



MARCCI

Total Hip 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 Hip Arthroplasty (Conventional)
- Primary Total Hip Arthroplasty (Resurfacing)
- Conversion of Previous Hip Surgery to Total Hip Arthroplasty
- Revision Total Hip Arthroplasty

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

- Joint Infection
- Malalignment
- Metal Reaction/Metallosis
- Aseptic Loosening
- Osteolysis
- Liner wear
- Implant Failure
- Instability/Dislocation
- Peri-prosthetic Fracture (Femur)
- Peri-prosthetic Fracture (Acetabulum)
- Pain

Device Fixation:

(Mark all that apply)

- Acetabular Component Uncemented Cemented
- Femoral Component Uncemented Cemented

Antibiotics added to cement:

(Mark all that apply)

- None Clindamycin Erythromycin Vancomycin
- Cefazolin Ciprofloxacin 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?

- Yes No

What was used in the Irrigant?

(Mark all that apply)

- Antibiotic solution CHG-containing solution Povidone-iodine
- Normal Saline Other* _____

Surgical Approach:

(Choose One)

- Anterior Antero-Lateral Posterior
- Transtrochanteric Other* _____

Optional Techniques:

(Mark all that apply)

- None Custom Implants Computer assisted Pre-fabricated Block
- Extended Trochanteric Osteotomy – ETO
- 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

Acetabulum

Cement/Other