



# KAISER PERMANENTE®

## SHOULDER ARTHROPLASTY OPERATIVE FORM

Registry Form

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Imprint Area

Surgeon (please print surgeon name)

PLEASE CHECK YOUR LOCATION:

Operative Date (MM/DD/YY)

/ /

Operative Site

Left  Right

- BVU (Overlake)
- CAP (Capitol Hill)
- SWE (Swedish Medical Center)
- TSC (St. Joseph)

**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:  No  Yes

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  No  Yes

**Reason for Surgery (check all that apply)**

- Osteoarthritis
- Rheumatoid arthritis (RA)
- Rotator cuff arthropathy
- Acute humerus fracture
- Non-RA inflammatory arthritis
- Capsulorrhaphy arthropathy
- Arthrofibrosis
- Chronic dislocation
- Glenoid fracture
- Glenoid component loosening
- Glenoid Poly Liner Wear
- Humeral component loosening
- Glenoid wear after hemi
- Painful hemi w/cuff dysfunction
- Infection
- Osteonecrosis / AVN
- Implant malposition
- Mal-Union
- Non-Union
- Failed ORIF
- Pathologic fracture/tumor
- Peri-prosthetic fracture
- Post fracture arthritis
- Rotator Cuff Tear (RCT)
- Other \_\_\_\_\_

**Glenoid Morphology:**

- Type A1: The humeral head is centered with minor erosion central erosion
- Type A2: The humeral head is centered with marked
- Type B1: The humeral head is subluxated posteriorly with narrowing of the posterior joint space
- Type B2: The humeral head is subluxated posteriorly with narrowing of the posterior joint space with erosion resulting in a biconcave glenoid
- Type C: The humeral head is centered or slightly subluxated posteriorly with glenoid retroversion of more than 25°

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

**Procedure (check all that apply)**

- Total shoulder arthroplasty
- Reverse total shoulder arthroplasty
- Lesser Tuberosity Osteotomy:  No  Yes
- Subscapularis Repair:  No  Yes
- Hemiarthroplasty
- Hardware Removal s/p ORIF
- Exchange/revision of humeral stem/head/liner
- Humeral head resurfacing
- Rotator cuff repair
- Exchange/revision of the glenoid/glenosphere
- Capsulorrhaphy
- Explantation/ABX Spacer
- Tendon Transfer
- Other

**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

Patient Specific Instrumentation (PSI):  No  Yes **Biological Glenoid Resurfacing:**  No  Yes

Intra-op Complications?  No  Yes If yes, specify \_\_\_\_\_

Drain:  Yes  No

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