

Directions

- Use a #2 soft pencil for marking.
- Answer all questions unless otherwise indicated.
- Completely fill in boxes to record answers.

Side

Right Left

Question types

only 1 answer allowed
 multiple answers allowed

Internal Use Only
Not read by scanner

Last name		Official first name		Gender m / f
Street			M.R.N. (internal)	
Country	Zip code	City		
Social security number (ADI no.)			Birthdate (DD.MM.YYYY)	
Last name at birth		Place of birth	Country of birth (if not CH)	

mandatory information
 Recommended specification (Implant tracking*)

Admission

Hight** (cm) Enter exact values online if desired
 140 145 150 155 160 165 170
 175 180 185 190 195 200 205

Gewicht** (kg) Enter exact values online if desired
 40 45 50 55 60 65 70
 75 80 85 90 95 100 105

Height/Weight ** BMI ist calculated online
 unknown/ not documented

Charnley Klasse
 A BB unknown/
 B C not documented

A = unilaterally diseased, opposite hip healthy; B = bilaterally diseased; BB = bilaterally diseased, opposite hip prosthesis; C = other condition(s) affecting walking

Diagnosis which lead to the revision

- | | |
|---|---|
| <input type="checkbox"/> loosening acetabular | <input type="checkbox"/> pain |
| <input type="checkbox"/> loosening femoral | <input type="checkbox"/> Girdlestone |
| <input type="checkbox"/> infection | <input type="checkbox"/> spacer |
| <input type="checkbox"/> periprosthetic fracture AC | <input type="checkbox"/> Ion blood level |
| <input type="checkbox"/> periprosthetic fracture FE | <input type="checkbox"/> squeaking |
| <input type="checkbox"/> luxation | <input type="checkbox"/> Metalosis |
| <input type="checkbox"/> implant failure | <input type="checkbox"/> impingement |
| <input type="checkbox"/> wear | <input type="checkbox"/> position/orientation of stem |
| <input type="checkbox"/> osteolysis AC | <input type="checkbox"/> position/orientation of stem |
| <input type="checkbox"/> osteolysis FE | <input type="checkbox"/> other diagnosis |
| <input type="checkbox"/> acetabular protrusion | |
| <input type="checkbox"/> trochanter pathology | |

Implantation year if before 2012 20.. 11 10 09 08 07 06 05 04 03 02 01 00 19.. 99 98 97 96 95 94 93 92 91 90
 (optional)

Surgery

Surgery date
Day 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Month 1 2 3 4 5 6 7 8 9 10 11 12 **Year** 15 16 17 18 19 20 21 22 23 24 25 26 27

Morbidity state (ASA) _____
 ASA1, no disturbances ASA3, severe ASA5, moribund
 ASA2, mild/moderate ASA4, life-threatening unknown/ not documented

Intervention _____ **Approach** _____
 revision AC + FE component removal, spacer implantation anterior
 revision AC component reimplantation anterolateral
 revision AC + head (after spacer or Girdlestone) lateral
 revision FE Girdlestone posterior
 revision FE + inlay osteosynthesis transfemoral
 revision head revision FE, inlay and other approach

Answers 'revision head', 'revision inlay', 'revision head and inlay', 'revision head', 'spacer implantation', 'Girdlestone', 'osteosynthesis', 'prosthesis preserving revision' and 'other intervention' in intervention excludes all cement questions.

Component fixation **Additional interventions** **Component registration**
 all cemented none yes no
 all uncemented bony acetabular roof plasty
 hybrid (acetabulum uncemented, femur cemented) central osseous reconstruction
 reverse hybrid (acetabulum cemented, femur uncemented) trochanter osteotomy
 reinforcement ring, femur cemented prox. femur osteotomy
 reinforcement ring, femur uncemented other

This answer excludes question "Cementing technique", but all other cement questions are required.

Cementing technique **Individual cement add-ons by surgeon**
 1st generation no
 2nd generation yes, contrast agent

All details regarding the cement will be collected in the subform cement.

Surgeon

Assistant (optional)

PROCEDURE

CEMENT

IMPLANT SPECIFICATION

Inscription of components

Implant barcode stickers

Cement barcode stickers

First generation cementing technique: Finger packing, bowl mixing, no medullary plug, no cement pressurization, limited sizes and geometry of components.

Second generation cementing technique: Intramedullary plug, cleaning of bone bed, drying of the bone, retrograde cement insertion, multiple sizes and geometry of acet. and fem. components.

Third generation cementing technique: In addition to second generation – vacuum mixing, porosity reduction of cement, pressurization of cement mantle after insertion, centralization of stem within cement mantle.

***Implant tracking:**

To have the possibility of an implant tracking across institutions, and to achieve the highest-possible accuracy when merging the anonymized data, multiple hashcodes (irreversible encryption) are generated. All sensitive data like patient, physician or clinic related information remain stored on a separate server in a protected environment. No sensitive data are transferred to the central server, only their neutralized unique keys. The social security number (national insurance number) is not saved. It is just used to generate a hashcode combined with a so called salt-appendix. This procedure makes it impossible to link the data with other external data collections.