

<h1 style="font-size: 48px; color: purple; margin: 0;">A2</h1> <p>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 Conversion to arthrodesis Amputation</p>	<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:

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 ☐									
Ankle 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	☐								
			Conversion to arthrodesis	☐								
			Amputation	☐								
	Stage 1 of 2 stage revision	☐										
Revision of	Primary total arthroplasty	☐	Previous revision arthroplasty	☐								
Side	Left ☐		Right ☐									
Indications for/findings at time of revision (select all that apply)	Infection – previous	☐	Implant fracture									
	Infection – active	☐	Tibial component	☐								
	Aseptic loosening		Talar component	☐								
	Tibial component	☐	Meniscal component	☐								
	Talar component	☐	Wear of polyethylene component	☐								
	Lysis		Meniscal insert dislocation	☐								
	Tibia	☐	Component migration/dissociation	☐								
	Talus	☐	Unexplained pain	☐								
	Malalignment	☐	Stiffness	☐								
			Soft tissue impingement	☐								
	Periprosthetic fracture		☐									
	Unified Classification System (UCS) site											
	Tibia, distal (circle classification)			A	B1	B2	B3	C	D	E	F	N/A
	Talus (circle classification)			A	B1	B2	B3	C	D	E	F	N/A
	<i>A Apophyseal or extraarticular/periarticular</i> <i>B1 Bed of the implant or around the implant – prosthesis stable, good bone</i> <i>B2 Bed of the implant or around the implant – prosthesis loose, good bone</i>			<i>B3 Bed of the implant or around the implant – prosthesis loose, poor bone or bone defect</i> <i>C Clear of or distant to the implant</i> <i>D Dividing the bone between two implants</i> <i>E Each of two bones supporting arthroplasty</i> <i>F Facing and articulating with a hemiarthroplasty</i>								
Other: ☐ If "Other" selected, please enter text (max 25 characters):												

Components removed (do not complete for stage 2 of 2 stage revision)				
Tibial components removed?	Yes ☐	No ☐	Not applicable ☐	
Talar components removed?	Yes ☐	No ☐	Not applicable ☐	
Meniscal components removed?	Yes ☐	No ☐	Not applicable ☐	
Surgical approach (used for single stage revision and stage 2 of 2 stage revision)				
Patient procedure (i.e. revision to)	Prosthetic replacement not using cement	☐	Debridement And Implant Retention (DAIR) with Modular Exchange	☐
	Prosthetic replacement using cement	☐	Modular exchange for indications other than infection	☐
	Ankle fusion (subtalar joint not fused at this sitting)	☐	Prosthetic replacement not classified elsewhere (e.g. hybrid)	☐
	Ankle & subtalar fusion (using TTC nail)	☐		
	Ankle & subtalar fusion (not using TTC nail)	☐		
	Pantalar fusion	☐		
Approach	Anterior	☐	Anterolateral	☐
	Lateral (transfibular)	☐	Other	☐
Associated procedures at the time of surgery* (select all that apply) *Also select if previously carried out or procedures are planned at the time of index surgery	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	☐
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 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	