



KAISER PERMANENTE®

SHOULDER ARTHROPLASTY OPERATIVE FORM

Registry Form #1

Name: _____

MRN: _____

DOB: _____

Imprint Area

Surgeon (please print surgeon name)

PLEASE CHECK YOUR LOCATION:

KSMC

KWMC

NW_OTHER

Operative Date (MM/DD/YY)

/ /

Operative Site

Left

Right

Please ask the following questions:

On a scale of **0 to 10** with 0=no pain and 10=the worst possible pain, on average how much pain do you have in your joint being replaced? _____

What is the overall percent value of your shoulder if a completely normal shoulder represents 100%? _____ %

History of Proximal Humerus Fracture on this Joint: Yes No

Hand Dominance: Left Right Ambidextrous

Infection Prophylaxis (check all that apply):

IV Antibiotics

Clean Air (Hepa filter)

Space Suits

Other: _____

Abx. Irrigation

Laminar Flow

Antibiotic Cement

VTE Prophylaxis (list all anticipated)

None

Aspirin

Anti-inflammatory

Coumadin

Low molecular weight heparin

SCD

TED hose

Foot pump

Other _____

Revision Yes No

Reason for Surgery (check all that apply)

Osteoarthritis

Failed ORIF

Mal-Union

Rheumatoid arthritis (RA)

Glenoid dysplasia (>30 retroversion)

Non-Union

Rotator cuff arthropathy

Glenoid fracture

Osteonecrosis / AVN

Acute humerus fracture

Glenoid component loosening

Pathological fracture

Painful hemi w/cuff dysfunction

Glenoid Poly Liner Wear

Peri-prosthetic fracture

Glenoid wear after hemi

Hematoma / Seroma

Post fracture arthritis

Arthrofibrosis

Humeral component loosening

Rotator cuff tear (RCT)

Capsulorrhaphy arthropathy

Implant malposition

Scapular notching (RSA impingement)

Chondrolysis

Infection

Tumor / Cancer

Chronic dislocation

Inflammatory arthritis (Non-RA)

Other _____

If RCT, which rotator cuff tendon (check all that apply): Supraspinatus Infraspinatus Subscapularis Teres

Procedure (check all that apply)

Total shoulder arthroplasty

Hardware Removal s/p ORIF

Rotator cuff repair

Reverse shoulder arthroplasty

Poly liner exchange

Explantation / Abx Spacer

Hemi arthroplasty

Revision/Exchange glenoid

Tendon Transfer

Humeral head resurfacing

Revision/Exchange humerus

Other _____

Capsulorrhaphy

Revision/Exchange of head/glenosphere

Cement (check all that apply):

None

Humerus

Glenoid

Bone Graft (check all that apply):

None

Structural

Non-Structural

Bone Graft Structural Location (check all that apply): Humerus Glenoid

Bone Graft Non-Structural Location (check all that apply): Humerus Glenoid

Surgical Approach (check all that apply):

Anterior (DP)

Anterolateral

Posterior

Superior

CAS (Computer Assisted Surgery)

Lesser Tuberosity Osteotomy: Yes No

Biological Glenoid Resurfacing: Yes No

Intra-op Complications? Yes No If yes, specify _____

Drain: Yes No

Humerus	Humeral Head
Glenoid	Metaphysis / Epiphysis
Cement	Cup / Insert
Bone Graft	Screws / Cables
Other	Other