South African Orthopaedic Registry
A division of SAOA

Primary Knee Arthroplasty

Hospital, Surgeon and Funders												
Hospital of Treatment	If not on hospital sticker			**Specialist in Charge**	If not on hospital sticker							
Performing Clinician	□ Lead Specialist		□ Other Specialist		□ Fellow/Registrar/Resident/Trainee							
Funders	□ State		□ Privately Insured		□ Self-Pay		□ Foreign Insured					
Patient Details												
Body Mass Index	Height (cm): Weight (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 Free Text Other			

Pathology Details							
Indications for Surgery	□	Osteoarthrosis	□	Inflammatory Arthrosis	□	Osteonecrosis	
	□	Dysplasia	□	Fracture	□	Tumour	
	□	Sepsis	□	Other			

Surgery (Two forms if bilateral)									
Side	□	Right	□	Left					
Tourniquet	□	No Tourniquet	□ Sterile Elastic Tourniquet			□	Pneumatic Tourniquet		
Approach	□	Medial Parapatellar	□	Lateral Parapatellar		□	Sub-vastus		
	□	Mid-Vastus	□	Quadriceps Turn-Down		□	Other		
More Details	□	Computer Assisted/Guided Surgery (CAS)			□	Patient Specific Instruments (PSI)			
	□	Soft Tissue Release							

Type of Arthroplasty						Hybrid		
TKR	□	Cemented	□	Uncemented	□	Cemented Femur	□	Cemented Tibia
Uni Medial	□	Cemented	□	Uncemented	□	Cemented Femur	□	Cemented Tibia
Uni-Lateral	□	Cemented	□	Uncemented	□	Cemented Femur	□	Cemented Tibia
PFJ/Other	□	PJF	□	Other	□	Cemented Femur	□	Uncemented Femur

Implant Details								
Tibial Tray	□	Monoblock	□	Modular	□	Fixed bearing	□	Mobile Bearing
Cruciates	□	PCL Retaining	□	Posterior Stabilised				
Patella Resurfaced	□	Not Resurfaced	□	Cemented	□	Uncemented		
Patella Button	□	All Polyethylene	□	Metal Backed Polyethylene		□	Other Free Text Other	

Metal Augments								
Femoral Augments	□	None	□	Cone	□	Sleeve	□	Stem
Tibia Augments	□	None	□	Cone	□	Sleeve	□	Stem
Other								

Bone Graft							
Bone Graft Performed	□	Femur	□	Tibia	□	Patella	
Synthetic Bone Graft	□	Femur	□	Tibia	□	Patella	
Soft Tissue Release	□	Yes	□	No			

Surgical Complications/Ligament Damage							
□	No Adverse Event	□	Femoral Fracture	□	Tibial Fracture	□	Patella Fracture
□	MCL Injury	□	LCL Injury	□	Quadriceps Tendon	□	Infrapatellar Tendon
□	Patella Tendon Avulsion	□	Vascular Injury	□	Nerve Damage	□	Other
Details of Other							

Patients Surname	Patients First Name
ID Number	

[PATIENTS STICKER]

Date of Birth / /

Gender M / F

Email Address

_____

Cell no _____

PLACE PROSTHESIS STICKERS HERE

Femoral Components	Patella Components
Tibial Component	**Meniscal Component**
Tray	
Cement	**Synthetic Bone Graft**

Additional Implants - 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 <u>not</u> to be posted or emailed anywhere! (Please ensure that you answer all relevant questions or your submission will not be successful)