South African Orthopaedic Registry
A division of SAOA

Primary Ankle Replacement

Hospital, Surgeon and Funders				
Hospital of Treatment		Specialist in Charge		
Performing Clinician	□ Lead Specialist	□ Other Specialist	□ Fellow/Registrar/Resident/Trainee	
Funders	□ State	□ Privately Insured	□ Self-Pay	□ Foreign Insured
Patient Details				
Body Mass Index	Height (in cm):	Weight (in kg):	BMI	□ Not available
Patient's Ethnicity	□ Asian/Chinese	□ Black	□ Coloured	□ Indian	□ White Caucasian	□ Other

Anaesthetic Details						
Anaesthetic	□	GA	□	Sedation	□	Spinal
	□	Epidural	□	Regional Block	□	Other
Antibiotic	□ None		□ Cephalosporin		□ Gentamycin	□ Other

Pathology Details						
Indications for Surgery	□	Osteoarthrosis	□	Avascular Necrosis	□	Rheumatoid Arthritis
	□	Other Inflammatory Arthroplasty	□	Other Free Text Other		

Clinical Evaluation								
Side	□	Right	□	Left				
Previous Surgery	□	None	□	Fracture Fixation	□	Arthroscopic Debridement	□	Ligament Repair
	□	Triple Fusion	□	Arthrodesis	□	Distal Tibial Osteotomy	□	Double Fusion
	□	Isolated TNJ Fusion	□	Heel Shift	□	Flat Foot Reconstruction	□	Multiple Revision Surgeries
	□	Other Free Text Other Surgery						
Previous History	□	Previous Bony Infection	□	Previous Trauma				
Tibia-hindfoot Alignment	□	> 30° Varus	□	16-30° Varus	□	5-15° Varus	□	Physiological Neutral
Ankle Dorsiflexion	□	5-20°	□	Neutral	□	Fixed Equinus		
Ankle Plantarflexion	□	5-15°	□	16-45°				
Subtalar Joint	□	Normal	□	Stiff	□	Joint Been Fused	□	Unstable

Surgery (Two Pathways if Bilateral)								
TAR	□	Ankle Arthroplasty (Cemented)	□	Ankle Arthroplasty (Uncemented)	□	Ankle Arthroplasty (Hybrid)		
Cement	□	Tibia	□	Talus	□	Same for Both Components		
Approach	□	Anterior	□	Anterolateral	□	Lateral (Transfibular)	□	Other
Associated Procedure(s)	□	No Other Procedure	□	Subtalar Fusion	□	Fibula Osteotomy	□	Calcaneal Displacement Osteotomy
	□	Achilles Lengthening	□	Distal Tibiofibular Fusion	□	Talonavicular Fusion	□	Medial Malleolar Osteotomy
	□	Lateral Ligament Reconstruction	□	Medial Ligament Reconstruction	□	Medial Ligament Release	□	Other Free Text
Details	□	CAS	□	MIS	□	PSI	□	Customised Prosthesis
Computer Guided Surgery	□	No	□	Yes	**Minimally Invasive Surgery**	□ No	□ Yes	

Bone Graft								
Bone Graft	□	None	□	Tibial	□	Talar	□	Fibula
Synthetic Bone Graft	□	None	□	Tibial	□	Talar	□	Fibula

Surgical Complications							
□	No Adverse Event	□	Fracture Medial Malleolus	□	Fracture Lateral Malleolus	□	Further Fracture
□	Ligament Injury	□	Nerve Injury	□	Tendon Injury	□	Other

Patients Surname	Patients First Name
ID Number	

[PATIENTS STICKER]

Date of Birth / /

Gender M / F

Email Address

Telephone no.

PLACE PROSTHESIS STICKERS HERE

Talar Components	
Tibial Component	Meniscal Component
Tray	
Cement	Synthetic Bone Graft
Others	

Please note this paper is for reference only to enable your secretary or an admin person to transcribe the MDS into the SAOA Registry. Not to be posted or emailed anywhere! (Please ensure that you answer all relevant questions or your submission will not be successful)