



Hip primary – minimal

🦰 Hip primary – min	imal			
= only one answer allowed = multiple ans	Patient sticker or filling in master data on sheet with component and cement registration			
Admission				
3. Height 4. Weight Rg	5. Main diagnosis osteoarthritis inflammatory arthritis developmental dysplasia osteonecrosis post Perthes femoral fracture acetabular fracture other diagnosis	6. Preavious surgery		7. Classe Charnley Limitation of walking ability A unilaterally diseased, opposite hip healthy B bilaterally diseased BB bilaterally diseased, opposite hip prosthesis C other condition(s) affecting walking unknown/ not documented
Surgery				
1. Surgery date 2. Side dd.mm.jjjjj rechts links	Responsible surgeon 4. Assisting consultant		5. Morbidity state (ASA) ASA 1 no disturbance ASA 2 mild/moderate ASA 3 severe ASA 4 life-threating	
			ASA 5 moribund unknown/ not c	
6. Type of primary hip arthrosplasty Total hip arthroplasty Femoral head/hemiprosthesis Other type of arthroplasty	6a. Total hip arthroplasty total hip arthroplasty total hip arthroplasty with a dual-more resurfacing 6b. Femoral head/hemiprosthesis unipolar femoral head prosthesis bipolar femoral head prosthesis 6c. Other type of arthroplasty tumour prosthesis other type of arthroplasty	obility cup	7. Approach	otomy
8a. Patient positioning	9. Components fixation all cemented all uncemented AC uncemented, FE cemented AC cemented, FE uncemented reinforcement ring, FE cemented reinforcement ring, FE uncemented* *Cementing technique not applicable here		patient specific	ation stem I (image guided, CT based)
onormal table	11. Additional interventions none bony acetabular roof plasty central osseous reconstruction proximal femur osteotomy ORIF/CRIF acetabulum cerclage femur ORIF/CRIF femur augments other additional interventions		12. Cementing tect 1st generation 2nd generation 3rd generation	hnique





A Hip primary – minimal

Patient data	Street	Street					
MRN internal	Zip code	Country					
Last name	City						
First name	E-mail						
Birthdate dd.mm.jjjj	Optional for implant to Place of birth, ADI, Co	racking: untry of birth, Last name at birth					
Implants used Barcode stickers, supplier, product name, article number, lot number							
Cement used Barcode stickers, supplier, product name, article number, lot number							