



**TOTAL KNEE ARTHROPLASTY
OPERATIVE FORM
Registry Form**

Name: _____

MRN: _____

Imprint Area

CIRCULATING NURSE PLEASE COMPLETE

KAISER MRN: _____

SURGEON

DOB (MM/DD/YY)

PLEASE CHECK YOUR LOCATION:

OPERATIVE DATE (MM/DD/YY)

GENDER:

- CDV
- RCK
- SDV
- CO_OTHER

/ /

- MALE
- FEMALE

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

Revision: Yes No Conversion: Yes No

Procedure (Check all that apply)

- TKA with patella
- HWR
- Patellofemoral uni/arthroplasty
- Synovectomy
- TKA without patella
- I&D
- Revision femur
- UKA converted to TKA
- TKA revision
- Liner exchange
- Revision patella
- Other: _____
- UKA (medial)
- MUA
- Revision tibia
- UKA (lateral)
- ORIF changed to TKA
- Stage 1 – explantation
- CAS (Computer Assisted Surgery)
- ORIF of _____
- Stage 2 – reimplantation

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(fondaparinux)
- Foot pump
- TED hose
- Other _____
- Low molecular weight heparin
- Aspirin
- SCD
- Xarelto(rivaroxaban)

SIGNATURES: _____

DATE: _____

Please scan & email to 18445270153@fax.kp.org; or secure efax to 844-527-0153.

PLACE IMPLANT STICKERS HERE

Femoral Component	Tibial Tray
Tibial Insert	Patella
Cement	Screws