TOPKAT

National Institute for Health Research

Total Or Partial Knee Arthroplasty Trial

Readmission Form

Instructions for completion:

- To be completed by TOPKAT researcher (Surgeon or Research Nurse/Assistant, when any TOPKAT patient is re-admitted to hospital for further treatment (including re-operation) in relation to their **study knee**.
- Data must be collected in relation to any further operation required on the **study knee.**
- Information may be collected from the surgical notes (medical records) and/or from the ward.
- Once completed please enter the data on to TOPKAT database.

Study Number | | | | | |

Readmission Sheet

Name of hospital readmitted to

Clinical Details

Section 1 – What was the reason for the readmission to hospital?

Infection:

Loosening:

Tibia

Femur

Both

Dislocation:

Bearing

Knee

Knee Stiffness:

Unexplained Knee Pain:

Haematoma:

Mechanical failure of replacement:

Periprosthetic Fracture:

Medical:

If medical, please specify:

Other:

If other, please specify:

Did the readmission result in further surgery on the knee? Yes No

If yes, please complete the operation details in section 2 onwards

If no, please briefly outline the treatment below and continue to section 12

Section 2 – Operation details

Date of operation D D / M M / Y Y Y Y

Surgeon's Name

Section 3 – Time

Operation time (Knife to skin – Dressings on) ☐☐☐ **minutes**

Theatre time (Into anaesthetic room – Out of theatre) ☐☐☐ **minutes**

Section 4 – Procedure Type

Revision operation

Type — Single Stage Revision ☐ — 2 Stage Revision ☐

Stage (if 2 stage revision) — 1st Stage Revision ☐ — 2nd Stage Revision ☐

Infected — Yes ☐ — No ☐

Other procedure

Arthroscopy ☐ — Debridement (Open) ☐ — Above knee ☐

Washout ☐ — Aspiration ☐ — 1st patella resurfacing ☐

MUA ☐

If other, please give details

Were specialized instruments/equipments loaned for this procedure?

Yes ☐ — No ☐ — Unsure ☐

If yes, please specify type of equipment

Who performed the procedure?

Original Topkat Surgeon ☐ Other Topkat Surgeon ☐ Revision Specialist ☐

If other, please give details

Section 5 – Anaesthetic (*tick all that are applicable*)

General Anaesthetic ☐ Spinal ☐ Epidural ☐

Periarticular LA Infiltration ☐ Femoral Block ☐ Sciatic Block ☐

Section 6 – Revision Procedure UKR (tick all that apply)

Revision of Femoral Component ☐ Revision of Tibial Component ☐ Replacement of Bearing ☐

Lateral UKR ☐ Patellofemoral Replacement ☐ Other ☐

If other, please describe:

Section 7 – Revision Procedure TKR (tick all that apply)

Cruciate Retaining ☐ Cruciate Substituting ☐ Highly Constrained ☐

Hinge ☐ Tibial Stem ☐ Femoral Stem ☐

Tibial Wedge ☐ Femoral Wedge ☐

Patella Resurfacing ☐ Patella Revision ☐

Other ☐ If other, please describe

Section 8 – Bearing

Mobile ☐ Fixed ☐

Size of Bearing mm

Section 9 – Ease of Revision

Straight forward procedure ☐ **Difficult** ☐

If difficult, please give details:

Section 10 – Intra-operative 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

Section 11 – Hospital post-operative complications (following operation to discharge from hospital)

Did the patient have any post-operative complications? Yes ☐ No ☐

If yes, what were they?

Dislocation Bearing ☐ Knee ☐

PE confirmed by radiology report ☐

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 the operation details for this procedure are completed on an additional copy of section 2 to 11 of this form and entered onto the database

Section 12 – 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 13 – 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