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| **Total Knee Arthroplasty**  Intra - Operative Data Form Version 10  Revised 01/2022 | | | **[Place patient label here]**  Name:  (Last, First, and Middle)  Identification #: Date of Birth: \_\_\_\_/ / | |
| **Operative Site:**  🞏Left 🞏 Right | | **Bilateral Procedure:** 🞏 No 🞏 Yes (If yes, please complete two forms) | | |
| **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 reason(s) below:** (Mark all that apply)   |  |  | | --- | --- | | 🞏 Joint Infection 🞏 Malalignment 🞏 Metal Reaction/Metallosis  🞏 Aseptic Loosening 🞏 Osteolysis 🞏 Arthrofibrosis  🞏 Liner wear 🞏 Implant Failure 🞏 Instability/Dislocation  🞏 Peri-prosthetic Fracture (Femur) 🞏 Peri-prosthetic Fracture (Tibia) 🞏 Patellofemoral Joint (includes patella fracture)  🞏 Conversion of Unicondylar Knee 🞏 Extensor Mechanism Failure 🞏 Pain  Arthroplasty |  | | | | | |
| **Device Fixation:**  (Mark all that apply) | 🞏 Tibial Component 🞏 Uncemented 🞏 Cemented  🞏 Femoral Component 🞏 Uncemented 🞏 Cemented  🞏 Patellar Component 🞏 Uncemented 🞏 Cemented | | | |
| **Antibiotics added to cement:**  (Mark all that apply) | |  |  | | --- | --- | | * None * Cefazolin * Cefuroxime | 🞏 Ciprofloxacin 🞏 Erythromycin 🞏 Vancomycin  🞏 Clindamycin 🞏 Gentamycin 🞏 Other\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Colistan 🞏 Tobramycin | | | | |
| **Antibiotics added to cement by:** | 🞏 Manufacturer 🞏 Surgeon | | | |
| **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?**  (Mark all that apply) | 🞏 Antibiotic solution 🞏 CHG-containing solution 🞏 Povidone-iodine  🞏 Normal Saline 🞏 Other\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Surgical Approach:**  (Choose One) | 🞏 Sub-Vastus 🞏 Mid-Vastus 🞏 Lateral Parapatellar  🞏 Medial Parapatellar 🞏 Other­­­­­­\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Optional Techniques:**  (Mark all that apply) | 🞏 None 🞏 Custom Implants 🞏 Computer assisted 🞏 Pre-fabricated Block    🞏 Robotic Surgery - Options: 🞏 Cori 🞏 Mako 🞏 Navio 🞏 Omnibotic    🞏 Orthotaxy 🞏 Robodoc 🞏 Rosa 🞏 Other\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Intra-op Complications:**  (Mark all that apply) | 🞏 None 🞏 Nerve Injury 🞏 Vascular Incident  🞏 Ligament/Tendon Injury 🞏 Fracture 🞏 Other\*\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| llllllllllllll  \*If other is indicated, specification required. |  | | | |

**Cement and Implants – Please place stickers**

**Cement/Other**

**Patella**

**Tibia**

**Femur**