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| **Total Hip Arthroplasty** Intra - Operative Data Form Version 8.3Revised Sept 2019 | **[Place patient label here]**Name: (Last, First, and Middle)Identification #: Date of Birth: \_\_\_\_/ /  |
| **Operative Site:**  🞏Left 🞏 Right | **Bilateral Procedure:** 🞏 Yes 🞏 No (If yes, please complete two forms) |
| **Case is Scheduled As**: 🞏Inpatient 🞏 Outpatient |
| **Anesthesia:** (Mark all that apply) 🞏 General 🞏 Spinal 🞏 Epidural 🞏 Block 🞏 Local |
| **Tranexamic Acid:** (Mark all that apply) 🞏 None 🞏 Topical 🞏 IV 🞏 Oral |
| **Blood Transfusion:** 🞏 Yes 🞏 No | **Units Transfused:**  \_\_\_\_\_\_\_\_\_ |
|  **Actual Procedure Type**:  🞏 Primary Total Hip Arthroplasty (Conventional) 🞏 Primary Total Hip Arthroplasty (Resurfacing)  🞏 Conversion of Previous Hip Surgery to Total Hip Arthroplasty 🞏 Revision Total Hip Arthroplasty  |
|  **If this is a revision, please indicate primary and secondary reason(s):** (Circle all that apply)

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|  🞏 Joint Infection 🞏 Malalignment 🞏 Metal Reaction/Metallosis 🞏 Aseptic Loosening 🞏 Osteolysis 🞏 Poly liner wear  🞏 Component fracture/failure 🞏 Instability/Dislocation 🞏 Peri-prosthetic Fracture (Femur)  🞏 Peri-prosthetic Fracture (Acetabulum) 🞏 Pain (Rarely a Chief Reason)  |  |

 |
|  **Device Fixation:** (Mark all that apply) |  Acetabular Component 🞏 Uncemented 🞏 Cemented Femoral Component 🞏 Uncemented 🞏 Cemented |
|  **Antibiotics added to cement by**  **Surgeon (check all that apply)** |

|  |  |
| --- | --- |
| * None
* Cefazolin
* Cefuroxime
 | 🞏 Clindamycin 🞏 Erythromycin 🞏 Vancomycin🞏 Ciprofloxacin 🞏 Gentamycin 🞏 Other🞏 Colistan 🞏 Tobramycin |

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|  **Cement used other than for**  **fixation to major component?** |  🞏 No 🞏 Yes (Examples: poly liner cemented to acetabular shell; antibiotic beads; build up  of bony defect) |
|  **Was antibiotic powder**  **introduced into the joint?** | 🞏 Yes 🞏 No  |
|  **What was used in the Irrigant?** | 🞏 Antibiotic solution 🞏 CHG-containing solution 🞏 Povidone-iodine 🞏 Normal Saline 🞏 Other |
|  **Surgical Approach:** (Choose One**)** |  🞏 Anterior 🞏 Antero-Lateral 🞏 Posterior 🞏 Transtrochanteric  |
|  **Optional Techniques:**  (Mark all that apply) | 🞏 Custom Implants 🞏 Computer assisted 🞏 Robotic Assisted 🞏 Extended Trochanteric Osteotomy – ETO 🞏 None |
|  **Intra-op Complications:**  (Mark all that apply) | 🞏 None 🞏 Nerve Injury 🞏 Vascular Incident 🞏 Ligament/Tendon Injury 🞏 Fracture 🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fracture |



**Cement and Implants – Please place stickers**

**Cement/Other**

**Acetabulum**

**Femur**