

<h1 style="margin: 0;">A1 Ankle Primary</h1>	<p>Patient addressograph</p>
<p>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.</p>	

All fields are mandatory unless otherwise indicated

Remember! Make a note of the NJR reference number when you enter the data	NJR ref:
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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'
Has the patient consented to linkage of study data to NJR data?	Yes ☐	No/Not known ☐	Study ID (max 25 characters)
Body Mass Index (enter either H&W or BMI or tick Not available box)	Height (In M) Weight (In KG)	BMI	Not available ☐

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 ☐	☐	
	Regional – epidural ☐	☐	Regional – spinal (intrathecal) ☐	☐	
Patient ASA grade	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
Operation funding	NHS ☐	Independent ☐			

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 ☐						
Ankle primary procedure details									
Side	Left ☐		Right ☐						
Indications for implantation (select all that apply)	Osteoarthritis		☐		Trauma				
	Other inflammatory arthropathy		☐		Trauma acute		☐		
	Rheumatoid arthritis		☐		Trauma chronic		☐		
	Infection - previous		☐		Metastatic cancer/malignancy		☐		
	Infection - active		☐		Other		☐		
Previous surgery on index joint (select all that apply)	None	☐	Internal fixation		☐	Other		☐	
	Distal tibial osteotomy	☐	Arthrodesis		☐	Not available		☐	
Pre-operative range deformity									
Tibia-hindfoot alignment (based on clinical assessment)	Physiological neutral		☐		Not available		☐		
	5-15° varus		☐		16-30° varus		☐		>30 varus ☐
	5-15° valgus		☐		16-30° valgus		☐		>30 valgus ☐
Pre-operative range of movement (clinical)									
Ankle dorsiflexion (degrees)	5-20°	☐	Neutral	☐	Fixed equinus	☐	Not available		☐
Ankle plantarflexion (degrees)	5-15°	☐	16-45°	☐	Not available	☐			
Subtalar joint	Normal ROM (compared to opp side)		☐		Stiff (compared to opp side)	☐	Not available		☐
	Joint has been fused		☐						
Surgical approach									
Patient procedure	Primary total prosthetic replacement not using cement								☐
	Primary total prosthetic replacement using cement								☐
	Primary total prosthetic replacement not classified elsewhere (e.g. hybrid)								☐
Approach	Anterior		☐		Anterolateral		☐		
	Lateral (transfibular)		☐		Other		☐		
Associated procedures at the time of surgery* (select all that apply)	Subtalar joint fusion		☐		Medial malleolar osteotomy		☐		
	Talonavicular fusion		☐		Lateral ligament reconstruction		☐		
	Calcaneal displacement osteotomy		☐		Medial ligament reconstruction		☐		
	Achilles tendon lengthening		☐		Medial ligament release		☐		
	Fusion distal tibiofibular joint		☐		Other		☐		
	Fibula osteotomy		☐		None		☐		
Computer guided surgery used?	Yes ☐		No ☐						

Thromboprophylaxis regime (intention to treat)									
Chemical					In hospital	At home			
	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									
Was tibial bone graft used?	Yes	☐	No	☐					
Tibial – form	Structural	☐	Morsellised/chips	☐					
Tibial – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐	
Was talar bone graft used?	Yes	☐	No	☐					
Talar – form	Structural	☐	Morsellised/chips	☐					
Talar – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐	
Was fibular bone graft used?	Yes	☐	No	☐					
Fibular – form	Structural	☐	Morsellised/chips	☐					
Fibular – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐	
Structural implant or other augment(s) used e.g. augment, block									
Were tibial structural implant or other augment(s) used?	Yes	☐	No	☐					
Were talar structural implant or other augment(s) used?	Yes	☐	No	☐					
If yes, please affix implant labels under “Accessories”									
Surgeon's notes									
Intra-operative event									
Untoward intra-operative event (select all that apply)	None	☐	Ligament injury	☐					
	Fracture medial malleolus	☐	Nerve injury	☐					
	Fracture lateral malleolus	☐	Tendon injury	☐					
	Fracture (other)	☐	Other	☐					

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.

Talar component	Tibial tray component
Meniscal component	Cement (if used)
Accessories	