

Revision Shoulder Arthroplasty

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"/> General		<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			
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"/> Deltpectoral		<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)				
Pathology Details: Indications for Revision Arthroplasty											
Glenoid		<input type="checkbox"/> Aseptic Loosening		<input type="checkbox"/> Lysis		<input type="checkbox"/> Implant Fracture		<input type="checkbox"/> Mal-alignment		<input type="checkbox"/> Head/Socket Mismatch	<input type="checkbox"/> Periprosthetic Fracture
Humerus		<input type="checkbox"/> Aseptic Loosening		<input type="checkbox"/> Lysis		<input type="checkbox"/> Implant Fracture		<input type="checkbox"/> Mal-alignment		<input type="checkbox"/> Head/Socket Mismatch	<input type="checkbox"/> Periprosthetic Fracture
<input type="checkbox"/> Pain		<input type="checkbox"/> Dislocation / Subluxation			<input type="checkbox"/> Infection			<input type="checkbox"/> Tuberositas			
<input type="checkbox"/> Adverse Soft Tissue Reaction to Particulate Debris				<input type="checkbox"/> Wear of Glenoid Component			<input type="checkbox"/> Other				
Title of Procedure											
<input type="checkbox"/> Single Stage		<input type="checkbox"/> Stage 1 of 2 Stage			<input type="checkbox"/> Stage 2 of 2 Stage			<input type="checkbox"/> Amputation			
<input type="checkbox"/> Excision Arthroplasty		<input type="checkbox"/> Conversion to Arthrodesis			<input type="checkbox"/> Debridement & Implant Retention (DAIR)			<input type="checkbox"/> Other			
Revision of:											
<input type="checkbox"/> Resurfacing Hemi		<input type="checkbox"/> Total Resurfacing			<input type="checkbox"/> Hemi Arthroplasty			<input type="checkbox"/> Total Replacement			
<input type="checkbox"/> Reverse Polarity		<input type="checkbox"/> Interpositional Arthroplasty									
Revision to:											
<input type="checkbox"/> Resurfacing Total		<input type="checkbox"/> Resurfacing Hemi			<input type="checkbox"/> Extended Articular Surface (EAS)			<input type="checkbox"/> Stemless Conventional Total			
<input type="checkbox"/> Stemless Hemi		<input type="checkbox"/> Stemless Total Reverse Polarity			<input type="checkbox"/> Stemmed Conventional Total			<input type="checkbox"/> Stemmed Hemi Arthroplasty			
<input type="checkbox"/> Stemmed Total Reverse Polarity		<input type="checkbox"/> Revision Interpositional Arthroplasty (GHJ)			<input type="checkbox"/> Modular Exchange for Indications other than infection			<input type="checkbox"/> Other			
Management of Existing Implants											
Glenoid Component		<input type="checkbox"/> Not addressed			<input type="checkbox"/> Left in Situ			<input type="checkbox"/> Glenoid Removed			
		<input type="checkbox"/> Removed at Primary Procedure		<input type="checkbox"/> Poly Insert (Articulating surface) removed			<input type="checkbox"/> Glensphere (Articulating Surface) Removed				
Glenoid Treatment		<input type="checkbox"/> Glenoid left			<input type="checkbox"/> Resurfaced as Primary Procedure			<input type="checkbox"/> Biological Resurfacing			
<input type="checkbox"/> Glensphere Replaced		<input type="checkbox"/> Spacer replaced with new Glenoid			<input type="checkbox"/> Spacer Removed and Glenoid left			<input type="checkbox"/> Glenoid Replaced			
Humeral Component		<input type="checkbox"/> Not removed			<input type="checkbox"/> Removed			<input type="checkbox"/> Humeral component removed at Primary Procedure			
		<input type="checkbox"/> Reverse Polarity			<input type="checkbox"/> Humeral Head (Articulating Bearing) component Removed						
Humerus Treatment		<input type="checkbox"/> None			<input type="checkbox"/> Humerus replaced			<input type="checkbox"/> Humeral Cup Replaced			
		<input type="checkbox"/> Humeral Head replaced			<input type="checkbox"/> Spacer replaced with new stem			<input type="checkbox"/> Spacer Removed			
Other Components removed:											
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 Event (Tumour)		<input type="checkbox"/> Tumour Spillage			<input type="checkbox"/> Compartment Breach			<input type="checkbox"/> Cuff Damage			
		<input type="checkbox"/> Other									

PLACE PROSTHESIS STICKERS HERE

Patients Surname	Patients First Name
ID Number	
[PATIENTS STICKER]	
Date of Birth	/ /
Gender	M / F

Email Address:
Cell phone no.

Component 1	Component 2
Component 3	Component 4

Additional - Other:

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