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: ☐AVH ☒KC ☐RIV ☐BP ☐LA ☐SB ☐COA ☐MVH ☐SD ☐DOW ☐OC ☐WH ☐FON ☐PC ☐WLA
OPERATIVE DATE (MM/DD/YY) / /	GENDER: ☐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)**
☐**Rheumatoid arthritis (RA)**
☐**Inflammatory arthritis (Non-RA)**
☐**Post traumatic arthritis**
☐Arthrofibrosis
☐Aseptic loosening
☐Component fracture
☐Failed Ext. Mech.
☐Failed HTO
☐Failed ORIF
☐Failed UKA
☐Failed Uni-spacer
☐Femoral fracture
☐Infection
☐Ingrowth failure
☐Instability
☐Liner wear
☐Osteolysis
☐Osteonecrosis/Avascular necrosis
☐Pain
☐PF joint malfunction
☐Seroma/Hematoma
☐Synovial impingement
☐Tibial fracture
☐Wound dehiscence
☐Wound drainage
☐Other:_ ________________

Revision: ☐Yes ☐No **Conversion**: ☐Yes ☐No

Procedure *(Check all that apply)*

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

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**
☐**Low molecular weight heparin**
☐Arixtra(fondaparanux)
☐Aspirin
☐Foot pump
☐SCD
☐TED hose
☐Xarelto(rivaroxaban
☐Other______________

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**