



# Knee Revision

Version: January 1, 2014

Knee revision: Every change of components in the knee joint (add, replace or remove one or more components)

## patientsticker

### Patient

hospital number \_\_\_\_\_ Social Security number \_\_\_\_\_  
Postal code (numbers) \_\_\_\_\_ Length (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_  
Smoking  No  Yes BMI\* \_\_\_\_\_  
\* Please fill out Length and Weight or fill out Body Mass Index (BMI)

### Reason for revision<sup>1</sup>

Infection	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Loosening femoral component	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Patella dislocation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Loosening tibial component	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Patella pain	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Loosening of patellar component	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Wear of inlay	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Progression of osteoarthritis (Uniknee)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Periprosthetic fracture	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Revision after knee removal	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Malalignment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Arthrofibrosis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Instability	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Other reason for revision	<input type="checkbox"/> No	<input type="checkbox"/> Yes

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 Knee with OA  
 B1 Bilateral Knees with OA  
 B2 Previous Total Knee Replacement on the contralateral knee  
 C Multiple joints affected with OA or a chronic disease that affects quality of life (especially walking)

### Type of operation<sup>2</sup>

Date of operation \_\_\_\_\_ Surgeon code\* \_\_\_\_\_  
Assistant surgeon code\* \_\_\_\_\_  
Side of operation  Right  Left  
Type of revision  Partial revision  Removal of prosthesis (incl. spacer)  
 Total system revision  Other reoperation, specify \_\_\_\_\_

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

**If partial revision,**



Conversion to total knee	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Femur revised	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Patellectomy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tibia revised	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Arthrodesis performed	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Inlay revised	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Allograft used	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Patella revised	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Patella component	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

### Cement<sup>3</sup>

Fixation	<input type="checkbox"/> Cementless	<input type="checkbox"/> Hybrid	<input type="checkbox"/> Cemented		
Lavage	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>If hybrid fixation,</b>		
Vacuum (mix)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Femur cemented	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pressurising	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tibia cemented	<input type="checkbox"/> No	<input type="checkbox"/> Yes
			Patella cemented	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### Attach sticker cement

### Attach sticker femoral component (only articulating component)

### Attach sticker tibia (tibial baseplate, monoblock)

### Attach sticker inlay (bearing, insert)



Attach sticker patella (only articulating component)

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