SAOR



Primary Hip Arthroplasty

Hospital, Surgeon a	nd I	Funder	S																		
Hospital of																					
Treatment																					
Specialist in										-											
Charge															1						
Performing	□ Lead Specialist □ Other Specialist □ Fellow/Registrar/Resident/Tra										esident/Trainee										
Clinician		<u> </u>			 									<u> </u>	-						
Funders		State			□ Pr	Privately Insured					□ Self-Pay				Foreign Insured						
Patient Details		/				0.0	.							•1							
Body Mass Index	ight (cr eight (k				Or BMI				□ Not a				available								
Patient's	Veight				Black	□ Co	1	□ In	hdia	n		White □ Othe									
Ethnicity					Diack		□ Coloured						Caucasian				Juici	ilei			
- and a second s																					
Anaesthetic Details																					
Anaesthetic			<u> </u>	Gener	General					Sedation Spinal							Spinal				
			□ Epidural					□ Continuous				us E	pidu	oidural Infusion					Regional Block		
			□ Local Infusion							Other											
Antibiotic			None							□ Cephalosporin											
			□ Gentamycin							□ Other											
Pathology Details																					
Indications for Surgery					arthrosi	S				_	nflamn		ry A	rthro	osis				steonecrosis		
				Dyspla							Fracture Tumour						imour				
			□ Sepsis							C	ther										
- 1-															_	_		_			
Surgery (Two forms	s if b	- 1	_	<u>.</u>						_	5: 1:										
Hip Side			Left □ Right Supine □ Lateral I									10	I- !	.							
Position																					
Approach			□ Posterior □ Other							□ Lateral □ Anterior											
				Other																	
Bone Graft																					
None						etabulum										□ Femoral					
Synthetic Bone Grat	sea?			□ No	•								□ Yes			Yes					
No Adverse Event	ons		_	`alcar C	rack	·k			Shaft Penetration				□ Polyic/Acetal				hular Donotration				
NO Adverse Event				Calcar Crack Frochanteric Fracture Grace Gr				_	Other					□ Pelvic/Acetabular Penetration					renetration		
Procedure Hip Arth	ronl		_	TOCHAII	teric rra	icture			Oth	C1											
THR					Cemented THR										Uncemented THR						
Hybrid THR				Hybrid THR – Cemented Cup										Hybrid THR – Cemented Stem							
Conversion of Hemi	i to			Cemented Acetabular Cup											Incemented Acetabular Cup						
Primary THR									ented Femoral Stem						ncemented Femoral Stem						
Resurfacing			☐ Retaining Stem ☐ Cemer☐ ☐ Femoral Component Cement												Femoral Component Uncemented						
Procedure Hemi Ar	thro	plasty																			
Hemi		N	1ono-C	ompone	nt								Bij	oolar	Com	ponen	it				
Component Details																					
Acetabular Fixation			N	I/A					No	o Sc	rews				Scr	ews	Used				
Acetabular insertion			C	ement	All Poly				Ceme		nt Dual			Und	eme	mented Shell			Uncemented		
								Mobil		ity				with lin		er			Shell +		
																			Cemented		
																			Insert		
Femoral Componen	t						-			odular Stem						ar head			Modular neck		
Acetabular Bearing			Po	oly					Ceramic				□ Meta			al			Ceramised		
5 10 15		+				□ Ce						-	_			micod Matal			Metal		
Femoral Head: Bear		Metal					Ceramic					□ Ceramised Met				etal		Other			
Other Reattachmer	ΊŢ	_	_	- اعا -				147						т.	- ماء	L !			Other		
N/A			C	ables				Wi	ires					Tro clar	chant nn	teric			Other		
Surgical Time Skin to) Ski	n										+		cial	ייף						

(Minutes)

Surname First Name								
ID Number [PATIENTS STICKER]	Email Address							
[FATIENTS STEELEN]	Linaii Address							
Date of Birth / /	Telephone no.							
Gender M / F								
PLACE PROSTHESIS STICKERS HERE								
Component 1	Component 2							
Component 3	Component 4							
Cement	Synthetic Bone Graft							
cement	Synthetic Bone Grant							
Additional Implant – Others								