AKOR
KNEE OSTEOTOMY FORM

Australian Orthopaedic Association National Joint Replacement Registry

SIDE 1

Place **PATIENT DETAILS** label here
and/or
if any patient details are not available on the hospital label please complete below

Surname: ..... Female: ☐ Male: ☐

First Name: ..... Middle Initial: .....

Address: .....

..... Post Code: .....

Hospital Patient No: ..... DOB: ...../...../.....

Medicare No: ..... DVA No. .....
(If applicable)

Name of Hospital: ..... State: ..... Consultant Surgeon Code: .....

Weight (kg) ..... Height (cm) ..... ASA .....

PLEASE COMPLETE THIS SECTION IN FULL (IF BILATERAL USE **TWO** FORMS)

OPERATION DATE ...../...../..... **L** ☐ **R** ☐

PRIMARY KNEE OSTEOTOMY ☐

DIAGNOSIS (tick all that apply)

- Osteoarthritis Medial ..... ☐
- Osteoarthritis Lateral ..... ☐
- Instability..... ☐
- Deformity – Acquired, *specify*..... ☐
  .....
- Deformity – Congenital, *specify*..... ☐
  .....
- Other, *specify*..... ☐

TYPE OF PRIMARY OSTEOTOMY
(tick all that apply)

- Opening..... ☐ Femoral..... ☐
- Closing..... ☐ Tibial..... ☐
- Varus Producing..... ☐
- Valgus Producing..... ☐
- Other, *specify*..... ☐

RE-OPERATION ☐

DIAGNOSIS (tick all that apply)

- Problems with fixation..... ☐
- Loss of correction..... ☐
- Correction was too small..... ☐
- Correction was too large..... ☐
- Device failure..... ☐
- Delayed healing/non union..... ☐
- Infection..... ☐
- Other, *specify*..... ☐

TYPE OF RE-OPERATION
(tick all that apply)

- Re-osteotomy..... ☐
- Removal of fixation ..... ☐
- Revision of fixation..... ☐

OPERATIVE KNEE

Form of Fixation (tick all that apply)

Plate..... ☐ Staple..... ☐ External..... ☐
Other, *specify* ..... ☐

Bone Graft (tick all that apply)

- None..... ☐
- Autograft..... ☐
- Allograft..... ☐
- Synthetic..... ☐

Coincidental Surgery (tick all that apply)

- None..... ☐
- ACL Reconstruction..... ☐
- Chondral Surgery..... ☐
- Other..... ☐

Approach to Correction Calculation (tick all that apply)

- None..... ☐
- Pre-op Alignment X-Ray..... ☐
- Other..... ☐
- Navigation..... ☐
- Fluoroscopy and guide..... ☐
- Custom Patient Specific..... ☐

Navigation System Used.....

Preoperative ACL Status

- Intact..... ☐
- Absent..... ☐
- Previously reconstructed..... ☐

Preoperative PCL Status

- Intact..... ☐
- Absent..... ☐
- Previously reconstructed..... ☐

Previous Knee Surgery No ☐ Yes ☐ (If yes, *specify*) .....
.....

Mechanical Axis Hip Knee Ankle Angle

Preoperative Mech Axis HKA Angle .....° Varus .....° Valgus
Planned Postoperative Mech Axis HKA Angle .....° Varus .....° Valgus
Preoperative Fixed Flexion Deformity .....°

Preoperative X-Ray Grading of OA (see opposite page for description)

Ahlbäck 0..... ☐ Ahlbäck 1..... ☐ Ahlbäck 2..... ☐
Ahlbäck 3..... ☐ Ahlbäck 4..... ☐ Ahlbäck 5..... ☐

Please return form to **Locked Bag 2, Hutt St Post Office, ADELAIDE SA 5000**

Please complete Side 2

COMPONENT STICKERS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company .....
Device Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Device Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Device Name .....
Cat/Ref No. .....
Lot No. .....

Company .....
Device Name .....
Cat/Ref No. .....
Lot No. .....

ADDITIONAL COMMENTS (or Extra Labels)

ALL SECTIONS of this form MUST be COMPLETED

BONE GRAFT/BONE SUBSTITUTE STICKERS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Additional stickers may be placed over the diagram and Ahlbäck classifications if required

Company .....
Device Name .....
Cat/Ref No. .....
Lot No. .....

The **Ahlbäck classification system** estimates the severity of osteoarthritis of the involved compartment on erect AP and Rosenberg views. Use the narrowest measurement to grade the severity. Comparison to opposite knee can be made if it is normal.

- **Grade 0:** Joint space measurement is > 3mm in involved compartment, or > 50% of other compartment space
- **Grade 1:** Joint space measurement is < 3mm in involved compartment, but greater than 0mm
- **Grade 2:** Joint space is obliterated (i.e. there is no joint space remaining)
- **Grade 3:** Joint space is obliterated and minor bone attrition has occurred (0 - 5 mm)
- **Grade 4:** Joint space is obliterated and moderate bone attrition has occurred (5 - 10 mm)
- **Grade 5:** Joint space is obliterated and severe bone attrition has occurred (> 10 mm)

Modified from Ahlbäck 1968

How to Measure Hip-Knee-Ankle (HKA) angle on Alignment Views

A. Draw a line from the centre of the femoral head to the middle of the distal femur
B. Draw a line from the centre of the proximal tibia to the centre of the ankle
C. Measure the angle between the two lines using a goniometer