



TOTAL HIP ARTHROPLASTY
OPERATIVE FORM

Registry Form

Name: _____

MRN: _____

Imprint Area

Form with fields for SURGEON, DOB, OPERATIVE DATE, GENDER, and location checkboxes (DCSM, UMSJ, NOVA, MAS_OTHER).

Operative Side: [] Left [] Right Same day bilateral procedure? [] No [] Yes

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

Drain: [] Reinfusion [] Non-Reinfusion [] None

Reason for Surgery (Check all that apply)

- List of reasons for surgery including Osteoarthritis (OA), Rheumatoid arthritis (RA), Inflammatory arthritis (Non-RA), Post traumatic arthritis, Aseptic loosening, Component fracture, Cup malposition, Dysplasia, Failed hemiarthroplasty, Failed ORIF, Heterotopic Ossification, Infection, Instability, Liner wear, LLD (Leg Length Discrepancy), Metallosis, Osteolysis, Osteonecrosis/Avascular necrosis, Pain, Peri-prosthetic fracture of _____, Seroma/Hematoma, Wound dehiscence, Wound drainage, Other _____

Revision: [] Yes [] No Conversion: [] Yes [] No

Procedure (Check all that apply)

- List of procedures including Total hip arthroplasty, THA revision, Hemi converted to THA, Hemi revised to Hemi, ORIF changed to THA, ORIF changed to Hemi, ORIF of _____, HWR (Hardware removal), I&D, Liner exchange, Femoral head replacement, Other: _____, Revision acetabulum, Revision femur, Stage 1 - explantation, Stage 2 - reimplantation, Total hip resurfacing / BHR, CAS (Computer Assisted Surgery), RAS (Robotic Assisted Surgery), Zimmer-ROSA, SmithNephew-CORI, Depuy-VELYS, Stryker-MAKO, Other _____, RAS Version: _____

Cement: [] None [] All [] Acetabulum [] Femur

Cement as Filler: [] None [] Structural [] Non-Structural [] Rebar [] Other: _____

Bone graft: [] None [] Non-Structural [] Structural (Specify location): [] Acetabulum [] Femur

Protrusio acetabulae: [] Yes [] No

Surgical Approach: [] Anterior [] Direct lateral [] Posterior [] Other _____ [] Anterolateral [] Mini [] Trochanteric osteotomy

Intra-op Complications? [] Yes [] No If yes, specify _____

VTE Prophylaxis:(list all anticipated)

- List of VTE prophylaxis including Coumadin, Low molecular weight heparin, Arixtra(fondaparinux), Aspirin, Foot pump, SCD, TED hose, Xarelto(rivaroxaban), Other _____

SIGNATURES:

DATE:

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

PLACE IMPLANT STICKERS HERE

<p>Stem</p>	<p>Femoral Head</p>
<p>Cup</p>	<p>Cup Insert</p>
<p>Cement</p>	<p>Screws</p>
<p>Post</p>	<p>Cables</p>