

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)

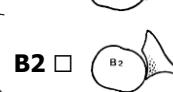
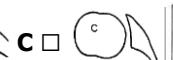
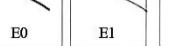
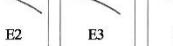
Name of Hospital: State:

Consultant Surgeon Code:

Weight (kg) Height (cm) ASA

PLEASE COMPLETE THIS SECTION IN FULL(If bilateral use **TWO** forms)**OPERATION DATE**/...../.....**L** **R** **PRIMARY** Osteoarthritis Post Traumatic Arthritis Rotator Cuff Arthropathy Irreparable rotator cuff tear without
arthropathy Rheumatoid Arthritis Other Inflammatory Arthritis Fracture *specify* Fracture <6 weeks old Osteonecrosis/Avascular Necrosis Dislocation Instability Tumour *specify* Other *specify* **Was a structural bone graft to increase glenoid
component offset undertaken? YES NO** **REVISION/RE-OPERATION** (includes removal, exchange or addition
of one or more components)Loosening Lysis Infection Implant Breakage *specify* Instability Dislocation Component Dissociation Fracture *specify* Fracture <6 weeks old Other *specify* **GLENOID MORPHOLOGY**

(Tick one diagram box per classification)

**A1** **A2** **B1** **B2** **C** **E0** **E1** **E2** **E3** **E4**

Reprinted from The Journal of Arthroplasty, Vol 14(6), G Walch, R Badet, A Boulahia, & A Khouri. Morphologic study of the Glenoid in primary glenohumeral osteoarthritis. Figure 2: Different morphologic types of the glenoid in primary glenohumeral osteoarthritis, pg. 757, (1999), with permission from Elsevier.

Reprinted from Walch G, Collotte P, Raiss P, Athwal GS, Gauci MO. The Characteristics of the Favard E4 Glenoid Morphology in Cuff Tear Arthropathy: A CT Study. J Clin Med. 2020; 9(11):3704

ROTATOR CUFFGRADE 0 Normal TendonGRADE I Tendinopathy / Partial ThicknessGRADE IIA Full Thickness (<1CM)GRADE IIB Full Thickness (>1CM)GRADE III Large (>2 tendons / decentred head)

**Rotator Cuff Repair
Undertaken**
(exclude approach)

Yes No

GLENOID COMPONENTS

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

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

CEMENT

(Use company label or complete details: if more than one mix is used, use only 1 label)

Humeral

NO **YES**

Cement Name

.....

Glenoid

NO **YES**

Cement Name

.....

HUMERAL COMPONENTS

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

Company
Prosthesis Name
Cat/Ref No.
Lot No.Company
Prosthesis Name
Cat/Ref No.
Lot No.Company
Prosthesis Name
Cat/Ref No.
Lot No.Company
Prosthesis Name
Cat/Ref No.
Lot No.**ADDITIONAL COMPONENTS**Company
Prosthesis Name
Cat/Ref No.
Lot No.**RE-OPERATION**

This is an additional operation on a joint that has previously received a prosthesis. A re-operation however, is not a revision. (i.e) IT DOES NOT involve removal, exchange or addition of one or more components. It is usually an isolated soft tissue and/or bony procedure.

Re-operation performed

Reason for re-operation

Comments (if required)

SURGEON ASSISTIVE TOOLS

(tick all that apply)

CT Scan **NO** **YES** MRI Scan **NO** **YES** Preoperative propriety digital image planning **NO** **YES** Computer navigated **NO** **YES**

System used:

Image Derived Instrumentation (IDI) **NO** **YES**

System used:

Robotic Assisted **NO** **YES**

System used:

Mixed Reality **NO** **YES**

System used:

ALL SECTIONS of this form MUST be COMPLETED