



**MARCQI**

Michigan Arthroplasty Registry  
Collaborative Quality Initiative



### Total Hip 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 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 the reason(s) below: (Mark all that apply)

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

<b>Device Fixation:</b> (Mark all that apply)	<b>Acetabular Component:</b> <input type="checkbox"/> Uncemented <input type="checkbox"/> Cemented <input type="checkbox"/> Not Replaced
	<b>Femoral Component:</b> <input type="checkbox"/> Uncemented <input type="checkbox"/> Cemented <input type="checkbox"/> Not Replaced

<b>Antibiotics added to cement:</b> (Mark all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Ciprofloxacin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Vancomycin
	<input type="checkbox"/> Cefazolin <input type="checkbox"/> Clindamycin <input type="checkbox"/> Gentamycin <input type="checkbox"/> Other* _____
	<input type="checkbox"/> Cefuroxime <input type="checkbox"/> Colistin <input type="checkbox"/> 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

<b>What was used in the Irrigant?</b> (Mark all that apply)	<input type="checkbox"/> Antibiotic solution <input type="checkbox"/> CHG-containing solution <input type="checkbox"/> Povidone-iodine
	<input type="checkbox"/> Normal Saline <input type="checkbox"/> Other* _____

<b>Surgical Approach:</b> (Choose One)	<input type="checkbox"/> Anterior <input type="checkbox"/> Antero-Lateral <input type="checkbox"/> Posterior
	<input type="checkbox"/> Transtrochanteric <input type="checkbox"/> Other* _____

<b>Optional Techniques:</b> (Mark all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Custom Implants <input type="checkbox"/> Computer assisted <input type="checkbox"/> Prefabricated Blocks
	<input type="checkbox"/> Extended Trochanteric Osteotomy (ETO)
	<input type="checkbox"/> Robotic Surgery – Select type(s): <input type="checkbox"/> Cori <input type="checkbox"/> Mako <input type="checkbox"/> Navio <input type="checkbox"/> Omnibotic
	<input type="checkbox"/> Orthotaxy <input type="checkbox"/> Robodoc <input type="checkbox"/> Rosa <input type="checkbox"/> Other* _____

<b>Intra-op Complications:</b> (Mark all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Nerve Injury <input type="checkbox"/> Vascular Injury
	<input type="checkbox"/> Tendon/Ligament Injury <input type="checkbox"/> Fracture <input type="checkbox"/> Other* _____

\*If other is indicated, specification required.

**Cement and Implants – Please place stickers**

**Femur**

**Acetabulum**

**Cement/Other**