

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* ☐

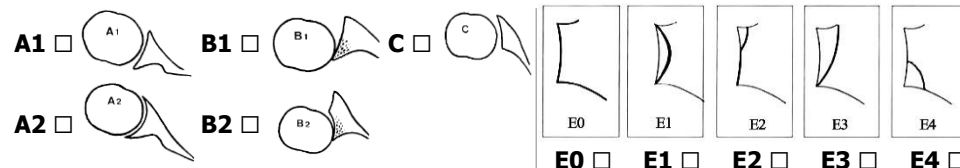
REVISION/RE-OPERATION ☐(includes removal, exchange or addition
of one or more components)

Loosening ☐
 Lysis ☐
 Infection ☐
 Implant Breakage *specify* ☐
 Instability ☐
 Dislocation ☐
 Component Dissociation ☐
 Fracture *specify* ☐
 Fracture *<6 weeks old* ☐
 Other *specify* ☐

Was a structural bone graft to increase glenoid
 component offset undertaken? YES ☐ NO ☐

GLENOID MORPHOLOGY

(Tick one diagram box per classification)



Reprinted from The Journal of Arthroplasty, Vol 14(6), G Walch, R Badet, A Boulahia,
 & A Khoury, 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, Gauri MO. The
 Characteristics of the Favard E4 Glenoid Morphology in Cuff Tear Arthropathy:
 A CT Study. J Clin Med. 2020. 9(11):3704

ROTATOR CUFF

GRADE 0 ☐ Normal Tendon
 GRADE I ☐ Tendinopathy / Partial Thickness
 GRADE 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