TOPKAT

National Institute for Health Research NHS

Total Or Partial Knee Arthroplasty Trial

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 D / M M / Y Y Y Y

Study knee   **Right** ☐   **Left** ☐

Surgeon's name   ☐

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** ☐   **No** ☐

Section 2 – Procedure

Type of procedure carried out   TKR ☐   UKR ☐

Did the patient receive their randomised procedure?   Yes ☐   No ☐

If no, please state reason (or refer to section 9):

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Section 3 – Anaesthetic *(Tick all that are applicable)*

General anaesthetic ☐   **Periarticular LA infiltration** ☐

Spinal ☐   **Femoral Block** ☐

Epidural ☐   **Sciatic Block** ☐

Please state ASA Grade   ☐

Section 4 – Staffing (please state the number of each present during the operation)

Anaesthetic		Surgical		Nursing	
Consultant		Consultant		Sister	
Fellow		Fellow		Staff Grade	
Registrar		Registrar		ODP	
SHO		SHO		HCA	
Student		Student		Student	

Is the scrub nurse familiar with this procedure?   Yes ☐   No ☐

Section 5 – Knee structures

ACL status

Normal ☐ **Mild damage (loss of synovium/longitudinal splitting)** ☐

Severe Damage ☐ **Absent** ☐

PFJ status

	Normal	Partial thickness	Exposed bone
Lateral	☐	☐	☐
Medial	☐	☐	☐
Trochlear	☐	☐	☐

Section 6 – TKR Implant

AGC ☐ **NexGen** ☐ **Scorpio/Kinemax** ☐

AMP ☐ **Genesis 2** ☐ **Journey** ☐

LCS ☐ **Vanguard** ☐ **Other** ☐

Triathlon ☐ **PFC/Sigma** ☐ **If other, please give details (name):**

Section 7 – UKR Implant

Oxford ☐ **MG** ☐ **Other** ☐

Preservation ☐ **St George's Sled** ☐ **If other, please give details (name):**

Section 8 – Miscellaneous

Patella replaced

Yes ☐   No ☐

Bearing

Mobile ☐   Fixed ☐

Size of Bearing ☐ mm

Cement

Palacos ☐   Simplex ☐   **If other, please give details**

CMW I ☐   CMW II ☐

CMWIII ☐   Other ☐

Section 9 – Intra-operative conversion from UKR to TKR

Yes ☐   No ☐

Reason for conversion:

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 transfusion

Yes ☐   **No** ☐

If yes, please state no. of units

☐

Was an x-ray performed in theatre?

Yes ☐   **No** ☐

Medical Complications

Yes ☐   **No** ☐

If yes, please give details

☐

Staffing problems in theatre

Yes ☐   **No** ☐

Other

Yes ☐   **No** ☐

If other, please specify

☐

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   `D D` / `M M` / `Y Y Y Y`

Patient's discharge date   `D D` / `M M` / `Y Y Y Y`

Type of ward [ ]

Was the patient admitted to ICU and/or HDU during their stay in hospital?   ICU [ ]   HDU [ ]   No [ ]

If yes, please specify the time spent 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-operative 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 theatre for further surgery on their knee?   Yes [ ]   No [ ]

If yes, please ensure section 2-11 of a TOPKAT Readmission form is completed

Section 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 there any unexpected complications or death? If so please complete a SAE form and enter onto the database.