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Network of Orthopaedic Registries of Europe

Hip Primary: Replacement of hip joint by a prosthetic implant

Hip Primary

Version: January 1, 2015

Patient card

Patient

Hospital number ______ Social Security Number ______

Postal code (numbers) ______ Length (cm) ______ Weight (kg) ______

Smoking ☐ No ☐ Yes BMI* ______

* Please fill out 'length' and 'weight' or Body Mass Index (BMI)

Diagnosis

Diagnosis[1]

- ☐ Osteoarthritis (OA)
- ☐ Dysplasia
- ☐ Rheumatoid arthritis (RA)
- ☐ Fracture (acute)
- ☐ Osteonecrosis
- ☐ Post-Perthes
- ☐ Tumour (primary)
- ☐ Tumour (metastasis)
- ☐ Late posttraumatic
- ☐ Inflammatory arthritis
- ☐ Other diagnosis, specify ______

[1] Explanation of variable DIAGNOSIS on other side of this form

ASA classification

- ☐ I Normal healthy patient
- ☐ II Patient with mild systemic disease
- ☐ III Patient with severe systemic disease that is limiting but not incapacitating
- ☐ IV Patient with incapacitating disease that is a constant threat to life

Charnley score

- ☐ A Single Hip with OA
- ☐ B1 Bilateral Hips with OA
- ☐ B2 Previous Total Hip Replacement on the contralateral hip
- ☐ C Multiple joints affected with OA or a chronic disease that affects quality of life (especially walking)

Type of operation

☐ ☐ Surgeon code* ______

Date of operation ______ Assistant surgeon code* ______

* Unique number per surgeon (Chosen and known within the hospital) OR BIG-number.

Side of operation ☐ Right ☐ Left

Prosthesis

- ☐ Total hip prosthesis (THP)
- ☐ Hemi-prosthesis (KHP)
- ☐ Resurfacing prosthesis
- ☐ Other prosthesis, specify ______

Approach

- ☐ Straight lateral
- ☐ Anterior

☐ Posterolateral ☐ Trochanter Osteotomy
☐ Anterolateral ☐ Other approach, specify ____________

Bone graft used[2] ☐ No ☐ Yes, autograft ☐ Yes, allograft ☐ Yes, combination of both

Previous operations (this hip)[3]

Osteosynthesis	☐ No	☐ Yes	Girdlestone	☐ No	☐ Yes
Osteotomy	☐ No	☐ Yes	Arthroscopy	☐ No	☐ Yes
Arthrodesis	☐ No	☐ Yes	Other previous operations	☐ No	☐ Yes

Cement[4]

Fixation ☐ Cementless ☐ Hybrid ☐ Cemented

Lavage	☐ No	☐ Yes	**If hybrid fixation,**		
Vacuum (mix)	☐ No	☐ Yes	Acetabulum cemented	☐ No	☐ Yes
Pressurising	☐ No	☐ Yes	Femur cemented	☐ No	☐ Yes

Attach sticker cement

Attach sticker acetabular component (cup, shell, monoblock)

Attach sticker inlay (bearing, insert)

Attach sticker femoral component (main femoral component or main resurfacing femoral component)

Attach sticker head

Do not register any other components like: stem extentions, augmentations, sleeves, necks, cables, claws, screws, head adapters, wedges, spacers etc