South African Orthopaedic Registry
A division of SAOA

Hip Revision Arthroplasty Pathway

Hospital, Surgeon and Funders								
Hospital of Treatment				Specialist in Charge				
Performing Clinician	□ Lead Specialist		□ Other Specialist			□ Fellow/Registrar/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	□	General	□	Sedation		□	Spinal	
	□	Epidural	□	Continuous Epidural Infusion		□	Regional Block	
	□	Local Infusion	□	Other				
Antibiotic	□	None	□	Cephalosporin				
	□	Gentamycin	□	Other				

Pathology Details:						
Indications for Revision	**Aseptic Loosening**	**Implant Fracture**	**Lysis**	**Malalignment**	**Head/Socket mismatch**	**Peri-prosthetic Fracture**
Acetabulum	□	□	□	□	□	□
Femur	□	□	□	□	□	□
	□Dislocation Subluxation	□Wear of Acetab. liner	□Dissociation of Liner	□ Debri Adverse Reaction to.	□Wound Drainage	□Trochanter PPF #
	□Infection	□Haematoma	□Pain	□Other		

Procedure								
□**Single Stage**	□	**Stage 1 of 2**	□	**Stage 2 of 2**	□	**Debride and Implant Retention**	□	**Girdlestone**
Total Revision	□	Cemented	□	Uncemented	□	Hybrid Cemented Cup	□	Hybrid Cemented Stem
Acetabular Revision	□	Cup Revision	□	Cup Revision Head Exchange	□	Revised Cup Cemented	□	Revised Cup Uncemented
Femoral Revision		Stem Revision	□	Stem Revision Liner exchange	□	Revised Stem Cemented	□	Revised Stem Uncemented
Other	□	Surface to Surface Replacement	□	Liner Exchange Reason other than infection	□	Head Exchange Reason other than infection	□	Augmentation (PLAD)
Femur		MonoBlock		Modular Stem		Modular Head		Modular Neck
Surgery (Two forms if Bilateral)								
Side/Position	□	Right	□	Left	□	Lateral	□	Supine
Approach	□	Posterior	□	Lateral	□	Anterior	□	Extended troch. osteotomy
Details	□	CAS	□	PSI	□	Customised prosthesis		
Bone Graft	□	Acetabular	□	Synthetic BG	□	Femoral	□	Synthetic BG
Reattachment	□	Cables	□	Wires	□	Clamp	□	Screws
Surgical Complications								
No Adverse Event	□	Calcar Crack	□	Shaft Penetration	□	Pelvic Acetab Penetration	□	Trochanteric Fracture
	□	Other						

Implant Details								
Acetabulum	□	Metal	□	Ceramic	□	Ceramised Metal	□	Poly
Head	□	Metal	□	Ceramic	□	Ceramised Metal		
Augments	□	Cage	□	Acetabular Augment	□	Femoral Sleeve		Femoral Augment

Patients Surname	Patients First Name
ID Number	

[PATIENTS STICKER]

Date of Birth	/ /
Gender	M / F

Email Address:

Cell number:

PLACE PROSTHESIS STICKERS HERE

Component 1	
Component 2	Component 3
Component 4	Component 5
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. Do <u>not</u> post or email this form anywhere! (Please ensure that you answer all relevant questions or your submission will not be successful)