Canadian Institute for Health Information

Institut canadien d'information sur la santé

For CIHI use only

Unique Identifier

CANADIAN JOINT REPLACEMENT REGISTRY

Knee Replacement Data Collection Form

Addressograph

Surgeon First Name

Surgeon Last Name

Has Patient Consent Been Obtained? ☐ **Yes** ☐ **No** **If no, please complete only surgeon first/last name and hospital name, and forward to CIHI.**

Patient First Name | Middle Initial | Patient Last Name

Provincial Health Card Number

Province Code

Birth Date (Y Y Y Y M M D D)

Home Postal Code

Gender ☐ Male ☐ Female

Height (cm) •

Weight (kg) •

Hospital Chart Number

Hospital Province

Hospital Name _____

Surgery Date (Y Y Y Y M M D D)

Admission Date (if different from surgery date) (Y Y Y Y M M D D)

Wait Time Information

Referral Date **(New Patients Only)** (Y Y Y Y M M D D)

Date of First Consult **(New Patients Only)** (Y Y Y Y M M D D)

Date of Decision for Surgery **(All Patients)** (Y Y Y Y M M D D)

Please Complete This Form by Checking (√) the Appropriate Box (es)

Side (Location)	***If bilateral, complete ONE form PER SIDE*** Unilateral ☐ Right ☐ Left Bilateral ☐ Right ☐ Left
Type of Replacement	***Check ONE only:*** ☐ Primary ☐ R1 ☐ R2 ☐ R3 ☐ >R3 ☐ Excision (not a revision)
Diagnosis Grouping (for primary replacement only)	***Check MOST RESPONSIBLE diagnosis to involved knee:*** ☐ Degenerative OA ☐ Inflammatory Arthritis ☐ Post Traumatic OA ☐ Osteonecrosis ☐ Infection ☐ Tumour ☐ Acute fracture ☐ Other _____
Reason(s) for Revision ☐ N/A **or** ➔ ↓	***Check ALL that apply to involved knee:*** ☐ Aseptic Loosening ☐ Infection—Single Stage ☐ Implant Fracture ☐ Poly Wear ☐ Instability ☐ Pain of Unknown Origin ☐ Infection—Two Stage ☐ Bone Fracture ☐ Osteolysis ☐ Unispacer ☐ Unresurfaced Patella ☐ Patella Maltracking ☐ Patella Failure ☐ Other _____
Previous Operations ☐ None **or** ➔ ↓	***Check ALL that apply to involved knee:*** ☐ Total Knee Arthroplasty ☐ Unicompartmental Arthroplasty ☐ Tibial Osteotomy ☐ Femoral Osteotomy ☐ Open Menisectomy ☐ Arthroscopic Menisectomy ☐ Patellectomy ☐ Ligament Repair ☐ Fracture Fixation ☐ Arthroscopic Debridement ☐ Other _____
Joint Deformity ☐ None **or** ➔ ↓	***Check ALL that apply to involved knee:*** ☐ Varus ☐ Valgus ☐ Flexion contracture ☐ If Any ≥15°
Surgical Approach	***Check APPROACH:*** ☐ Medial Parapatellar ☐ Lateral Parapatellar ☐ Intravastus ☐ Subvastus ☐ Other _____ ***Minimally Invasive (MIS)?*** ☐ Yes ☐ No
Special Steps ☐ None **or** ➔ ↓	***Check ALL that apply to involved knee:*** ☐ Lateral Retinacular Release ☐ Rectus Snip ☐ Quadriceps Turndown ☐ Tubercle Osteotomy ☐ Other _____
Antibiotic Use	***Will antibiotics be administered prophylactically?*** ☐ Yes ☐ No ***If yes, duration?*** ☐ ≤24 hours ☐ >24 hours
DVT Prevention	***Will DVT prophylaxis be given in hospital?*** ☐ Yes ☐ No ***If yes, check ALL that apply:*** ☐ Warfarin ☐ LMW Heparin ☐ ASA ☐ SC Heparin ☐ Pneumatic Stockings ☐ Foot Pump ☐ Other _____
O.R. Environment	***Check ALL that apply:*** ☐ Laminar Air Flow ☐ No Laminar Air Flow ☐ Body Exhaust ☐ Ultraviolet

CANADIAN JOINT REPLACEMENT REGISTRY **KNEE REPLACEMENT DATA COLLECTION FORM**

Femoral Component

Replaced?

☐ Yes ➔

☐ No ➔

Unicompartmental Prosthesis?

☐ Yes ☐ No

If yes,

☐ Medial ☐ Lateral ☐ Patellofemoral

Cemented? ☐ Yes ☐ No

If Cemented:

Porosity Reduction: ☐ Yes ☐ No

If Cementless, *Check ALL that apply*:

☐ Porous In-growth ☐ H. A. Coated

☐ Press-fit

Manufacturer See Legend Below

Femoral Component

Affix sticker(s) or catalogue and lot number beside the specific component. Do not include stickers for screws.

Sticker for Femoral Component

Tibial Component

Replaced?

☐ Yes ➔

☐ No ➔

Unicompartmental Prosthesis?

☐ Yes ☐ No

If yes,

☐ Medial ☐ Lateral ☐ Patellofemoral

All Polyethylene? ☐ Yes ☐ No

Mobile Bearing? ☐ Yes ☐ No

Cemented? ☐ Yes ☐ No

If Cemented:

Porosity Reduction? ☐ Yes ☐ No

If Cementless, *Check ALL that apply*:

☐ Porous In-growth Screws? ☐ Yes ☐ No

☐ H.A. Coated Screws? ☐ Yes ☐ No

☐ Trabecular Metal Screws? ☐ Yes ☐ No

PCL Retaining Or PCL Sacrificing

☐ Standard ☐ Post & Cam ☐ Constrained

☐ Medial Pivot ☐ Deep Dished ☐ Hinged

☐ Medial Pivot

Manufacturer Poly Insert

Tibial Base Plate

Sticker(s) for Poly (Insert)

Sticker(s) for Tibial Base Plate

Patellar Component

Resurfaced?

☐ Yes➔

☐ No➔

Cemented? ☐ Yes ☐ No

Type: ☐ Inset ☐ Onlay

Manufacturer Patellar Component

Sticker for Patellar Component

Modular Stem

☐ Yes ➔

☐ No ➔

Stems	**Femoral**	**Tibial**
Cemented	☐	☐
Cementless	☐	☐

Metal Augments

☐ Yes ➔

☐ No ➔

Augments	**Femoral**	**Tibial**
Metal	☐	☐
Trabecular metal	☐	☐

Manufacturer Femoral Stem

Tibial Stem

Sticker(s) for Modular Femoral Stems

Sticker(s) for Modular Tibial Systems

Cement Details

Cement Used?

☐ Yes ➔

☐ No ➔

For each item, Check ONE only:

Cement Name:

☐ Simplex ☐ Zimmer ☐ CMW ☐ Versabond

☐ Palacos ☐ Osteobond ☐ Cerafix ☐ Other _____

Antibiotics Added by Manufacturer? ☐ Yes ☐ No

Antibiotics Added by Surgeon? ☐ Yes ☐ No

***If Yes*, Antibiotic Name:**

☐ Tobramycin ☐ Vancomycin ☐ Gentamicin ☐ Erythromycin ☐ Other

Mixing Method: ☐ Vacuum-mixed ☐ Centrifuge ☐ Manually Mixed

Sticker for Cement Type

Bone Graft Used—Femur

☐ Yes ➔

☐ No ➔

Check ALL that apply:

	Autograft			Allograft	Bone Graft Substitute
	Iliac crest	Local bone	Other		
Structural	☐	☐	☐	☐	☐
Strut/Onlay	☐	☐	☐	☐	☐
Morselized	☐	☐	☐	☐	☐

Bone Graft Used—Tibial

☐ Yes ➔

☐ No ➔

Check ALL that apply:

	Autograft			Allograft	Bone Graft Substitute
	Iliac crest	Local bone	Other		
Structural	☐	☐	☐	☐	☐
Strut/Onlay	☐	☐	☐	☐	☐
Morselized	☐	☐	☐	☐	☐

Legend of Manufacturer Codes: 01 Biomet 02 Ceraver 03 J&J/DePuy 04 Sulzer/Centerpulse 05 Zimmer 06 Wright Medical 07 Smith & Nephew Richards 08 Stryker/Osteonic/Howmedica 99 Other

Formulaire disponible en français