TOTAL KNEE ARTHROPLASTY OPERATIVE FORM
Registry Form

Name: ______________________

MRN: ______________________

Imprint Area

CIRCULATING NURSE PLEASE COMPLETE

KAISER MRN:

SURGEON	DOB (MM/DD/YY)
OPERATIVE DATE (MM/DD/YY) / /	GENDER: ☐MALE ☐FEMALE

PLEASE CHECK YOUR LOCATION:

☐AVH	☒KC	☐RIV
☐BP	☐LA	☐SB
☐COA	☐MVH	☐SD
☐DOW	☐OC	☐WH
☐SBC	☐PC	☐WLA

Operative Side: ☐Left ☐Right **Same day bilateral procedure?** ☐No ☐Yes *If yes,* ☐Sequential *(1 surgeon)* ☐Simultaneous *(2 surgeons)*

Anesthesia: (Mark all that apply) ☐General ☐Spinal ☐Epidural ☐Regional ☐Femoral Nerve Block ☐MAC ☐Other_______

ASA Score: ☐1 ☐2 ☐3 ☐4 ☐5

Infection Prophylaxis: ☐Antibiotics Irrigation ☐Antibiotics in Cement ☐IV Antibiotics ☐Laminar Flow ☐Space Suits ☐Other: ___________________________

Operative time: (skin-to-skin) __________ mins **EBL:** __________ ml

Tourniquet Time: __________ mins **Pressure:** __________mmHg

Drain: ☐Reinfusion ☐Non-Reinfusion ☐None

Reason for surgery *(Check all that apply)*

☐**Osteoarthritis (OA)**
☐**Rheumatoid arthritis (RA)**
☐**Inflammatory arthritis (Non-RA)**
☐**Post traumatic arthritis**
☐Arthrofibrosis
☐Aseptic loosening
☐Component fracture
☐Failed Ext. Mech.
☐Failed HTO
☐Failed ORIF
☐Failed UKA
☐Failed Uni-spacer
☐Femoral fracture
☐Tibial fracture
☐Ingrowth failure
☐Instability
☐Liner wear
☐Osteolysis
☐Osteonecrosis/Avascular necrosis
☐Pain
☐PF joint malfunction
☐Infection
☐Seroma/Hematoma
☐Synovial impingement
☐Wound dehiscence
☐Wound drainage
☐Other __________

Revision: ☐Yes ☐No **Conversion:** ☐Yes ☐No

Procedure ***(Check all that apply)***

☐**TKA with patella**
☐**TKA without patella**
☐**TKA revision**
☐**TKA revision**
☐**UKA (medial)**
☐**UKA (lateral)**
☐UKA converted to TKA
☐Patellofemoral uni/arthroplasty
☐HWR
☐I&D
☐Liner exchange
☐MUA
☐ORIF changed to TKA
☐ORIF of __________
☐Other: ___________
☐Revision femur
☐Revision patella
☐Revision tibia
☐Stage 1 – explantation
☐Stage 2 – reimplantation
☐Synovectomy
☐CAS (Computer Assisted Surgery)
☐RAS (Robotic Assisted Surgery)
☐Zimmer-ROSA
☐SmithNephew-CORI
☐Depuy-VELYS
☐Stryker-MAKO
☐Other ______________
☐RAS Version: __________

Cement: ☐None ☐All ☐Patella ☐Tibia ☐Femur

Bone graft: ☐None ☐Non-Structural ☐ Structural **(Specify location):** ☐Tibia ☐Femur

Soft Tissue Releases: Lateral retinaculum (patellar tracking) ☐ Yes ☐ No

Exposure: ☐Mid-vastus ☐Parapatellar ☐Sub-vastus ☐Tubercle osteotomy ☐Mini ☐Quadriceps release ☐Trivector ☐Other________________________________

Intra-op Complications? ☐Yes ☐No **If *yes,* specify**____

VTE-Prophylaxis: *(List all anticipated)*

☐**Coumadin** ☐Arixtra(fondaparanux) ☐Foot pump ☐TED hose ☐Other__________________
☐**Low molecular weight heparin** ☐Aspirin ☐SCD ☐Xarelto(rivaroxaban

SIGNATURES:	DATE:

Please scan & email to implantregistries-forms@kp.org; or secure efax to 844-527-0153.

PLACE IMPLANT STICKERS HERE

Femoral Component	Tibial Tray
Tibial Insert	**Patella**
Cement	**Screws**