

RES Dataset Hip Arthroplasty Primary Form

Date of Operation: _____

Patient:

Name, Family Name, Given Name

Birthday:

Gender: **M / F**

Country:

Hospital ID-Code:

Surgeon full Name:

Surgeon ID:

ID-Code 1: EMŠO (Unique Master Citizen Number)

ID-Code 2: KZZ (Health Insurance Number)

ID-Code 3: MI (Internal index in the Hospital)

Side:

- right
 left

Diagnosis (reason/s for procedure):

- Primary Osteoarthritis
 Dysplasia
 Posttraumatic
 Aseptic necrosis of femoral head
 Post-Perthes (epiphysiolysis)
 Rheumatoid arthritis
 Ankylosing spondylitis
 Others:

Previous procedures:

- No
 Osteosynthesis after fracture
 Osteotomy of Femur
 Osteotomy of Acetabulum
 Arthrodesis
 Other

Current procedure:

- Total standard hip replacement (HR)
 Total resurfacing HR
 Partial Bipolar HR
 Partial Resurfacing HR

Fixation of the Prosthesis:

- Cemented
 Cementless
 Hybrid (cemented femoral only)
 Inverse Hybrid (cem. acetabular)

Approach:

- Anterior
 Antero-lateral
 Direct lateral
 Postero-lateral
 Minimal invasive

Implant:

Acetabular Component:

Type: *Databank*

Manufacturer:

REF Nr:

Lot Nr:

Cement/ Name, Manufacturer: *Databank*

Antibiotics added in cement: Yes / No

Inlay:

Type: *Databank*

Material:

Manufacturer:

REF Nr:

Lot Nr:

Acetabular ring:

Type: *Databank*

Manufacturer:

REF Nr:

Lot Nr:

Femoral Component:

Type: *Databank*

Manufacturer:

REF Nr:

Lot Nr:

Cement/ Name: *Databank*

Antibiotics added in cement: Yes/No

Femoral neck:

Type: *Databank*

Manufacturer:

REF Nr:

Lot Nr:

Head:

Type: *Databank*

Material:

Manufacturer:

REF Nr:

Lot Nr:

Other:

- screws
 wires
 plates