



**Total Knee Arthroplasty**  
 Intra-Operative Data Form Version 13  
 Revised 10/2024



[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:**  No  Yes  Unknown **Units Transfused:** \_\_\_\_\_

**Actual Procedure Type:**  
 Primary Total Knee Arthroplasty  Unicompartmental (Medial Condyle)  Unicompartmental (Lateral Condyle)  
 Bicompartmental Knee Arthroplasty  Isolated Patella-Femoral Replacement  
 Revision Knee Arthroplasty  Revision Isolated Patella

**If this is a revision, please indicate the reason(s) below:** (Mark all that apply)  
 Periprosthetic 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 (incl. patella fracture)  
 Conversion of Unicompartmental Knee  Extensor Mechanism Failure  Pain

**Patella Status:**  
 (For Revision Isolated Patella only)  Replaced  Removed  Resurfaced

**Device Fixation:** (Mark all that apply)  
**Femoral Component:**  Uncemented  Cemented  Not Replaced  
**Tibial Component:**  Uncemented  Cemented  Not Replaced  
**Patellar Component:**  Uncemented  Cemented  Not Replaced

**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: liner cemented to acetabular shell; antibiotic beads; build-up of bony defect, other)

**Was antibiotic powder introduced into the joint space?**  No  Yes

**Were antibiotics injected into the intraosseous 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  Prefabricated Blocks  
 Robotic Surgery – Select type(s):  Cori  Mako  Navio  Omnibotic  
 Orthotaxy  Robodoc  Rosa  Other\* \_\_\_\_\_

**Intra-op Complications:** (Mark all that apply)  
 None  Nerve Injury  Vascular Injury  
 Tendon/Ligament Injury  Fracture  Other\* \_\_\_\_\_

\*If other is indicated, specification required.

**Cement and Implants – Please place stickers**

**Femur**

**Tibia**

**Patella**

**Cement/Other**