

<div style="font-size: 48px; color: #0070C0; font-weight: bold;">K2</div>	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	Patient addressograph
	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:
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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'
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 – epidural	☐ ☐	Regional – nerve block 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 ☐								
Knee revision procedure details												
Procedure type	Single stage revision (includes DAIR with modular exchange and modular exchange for indications other than infection)	☐	Stage 2 of 2 stage revision				☐					
			Stage 2 of planned incomplete primary procedure				☐					
			Conversion to arthrodesis				☐					
		Stage 1 of 2 stage revision	☐	Excision arthroplasty				☐				
			Amputation				☐					
Revision of	Primary total arthroplasty		☐	Partial knee replacement(s)				☐				
	Previous revision arthroplasty		☐	Focal knee resurfacing				☐				
Side	Left ☐		Right ☐									
Indications for/findings at time of revision (select all that apply)	Aseptic loosening		☐	Wear of polyethylene component				☐				
	Femur		☐	Component dissociation				☐				
	Tibia		☐	Unexplained pain				☐				
	Patella		☐	Malalignment				☐				
	Infection		☐	Implant fracture				☐				
	Dislocation/subluxation		☐	Stiffness				☐				
	Lysis		☐	Progressive arthritis remaining knee				☐				
	Femur		☐	Leg length discrepancy				☐				
	Tibia		☐	Focal chondral defect				☐				
	Instability		☐									
	Periprosthetic fracture		☐									
	Unified Classification System (UCS) site											
	Femur, distal			A	B1	B2	B3	C	D	E	F	N/A
	Tibia, proximal			A	B1	B2	B3	C	D	E	F	N/A
	Patella			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):											
Grading complexity												
Revision level		R1 ☐		R2 ☐			R3 ☐					
Patient comorbidities		A ☐		B ☐			C ☐					
Infection		Yes ☐		No ☐								
Extensor mechanism compromise		Yes ☐		No ☐								
Soft tissue compromise		Yes ☐		No ☐								
Was the case discussed at an MDT?	Local MDT	Yes ☐		No ☐		Unknown ☐						
	Regional MDT	Yes ☐		No ☐		Unknown ☐						
	Infection MDT	Yes ☐		No ☐		Unknown ☐						

Components removed (do not complete for stage 2 of 2 stage revision)						
Femoral component removed?	Yes ☐	No ☐	Not applicable ☐			
Tibial component removed?	Yes ☐	No ☐	Not applicable ☐			
Tibial liner removed?	Yes ☐	No ☐	Not applicable ☐			
Patella 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	Revision using cement					☐
	Revision not using cement					☐
	Secondary resurfacing of patella					☐
	Partial replacement second compartment of knee (Uni or PFR)					☐
	Debridement And Implant Retention (DAIR) with modular exchange					☐
	Modular exchange for indications other than infection					☐
	Revision not classified elsewhere (e.g. hybrid)					☐
Approach	Medial parapatellar	☐	Quadriceps turn-down		☐	
	Lateral parapatellar	☐	Tibial tubercle osteotomy		☐	
	Sub-vastus	☐	Other		☐	
	Mid-vastus	☐				
Patient specific instruments?	Yes ☐	No ☐				
Use of tourniquet	Yes ☐	No ☐				
How long was it used for?	0-15 minutes	☐	15-30 minutes	☐	More than 30 minutes	☐
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 (not applicable for DAIR)

Was femoral bone graft used?	Yes	☐	No	☐				
Femoral – form	Structural	☐	Morsellised/chips	☐				
Femoral – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐
Was tibial bone graft used?	Yes	☐	No	☐				
Tibial – form	Structural	☐	Morsellised/chips	☐				
Tibial – type	Autograft	☐	Allograft	☐	Synthetic	☐	Other	☐

Structural implant or other augment(s) used e.g. stems, wedges, block, cone, sleeve

Were femoral structural implant or other augment(s) used?	Yes	☐	No	☐				
Were tibial structural implant or other augment(s) used?	Yes	☐	No	☐				

If yes, please affix implant labels under “Accessories”**Surgeon's notes**

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Intra-operative event

Untoward intra-operative event (select all that apply)	None	☐	Ligament injury	☐
	Fracture	☐	Other	☐
	Patella tendon avulsion	☐		

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.

Femoral component (or unicondylar femoral component)	Tibial tray (or unicondylar tibial component)
Meniscal component	Cement (if used)
Patella (if used) Needed in Patello-femoral replacement	Accessories