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| **Total Knee Arthroplasty** Intra - Operative Data Form Version 10Revised 12/2022 | **[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 (Lateral Condyle) 🞏 Revision Knee Arthroplasty  🞏 Isolated Patella-Femoral Replacement 🞏 Bicompartmental Knee Arthroplasty🞏 Revision Isolated Patella  🞏 Unicompartmental (Medial Condyle)  |
|  **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 |  |

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| **Patella Status:** | 🞏 Replaced 🞏 Removed 🞏 Resurfaced |
| **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 |

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|  **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**