

Study Number

TOPKAT Primary Procedure Hospital Form

Instructions for completion:

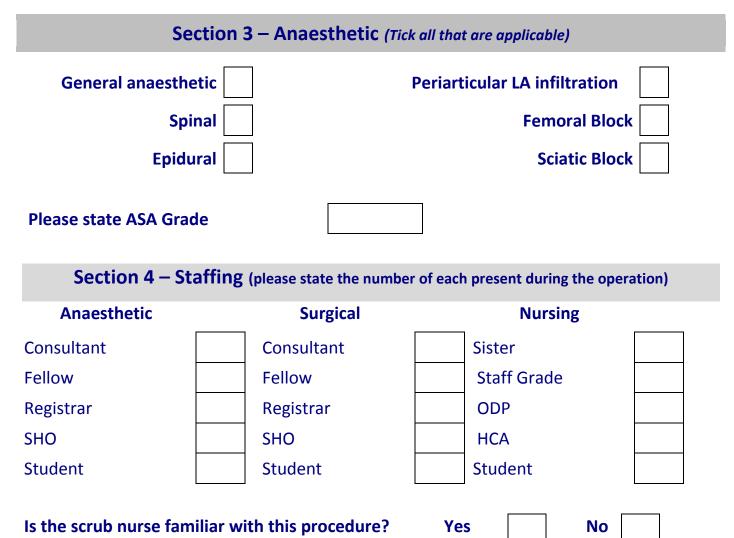
- Completed by TOPKAT researcher (Surgeon or Research Nurse/Assistant for each patient when in hospital for their primary surgery (either TKR or UKR according to randomisation).
- Surgical data must be collected by the surgeon (or with direct liaison with the surgeon) at the time of operation.
- Once completed please submit data to TOPKAT database.

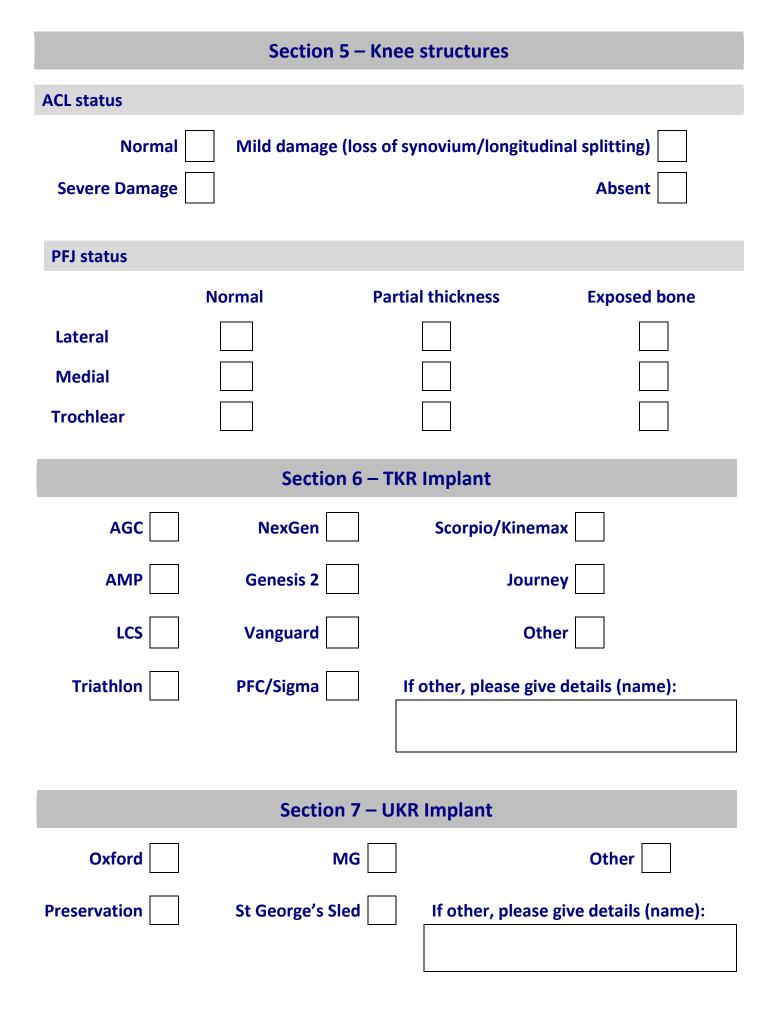
OPERATION FORM

Form to be completed at the time of operation for each patient Date of operation D A Y

Section 1 – Time				
Operation time (Knife to skin – dressings on)	Minutes	Theatre time (into anaesthetic room – out of theatre)	Minutes	
Was a knee navigation	system used?	Yes	Νο	

Section 2 – Procedure				
Type of procedure carried out	TKR			
Did the patient receive their randomised procedure?	Yes	Νο		
If no, please state reason (or refer to section 9):				





Section 8 – Miscellaneous				
Patella replaced				
Yes	No			
Bearing				
Mobile	Fixed			
Size of Bearing	mm			
Cement				
Palacos	Simplex	If other, please give details		
CMW I				
CMWIII	Other			
Section 9 – Intra-operative conversion from UKR to TKR				
Yes No No				
Section 10 Eaco of replacement				
Section 10 – Ease of replacement				
Straight forward procedure Difficult				
If difficult, please give details:				

Section 11 – Intra-operative issues and complications			
Blood loss requiring a blood	Yes		Νο
transfusion	If yes, please state no. of units		
Was an x-ray performed in theatre?	Yes		Νο
Medical Complications	Yes If yes, pl	ease give details	Νο
Staffing problems in theatre	Yes		Νο
Other	Yes		Νο
If other, please specify			

	Dationt Discharge Chast			
Patient Discharge Sheet To be completed by Research Nurse/Research Assistant at hospital discharge				
Section 1 – Length of hospital stay and ward type				
Patient's admission date				
Patient's discharge date	DD/MM/YYYY			
Type of ward				
Was the patient admitted to ICU and/or HDU ICU HDU NO UCU AUTING their stay in hospital?				
If yes, please specify the time s	pent in ICU and/or HDU			
	ICU hours			
	HDU hours			
Section 2 – Hospital post-operative complications (following initial operation up to discharge)				
Did the patient have any post-o	perative complications? Yes No			
If yes, what were they?				
Dislocation Bearing	PE confirmed by radiology report			
Knee	DVT confirmed by radiology report			
A wound infection confirmed by microbiology	Confirmed CVA			
Septicaemia confirmed by blood culture	Confirmed MI			
Blood transfusion	No. of units			
Other	If other, please specify:			
Was the patient returned to the	eatre for further surgery on their knee? Yes No			
If yes, please ensure section 2-11 of a TOPKAT Readmission form is completed				
Sectio	on 3 – Destination at discharge			
Died	Discharged home			
Other	Transferred to rehabilitation			
If other, please give details:	If transferred, please give details (name of unit):			
During this admission, were the	ere any unexpected complications or death? If so please			
complete a SAE form and enter onto the database.				

V3 24/08/2012