

## RES Dataset Knee Arthroplasty Revision 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

**Previous procedure on Index Knee  
(Patient's History):**

**PRIMARY:**

- Partial knee arthroplasty:  
 medial  
 lateral  
 bicondylar  
 patellofemoral  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_
- Total knee arthroplasty  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_

**REPLACEMENT OF:**

- Component replacement  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_
- Femoral  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_
- Tibial  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_
- Inlay  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_
- Patellar  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_

**REMOVAL:**

- Component removal  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_

**OTHER:**

- Other:  
Date \_\_\_\_\_ Healthcare Provider: \_\_\_\_\_

**New 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  
 augments

The National Arthroplasty Registry  
of Slovenia (RES)

**Reason for Revision:**

- Total endoprosthesis loosening
- Femoral component loosening
- Tibial component loosening
- Patellar component loosening
- Early infection (<3 month)
- Chronic infection (>3 month)
- Dislocation
- Instability
- Poor motility
- Malimplantation
- Periprosthetic fracture
- Implant broken
- Unexplained Pain
- Wear of Inlay

**Current revision procedure (what is revised):**

- REPLACEMENT OF:**
  - Whole components
  - Femoral component
  - Tibial component
  - Only inlay
  - Patella component
- insertion of patella component
- reimplantation after removal
- removal of prosthesis
  - with cemented spacer
  - without spacer
  - with arthrodesis
- Other

**Approach:**

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

**REMOVED PROSTHESIS PARTS:**

when not in Databank, choose from menu:

**FEMORAL COMPONENT:**

1. Name (text):
2. Type:
  - standard
  - revision
  - other
3. Manufacturer's name: *MENU*
4. Fixation:
  - cemented
  - uncemented

**TIBIAL COMPONENT:**

1. Name (text):
2. Type:
  - standard
  - revision
  - other
3. Manufacturer's name: *MENU*
4. Fixation:
  - cemented
  - uncemented

**INLAY:**

1. Name (text):
2. Manufacturer's name: *MENU*

**PATELLA:**

1. Manufacturer's name: *MENU*
2. Fixation:
  - cemented
  - uncemented

**STEM EXTENSION:**

1. Manufacturer's name: *MENU*

*Menu* Manufacturer's name:

- Biomet;
- Chendo;
- Cremascoli – Wright;
- DEPuy J&J;
- Endoplus-Smith&Nephew;
- Helipro;
- Lima;
- Link;
- Mathys;
- Medacta Inteernational;
- Protek;
- Stryker;
- Unior;
- Zimmer;
- Unknown