



MARCQI

Total Knee Arthroplasty

Intra - Operative Data Form Version 12

Revised 10/2023



[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- Single Shot Local Continuous Peripheral Nerve Block

Tranexamic Acid: (Mark all that apply) None Topical IV Oral

Blood Transfusion: Yes No Unknown Units Transfused: _____

Actual Procedure Type:

- Primary Total Knee Arthroplasty
- Isolated Patella-Femoral Replacement
- Unicompartamental (Medial Condyle)
- Unicompartamental (Lateral Condyle)
- Bicompartamental Knee Arthroplasty
- Revision Knee Arthroplasty
- Revision Isolated Patella

If this is a revision, please indicate reason(s) below: (Mark all that apply)

- Joint Infection
- Aseptic Loosening
- Liner wear
- Peri-prosthetic Fracture (Femur)
- Conversion of Unicdylar Knee Arthroplasty
- Malalignment
- Osteolysis
- Implant Failure
- Peri-prosthetic Fracture (Tibia)
- Extensor Mechanism Failure
- Metal Reaction/Metallosis
- Arthrofibrosis
- Instability/Dislocation
- Patellofemoral Joint (includes patella fracture)
- Pain

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 Ciprofloxacin Erythromycin Vancomycin
 Cefazolin Clindamycin Gentamycin Other* _____
 Cefuroxime Colistin Tobramycin

Antibiotics added to cement by: Manufacturer Surgeon Manufacturer and 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* _____

*If other is indicated, specification required.

Cement and Implants – Please place stickers

Femur

Tibia

Patella

Cement/Other