

RES Dataset Hip 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 procedures on Index Hip
(Patient's History):**

PRIMARY:

- Primary Total hip replacement (HR)
Date _____ Healthcare Provider: _____
- Primary Partial HR
Date _____ Healthcare Provider: _____

REPLACEMENT OF:

- Whole system (reimplantation included)
Date _____ Healthcare Provider: _____
- Acetabular component
Date _____ Healthcare Provider: _____
- Femoral component
Date _____ Healthcare Provider: _____
- Head
Date _____ Healthcare Provider: _____

REMOVAL:

- Prosthesis removal (Girdlestone)
Date _____ Healthcare Provider: _____

OTHERS:

- Others:
Date _____ Healthcare Provider: _____

New Implant:

Acetabular Component:

Type: *Databank*
 Manufacturer:
 REF Nr:
 Lot Nr:

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

Inlay:

Type: *Databank*
 Material:
 Manufacturer:
 REF Nr:
 Lot Nr:

Acetabular ring:

Type: *Databank*
 Manufacturer:
 REF Nr:
 Lot Nr:

Femoral Component:

Type: *Databank*
 Manufacturer:
 REF Nr:
 Lot Nr:

Cement/ Name: *Databank*
Antibiotics added in cement: Yes/No

Femoral neck:

Type: *Databank*
 Manufacturer:
 REF Nr:
 Lot Nr:

Head:

Type: *Databank*
 Material:
 Manufacturer:
 REF Nr:
 Lot Nr:

Other:

- screws
- wires
- plates

Reason for Revision: (choose one)

- Loosening acetabular component
- Loosening femoral component
- Loosening of both components
- Luxation
- Early infection (<3 month)
- Chronic infection (>3 month)
- Periprosthetic fracture of Femur
- Periprosthetic fracture of Acetabulum
- Pain
- Implant broken
- Osteolysis Acetabulum
- Osteolysis Femur
- Osteolysis both parts
- Paraarticular ossification
- Wear of Inlay
- Condition after Girdlestone
- Others

Current revision procedure - Revision Type:

REPLACEMENT OF:

- Whole system
- Acetabular component
- Inlay
- Acetabular ring
- Femoral component
- Head
- Neck

2-STAGE REVISION:

- Prosthesis removal (Girdlestone)
- Re-implantation after Girdlestone

TOTALISATION:

- of bipolar/partial Implant

OTHERS:

- Osteosynthesis after fracture
- Osteotomy of Femur
- Osteotomy of Acetabulum
- Arthrodesis

Approach:

- Anterior
- Antero-lateral
- Direct lateral
- Postero-lateral
- Minimal invasive
- Extended anterior

REMOVED PROSTHESIS PARTS:

- **If not in Databank, choose from menu**

Acetabular component:

1. Name (text): _____

2. Fixation:

cemented

uncemented: • isoelastic • threaded • press-fit

3. Manufacturer's name: *MENU*

Inlay:

1. Material: PE XPE ceramic metal

2. Manufacturer's name: *MENU*

Acetabular ring:

1. Name: Burch-Schneider, Muller, Eichler, Octopus, Ganz; unknown

2. Manufacturer's name: *MENU*

Femoral component:

1. Name (text): _____

2. Type:

standard

modular

revision

reconstruction

resurfacing

other

3. Fixation: cemented uncemented

4. Manufacturer's name: *MENU*

Femoral neck:

1. Name:

Profemur, LCR, AFB, reconstruction, ZMR, unknown

2. Manufacturer's name: *MENU*

Femoral head:

1. Material: ceramic metal other

2. Size (Φ): _____ mm

3. Manufacturer's name: *MENU*

MENU of Manufacturer's name:

- Biomet
- Chendo
- Cremascoli- Wright
- DePuy J&J
- Endoplus-Smith&Nephew
- Helipro
- Lima
- Link
- Mathys
- Medacta International
- Protek
- Stryker
- Unior
- Zimmer
- unknown