|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Knee Arthroplasty**  Intra - Operative Data Form Version 9  Revised June 2020 | | | **[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 Knee Arthroplasty 🞏 Unicompartmental (Medial Condyle) 🞏 Unicompartmental (Lateral Condyle)  🞏 Isolated Patella-Femoral Replacement 🞏 Bicompartmental Knee Arthroplasty🞏 Revision Knee Arthroplasty | | | | |
| **If this is a revision, please indicate primary and secondary reason(s):** (Circle all that apply)   |  |  | | --- | --- | | 🞏 Joint Infection 🞏 Malalignment 🞏 Metal Reaction/Metallosis  🞏 Aseptic Loosening 🞏 Osteolysis 🞏 Arthrofibrosis  🞏 Poly liner wear 🞏 Component fracture/failure 🞏 Instability/Dislocation  🞏 Peri-prosthetic Fracture (Femur) 🞏 Peri-prosthetic Fracture (Tibia) 🞏 Patellofemoral Joint  🞏 Conversion of Unicondylar Knee 🞏 Extensor Mechanism Failure 🞏 Pain (Rarely a chief reason)  Arthroplasty |  | | | | | |
| **Device Fixation:**  (Mark all that apply) | 🞏 Tibial Component 🞏 Uncemented 🞏 Cemented  🞏 Femoral Component 🞏 Uncemented 🞏 Cemented  🞏 Patellar Component 🞏 Uncemented 🞏 Cemented | | | |
| **Antibiotics added to cement by**  **Surgeon (check all that apply)** | |  |  | | --- | --- | | * None * Cefazolin * Cefuroxime | 🞏 Ciprofloxacin 🞏 Erythromycin 🞏 Vancomycin  🞏 Clindamycin 🞏 Gentamycin 🞏 Other  🞏 Colistan 🞏 Tobramycin | | | | |
| **Cement – other use?** | 🞏 No 🞏 Yes (Examples: antibiotic beads; build-up of bony defect) | | | |
| **Was antibiotic powder**  **introduced into the joint space?** | 🞏 No 🞏 Yes | | | |
| **What was used in the Irrigant?** | 🞏 Antibiotic solution 🞏 CHG-containing solution 🞏 Povidone-iodine  🞏 Normal Saline 🞏 Other\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Surgical Approach:**  (Choose One**)** | 🞏 SubVastus 🞏 MidVastus 🞏 Lateral Parapatellar  🞏 Medial Parapatellar 🞏 Other­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Optional Techniques:**  (Mark all that apply) | 🞏 None 🞏 Custom Implants 🞏 Computer assisted 🞏 Pre-fabricated Block    🞏 Robotic Surgery - Options below:    🞏 Mako 🞏 MakoRio 🞏 NAVIO 🞏 Omnirobot 🞏 Orthotaxy 🞏 Robodoc 🞏 Rosa 🞏 Other | | | |
| |  |  | | --- | --- | | **Intra-op Complications:**  (Mark all that apply) | 🞏 None 🞏 Nerve Injury 🞏 Vascular Incident 🞏 Tendon/Ligament Injury  🞏 Fracture 🞏 Other  \_\_\_\_\_\_  \_\_\_\_\_\_\_\_Fracture | | |  |  | | --- | --- | |  | 🞏 None 🞏 Nerve Injury 🞏 Vascular Incident 🞏 Tendon/Ligament Injury  🞏 Fracture 🞏 Other  \_\_\_\_\_\_  \_\_\_\_\_\_\_\_Fracture | | | | |

**Cement and Implants – Please place stickers**

**Cement/Other**

**Patella**

**Tibia**

**Femur**