

Primary Shoulder Replacement

Hospital, Surgeon and Funders						
Hospital of Treatment				Specialist in Charge		
Performing Clinician	<input type="checkbox"/> Lead Specialist		<input type="checkbox"/> Other Specialist		<input type="checkbox"/> Fellow/Registrar/Resident/Trainee	
Funders	<input type="checkbox"/> State		<input type="checkbox"/> Privately Insured		<input type="checkbox"/> Self-Pay <input type="checkbox"/> Foreign Insured	
Patient Details						
Dexterity	<input type="checkbox"/> Right-Handed		<input type="checkbox"/> Left-Handed		<input type="checkbox"/> Ambidextrous	
Body Mass Index	Height (in cm):		Weight (in kg):		BMI	<input type="checkbox"/> Not available
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	

Anaesthetic Details						
Anaesthetic	<input type="checkbox"/> GA		<input type="checkbox"/> Sedation		<input type="checkbox"/> Spinal	
	<input type="checkbox"/> Epidural		<input type="checkbox"/> Regional Block		<input type="checkbox"/> Other	
Antibiotic	<input type="checkbox"/> None		<input type="checkbox"/> Cephalosporin		<input type="checkbox"/> Gentamycin <input type="checkbox"/> Other	

Pathology Details						
SANJR Indications for 1° Shoulder 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			

Surgery (Two forms if bilateral)						
Shoulder Side	<input type="checkbox"/> Right			<input type="checkbox"/> Left		
Position	<input type="checkbox"/> Beach Chair		<input type="checkbox"/> Lateral Decubitus		<input type="checkbox"/> Other	
Approach	<input type="checkbox"/> Deltopectoral		<input type="checkbox"/> Deltoid Splitting		<input type="checkbox"/> Superolateral (McKenzie)	
	<input type="checkbox"/> Other					
<input type="checkbox"/> Patient Specific Instruments (PSI)		<input type="checkbox"/> Computer Assisted/Guided Surgery		<input type="checkbox"/> Minimally Invasive Surgery (MIS)		

Title of Procedure							
<input type="checkbox"/>	Resurfacing Hemi	<input type="checkbox"/>	Stemless Hemi	<input type="checkbox"/>	Stemmed Hemi (Bipolar)	<input type="checkbox"/>	Extended Artic Surface Replacement
<input type="checkbox"/>	Resurfacing Total	<input type="checkbox"/>	Stemless Total	<input type="checkbox"/>	Stemmed Total	<input type="checkbox"/>	Interpositional Arthroplasty
		<input type="checkbox"/>	Stemless Reverse	<input type="checkbox"/>	Stemmed Reverse	<input type="checkbox"/>	Other

Component in Stemmed Implants						
Humeral Stem	<input type="checkbox"/> Monoblock		<input type="checkbox"/> Modular Head		<input type="checkbox"/> Modular Neck	
Humerus	<input type="checkbox"/> Uncemented			<input type="checkbox"/> Cemented		
Glenoid	<input type="checkbox"/> Uncemented			<input type="checkbox"/> Cemented		
Biological Resurfacing	<input type="checkbox"/> None		<input type="checkbox"/> Microfracture		<input type="checkbox"/> Reaming <input type="checkbox"/> Interposition	
Glenoid Fixation	<input type="checkbox"/> None		<input type="checkbox"/> Locking Screws		<input type="checkbox"/> Non-locking Screws	

Procedure Details						
Long Head Biceps	<input type="checkbox"/> Absent		<input type="checkbox"/> Left Alone		<input type="checkbox"/> Tenotomy <input type="checkbox"/> Tenodesis <input type="checkbox"/> Other	
Soft Tissue Procedure	<input type="checkbox"/> Muscle Transfer			<input type="checkbox"/> Primary Cuff Repair		
	<input type="checkbox"/> Augmented/Path Repair			<input type="checkbox"/> Other Soft Tissue Procedure		
Augmentation	Free Text Cuff Augmentation (See Sticker)					

Bone Graft						
Bone Graft Performed	<input type="checkbox"/> Humeral		<input type="checkbox"/> Glenoid			
Synthetic Bone Graft Used	<input type="checkbox"/> Humeral		<input type="checkbox"/> Glenoid			

Surgical Complications						
Adverse Event	<input type="checkbox"/> No Adverse Event		<input type="checkbox"/> Shaft Penetration		<input type="checkbox"/> Fracture Humerus	
	<input type="checkbox"/> Fracture Glenoid		<input type="checkbox"/> Nerve Injury		<input type="checkbox"/> Vascular Injury	
Adverse Tumour Intra-op Event	<input type="checkbox"/> Tumour Spillage		<input type="checkbox"/> Compartment Breach		<input type="checkbox"/> Endoprosthesis Wrong Size/Fit	
	<input type="checkbox"/> Haemorrhage		<input type="checkbox"/> Cuff Damage		<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.

Humeral Components

Surface Replacement Head
Stemmed Head
Reverse Cup

Neck/Metaphysis/Peg

Stem

Others

Glenoid Components

Glenoid/Base Plate

Glenosphere

Cement and others

Additional / 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)