

RES Dataset Knee Arthroplasty Primary form

Date of Operation: _____

Patient:
Name, Family Name, Given Name:
Birthday:
Gender : **M / F**

Country:
Hospital ID-Code:
Surgeon full name:
Surgeon ID:

ID-Code 1: EMŠO (Unique Master Citizen Number):
ID-Code 2: KZZ (Health Insurance Number)
ID Code 3: MI (internal index in the hospital)

Side:

- right
- left

Diagnosis (reason/s for procedure):

- Primary Osteoarthritis.
- Rheumatoid / uric / psoriatic arthritis
- Posttraumatic.
- Sequelae, ligament tear.
- Sequelae, meniscal tear.
- Sequelae, infection.
- Aseptic bone necrosis.
- Other:
- Primary Unicondylar Osteoarthritis.

Previous procedures:

- No.
- Osteosynthesis.
- Osteotomy.
- Arthrodesis.
- Synovectomy.
- Meniscectomy.
- Arthroscopy.
- Other

Current procedure:

- Partial medial
- Partial lateral
- Total with patella.
- Total without patella.
- Patellofemoral.

Fixation of the Prosthesis:

- Cemented
- Uncemented
- Hybrid cemented femoral component
- Hybrid cemented tibial component
- Hybrid cemented patellar component

Approach:

- Medial parapatellar. Lateral parapatellar.
- Medial subvastus Lateral subvastus
- Medial minimal invasive. Lateral minimal invasive.

Implant:

FEMORAL COMPONENT:

Type:
Manufacturer:
REF Nr:
LOT Nr: (Databank)

Cement/ Name, Manufacturer: (Databank)
Antibiotics added in cement: Yes / No

TIBIAL COMPONENT:

Type:
Manufacturer:
REF Nr:
LOT Nr: (Databank)

Cement/ Name, Manufacturer: (Databank)
Antibiotics added in cement: Yes / No

INLAY:

Type:
Material:
Manufacturer:
Size:
REF Nr:
LOT Nr: (Databank)

PATELLA:

Type:
Manufacturer:
REF Nr:
LOT Nr: (Databank)

Cement/ Name, Manufacturer: (Databank)
Antibiotics added in cement: Yes / No

STEM EXTENSION: femoral tibial

Type:
Manufactured:
REF Nr:
LOT Nr: (Databank)

Other:

- screws
- wires
- plates