good bone* *B2 Bed of the implant or around the implant – prosthesis loose, good bone* *B3 Bed of the implant or around the implant – prosthesis loose, poor bone or bone defect*		*C Clear of or distant to the implant* *D Dividing the bone between two implants* *E Each of two bones supporting arthroplasty* *F Facing and articulating with a hemiarthroplasty*	
	Other: ☐ If "Other" selected, please enter text (max 25 characters):			

Components removed (do not complete for stage 2 of 2 stage revision)			
Humeral component removed	Yes ☐	No ☐	Not applicable ☐
Humeral articulating bearing removed	Yes ☐	No ☐	Not applicable ☐
Glenoid component removed	Yes ☐	No ☐	Not applicable ☐
Glenoid articulating bearing removed	Yes ☐	No ☐	Not applicable ☐
Other component removed	Yes ☐	No ☐	Not applicable ☐

Surgical approach (used for single stage, stage 2 of 2 stage revision and stage 2 of planned incomplete primary procedure)				
Patient procedure (i.e. revision to)	Revision resurfacing total arthroplasty	☐	Revision stemmed hemiarthroplasty	☐
	Revision resurfacing hemiarthroplasty	☐	Revision stemmed total reverse arthroplasty	☐
	Revision stemless conventional total arthroplasty	☐	Revision glenohumeral interpositional arthroplasty	☐
	Revision stemless hemiarthroplasty	☐	Debridement and Implant Retention (DAIR) **with** modular exchange	☐
	Revision stemless total reverse arthroplasty	☐	Modular exchange for indications **other** than infection	☐
	Revision stemmed conventional total arthroplasty	☐		
Fixation humerus (Not applicable for DAIR)	Uncemented ☐	Cemented ☐	Not applicable ☐	
Fixation glenoid (Not applicable for DAIR)	Uncemented ☐	Cemented ☐	Not applicable ☐	
Approach	Delto-Pectoral ☐	Trans-deltoid ☐	Other ☐	
Patient specific instruments?	Yes ☐	No ☐		
Biological resurfacing (glenoid) (select all that apply) (not applicable for DAIR procedure)	None ☐	Reaming ☐		
	Microfracture ☐	Interposition ☐		

Thromboprophylaxis regime (intention to treat)				
			In hospital	At home
Chemical	Aspirin		☐	☐
	LMWH		☐	☐
	Pentasaccharide (e.g. Fondaparinux)		☐	☐
	Warfarin		☐	☐
	Direct thrombin inhibitor (e.g. Dabigatran)		☐	☐
	Factor Xa inhibitor (e.g.Rivaroxaban/Apixaban)		☐	☐
	Other		☐	☐
	None		☐	☐
Mechanical	Foot pump	☐	Other	☐
	Intermittent calf compression	☐	None	☐
	TED stockings	☐		

Bone graft used (not applicable for DAIR)								
Was humeral bone graft used?	Yes	☐	No	☐				
Humeral – form	Structural	☐	Morsellised/chips	☐				
Humeral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was glenoid bone graft used?	Yes	☐	No	☐				
Glenoid – form	Structural	☐	Morsellised/chips	☐				
Glenoid – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. augment, spacer, block, wedge, collar, segment				
Were humeral structural implant or other augment(s) used?	Yes	☐	No	☐
Were glenoid structural implant or other augment(s) used?	Yes	☐	No	☐
If yes, please affix implant labels under "Accessories"				

Rotator cuff						
Rotator cuff condition	Normal	☐	Attenuated	☐	Absent/torn	☐
Rotator cuff repaired?	Yes	☐	No	☐		
Repair type	Primary repair	☐	Augmented patch repair	☐		

Other soft tissues				
Long head biceps (LHB) present?	Yes	☐	No	☐
LHB tenotomy performed?	Yes	☐	No	☐
LHB tenodesis performed?	Yes	☐	No	☐
Muscle transfer?	Yes	☐	No	☐
Other?	Yes	☐	No	☐

Surgeon's notes

Intra-operative event						
Untoward intra-operative event (select all that apply)	None	☐	Fracture glenoid	☐	Other	☐
	Fracture humerus	☐	Vascular injury	☐		

Pre-operative Oxford scores – tick one box for every question. If no scores available select pre-operative Oxford scores Not available				
Pre-operative Oxford score date (DD/MM/YYYY)				Not available ☐
1. During the past 4 weeks… How would you describe the **worst** pain you had from your shoulder?				Not available ☐
None ☐	Mild ☐	Moderate ☐	Severe ☐	Unbearable ☐
2. During the past 4 weeks… Have you had any trouble dressing yourself because of your shoulder?				Not available ☐
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
3. During the past 4 weeks… Have you had any trouble getting in and out of a car or using public transport because of your shoulder?				Not available ☐
No trouble at all ☐	A little bit of trouble ☐	Moderate trouble ☐	Extreme difficulty ☐	Impossible to do ☐
4. During the past 4 weeks… Have you been able to use a knife and fork at the same time?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
5. During the past 4 weeks… Could you do the household shopping on your own?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
6. During the past 4 weeks… Could you carry a tray containing a plate of food across a room?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
7. During the past 4 weeks… Could you brush/comb your hair with the affected arm?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
8. During the past 4 weeks… How would you describe the pain you usually had from your shoulder?				Not available ☐
None ☐	Very mild ☐	Mild ☐	Moderate ☐	Severe ☐
9. During the past 4 weeks… Could you hang your clothes up in a wardrobe, using the affected arm?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With great difficulty ☐	No, impossible ☐
10. During the past 4 weeks… Have you been able to wash and dry yourself under both arms?				Not available ☐
Yes, easily ☐	With little difficulty ☐	With moderate difficulty ☐	With extreme difficulty ☐	No, impossible ☐
11. During the past 4 weeks… How much has pain from your shoulder interfered with your usual work (including housework)?				Not available ☐
Not at all ☐	A little bit ☐	Moderately ☐	Greatly ☐	Totally ☐
12. During the past 4 weeks… Have you been troubled by pain from your shoulder in bed at night?				Not available ☐
No nights ☐	Only 1 or 2 nights ☐	Some nights ☐	Most nights ☐	Every night ☐

Minimum Data Set form – component labels

1. Please affix any component labels to this sheet and ensure any extra component label sheets are attached to the main Minimum Data Set form.
2. Ensure all component details are provided, including cement.
3. The NJR **does not** record the following: wire, mesh, cables or surgical tools.

Humeral stem (if used)	Humeral component
Glenoid component (if used)	Cement (if used)
Accessories	