

Primary Elbow Arthroplasty

Patient Details									
Body Mass Index	Height (cm):		Weight (kg):		BMI		<input type="checkbox"/>	Not available	
Dexterity	<input type="checkbox"/> Right-Handed		<input type="checkbox"/> Left-Handed		<input type="checkbox"/> Ambidextrous				
Patient's Ethnicity	<input type="checkbox"/> Asian/Chinese	<input type="checkbox"/> Black	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> White/Caucasian		<input type="checkbox"/> Other		
Hospital and Funders									
Hospital of Treatment									
Funders	<input type="checkbox"/> State		<input type="checkbox"/> Privately Insured		<input type="checkbox"/> Self-Pay		<input type="checkbox"/> Foreign Insured		
Private Medical Aid									
Surgeon Details									
Specialist in Charge									
Performing Clinician	<input type="checkbox"/> Lead Specialist		<input type="checkbox"/> Other Specialist		<input type="checkbox"/> Fellow/Registrar/Resident/Trainee				
First Assistant Grade	<input type="checkbox"/> Specialist		<input type="checkbox"/> Fellow		<input type="checkbox"/> Registrar/Trainee				
Surgery (Two forms if bilateral)									
Elbow Side	<input type="checkbox"/>	Right	<input type="checkbox"/>	Left					
Elbow Primary Procedure Pathology Details									
Indications for Implantation Elbow Arthroplasty	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>	Inflammatory Arthritis	<input type="checkbox"/>	Osteonecrosis			
	<input type="checkbox"/>	Dysplasia	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Tumour			
	<input type="checkbox"/>	Sepsis	<input type="checkbox"/>	Other					
Surgical Approach: Patient Procedure									
<input type="checkbox"/>	Total Prosthetic Replacement	<input type="checkbox"/>	Distal Humeral Hemi Arthroplasty	<input type="checkbox"/>	Radial Head Replacement	<input type="checkbox"/>	Lateral Resurfacing		
Position	<input type="checkbox"/>	Supine	<input type="checkbox"/>	Lateral Decubitus	<input type="checkbox"/>	Other			
Approach	<input type="checkbox"/>	Extended Deltopectoral	<input type="checkbox"/>	Anconeus Approach	<input type="checkbox"/>	Olecranon Osteotomy			
	<input type="checkbox"/>	Triceps Tongue (Campbell distally based)	<input type="checkbox"/>	Triceps Tongue (IVP method)	<input type="checkbox"/>	Triceps split			
	<input type="checkbox"/>	Morrey's Approach (Triceps reflected to Ulna side)	<input type="checkbox"/>	Morrey's Approach (Triceps reflected to Radial side)	<input type="checkbox"/>	Kocher postero lateral approach			
	<input type="checkbox"/>	Other							
<input type="checkbox"/>	Minimally Invasive Surgery (MIS)			<input type="checkbox"/>	Computer Assisted/Guided Surgery				
Bone Graft									
Bone Graft Performed	<input type="checkbox"/>	Humeral	<input type="checkbox"/>	Ulna					
Humeral Bone Graft	<input type="checkbox"/>	Structural	<input type="checkbox"/>	Morcelised					
Humeral BG Type	<input type="checkbox"/>	Autograph	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	
Ulna Bone Graft	<input type="checkbox"/>	Structural	<input type="checkbox"/>	Morcelised					
Ulna BG Type	<input type="checkbox"/>	Autograph	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Other	
Synthetic Bone Graft Used									
Surgical Complications									
Adverse Event	<input type="checkbox"/>	No Adverse Event		<input type="checkbox"/>	Shaft Penetration Humerus		<input type="checkbox"/>	Shaft Penetration Ulna	
	<input type="checkbox"/>	Fracture Humerus		<input type="checkbox"/>	Fracture Ulna		<input type="checkbox"/>	Nerve injury	
	<input type="checkbox"/>	Vascular Injury		<input type="checkbox"/>	Other				

PLACE PROSTHESIS STICKERS HERE

Patients
Surname
ID Number

Patients First
Name

[PATIENTS STICKER]

Date of Birth / /
Gender M / F

Email Address

Telephone no.

Components

Humeral

Ulna

Cement

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. This form is not to be posted or emailed anywhere!
(Please ensure that you answer all relevant questions or your submission will not be successful)