

# Hip Arthroplasty

Demographic information	General issues	Anesthesia
<p><b>Patient ID:</b></p> <p><b>National ID:</b></p> <p><b>Cellphone:</b></p> <p><b>Province:</b></p> <p><b>City:</b></p> <p><b>Gender:</b> <input type="radio"/> Male <input type="radio"/> Female</p> <p><b>Birth year:</b></p> <p><b>Weight:</b></p> <p><b>Height:</b></p> <p><b>Marital Status:</b></p> <p><input type="radio"/> Married <input type="radio"/> Single</p> <p><b>Economic Level:</b></p> <p><input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High</p> <p><b>Smoking:</b></p> <p><input type="radio"/> yes <input type="radio"/> No</p> <p>Time (Years) :</p> <p>cigarettes per day:</p>	<p><b>Previous Hip surgery:</b></p> <p><input type="radio"/> No <input type="radio"/> Yes ,If yes:</p> <p><b>Reason for Previous Hip surgery:</b></p> <p><input type="checkbox"/> OA <input type="checkbox"/> RA <input type="checkbox"/> AVN</p> <p><input type="checkbox"/> Fracture <input type="checkbox"/> Fracture sequelae</p> <p><b>Primary Arthroplasty:</b> <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Side:</b> <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Both</p> <p><b>Type of Arthroplasty:</b></p> <p><input type="radio"/> THA <input type="radio"/> Hemiarthroplasty</p> <p><b>Reason for Primary Arthroplasty:</b></p> <p><input type="radio"/> OA <input type="radio"/> RA <input type="radio"/> AVN</p> <p><input type="radio"/> Fracture (Less than 3 months)</p> <p><input type="radio"/> Fracture sequelae (damage by earlier fracture)</p> <p><input type="radio"/> Osteonecrosis <input type="radio"/> Tumor</p> <p><b>Reason for Revision:</b></p> <p><input type="radio"/> Osteolysis</p> <p><input type="radio"/> Infection</p> <p><input type="radio"/> Instability</p> <p><input type="radio"/> Dislocation</p>	<p><b>Type of Anesthesia:</b></p> <p><input type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural</p>
		Surgery
<b>Hospitalization</b>	<b>Hip status</b>	<p><b>Time of Operation:</b></p> <p><input type="radio"/> &lt; 2 Hours <input type="radio"/> &gt; 2 Hours</p> <p><b>Transamin:</b> <input type="radio"/> No <input type="radio"/> Yes</p> <p><b>Position:</b> <input type="radio"/> Supine <input type="radio"/> Lateral</p> <p><b>Type of incision:</b> <input type="radio"/> Standard <input type="radio"/> MIS</p> <p><b>Approaches:</b></p> <p><input type="radio"/> Extended Trochanteric Osteotomy</p> <p><input type="radio"/> Anterior (Smith Peterson)</p> <p><input type="radio"/> Anterolateral (Watson Jones)</p> <p><input type="radio"/> Lateral (Hardinge)</p> <p><input type="radio"/> Posterior (Southern)</p> <p><b>Bone graft:</b></p> <p><input type="radio"/> No <input type="radio"/> Yes If yes,</p> <p><b>Adverse intraoperative event:</b></p> <p><input type="checkbox"/> Fracture</p> <p>If yes, <input type="checkbox"/> Acetabular <input type="checkbox"/> Femoral</p> <p><input type="checkbox"/> Nerve Injury</p> <p><input type="checkbox"/> Vascular Injury</p> <p><input type="checkbox"/> Abductor avulsion</p> <p><b>Type of suture:</b></p> <p><b>Subcutaneous:</b></p> <p><input type="radio"/> Continuous <input type="radio"/> Separate</p> <p><b>Cutaneous:</b></p> <p><input type="radio"/> Continuous <input type="radio"/> Separate</p> <p><b>Washing method of operation site:</b></p> <p><input type="radio"/> Pulse lavage <input type="radio"/> Manual method</p> <p><b>Blood transfusions during surgery?</b></p> <p><input type="radio"/> No <input type="radio"/> Yes</p>
<p><b>Hospital Name:</b> Akhtar</p> <p><b>Province:</b> Tehran</p> <p><b>Surgeon:</b></p> <p><b>Assistant:</b></p> <p><b>Date of Admission:</b></p> <p><b>Date of Surgery:</b></p> <p><b>Date of discharge:</b></p> <p><b>Length of preoperative hospital stay:</b></p> <p><b>Postoperative hospital stay:</b></p>	<p><b>HHS (Before surgery):</b></p> <p><b>HHS (After surgery):</b></p>	
<b>Laboratory Results (Before Surgery)</b>		
<p>W.B.C:</p> <p>Hgb:</p> <p>PMN:</p> <p>ESR:</p>	<p>HCT:</p> <p>LYMPH:</p> <p>CRP:</p>	

Detail of prosthesis		Implant brand:	ACCESSORIES COMPONENT
<b>Implant details:</b>		<b>Cement type:</b>	<input type="checkbox"/> Reconstruction ring <input type="checkbox"/> Burch-Schneider cage <input type="checkbox"/> Greater trochanteric grip <input type="checkbox"/> Cable <input type="checkbox"/> Wire <input type="checkbox"/> Trabecular metal augment
<b>Type:</b>		<input type="radio"/> With Antibiotic <input type="radio"/> Without Antibiotic	<b>Post operation</b>
<input type="radio"/> All Cement <input type="radio"/> Hybrid <input type="radio"/> Cementless <input type="radio"/> Resurfacing <input type="radio"/> Dual Mobility		<b>Cement Brand:</b>	
<b>Head Size:</b>		<b>CEMENTING TECHNIQUE:</b>	<b>Antibiotic:</b>
<input type="radio"/> 22 <input type="radio"/> 28 <input type="radio"/> 32 <input type="radio"/> 36 <input type="radio"/> Large head		<input type="checkbox"/> Vacuum mixing <input type="checkbox"/> Cement restrictor <input type="checkbox"/> Stem centralizer <input type="checkbox"/> Pulse Lavage <input type="checkbox"/> Cement gun <input type="checkbox"/> Proximal pressurizer	<input type="checkbox"/> Cefazolin <input type="checkbox"/> Vancomycin <input type="checkbox"/> Meropenem <input type="checkbox"/> Ceftriaxone <input type="checkbox"/> Clindamycin
<b>Bearing surface:</b>		<b>Cementless CUP</b>	<b>Surgical drain:</b> <input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Metal on Poly <input type="radio"/> Metal on crosslink poly <input type="radio"/> Ceramic on Poly <input type="radio"/> Dual Mobility <input type="radio"/> Ceramic on Ceramic <input type="radio"/> Metal on Metal <input type="radio"/> Ceramic on crosslink poly		<input type="radio"/> Porous coated with screw <input type="radio"/> Porous coated without screw <input type="radio"/> HA coated with screw <input type="radio"/> HA coated without screw <input type="radio"/> Spikes with screw <input type="radio"/> Spikes without screw <input type="radio"/> Dual Mobility with screw <input type="radio"/> Dual Mobility without screw <input type="radio"/> Jumbo cup with screw <input type="radio"/> Jumbo cup without screw	<b>Blood transfusions?</b> <input type="radio"/> No <input type="radio"/> Yes
<b>Cemented Cup:</b>		<b>Cementless FEMORAL COMPONENT</b>	<b>Anticoagulant:</b>
<input type="radio"/> All Poly <input type="radio"/> Long posterior wall <input type="radio"/> Constrained <input type="radio"/> Dual Mobility		<input type="radio"/> Press fit <input type="radio"/> Porous coated <input type="radio"/> HA coated <input type="radio"/> Plasma coated <input type="radio"/> Wagner <input type="radio"/> Modular <input type="radio"/> Fiber metal mesh <input type="radio"/> Small stem	<input type="checkbox"/> Enoxaparin <input type="checkbox"/> ASA <input type="checkbox"/> Warfarin <input type="checkbox"/> Rivaroxaban
<b>Cemented Femoral Component:</b>		Brand:	<b>Mechanical anti DVT:</b>
<b>Modularity:</b>			<input type="checkbox"/> T.E.D Stocking <input type="checkbox"/> Foot Pump <input type="checkbox"/> Intermittent Calf Compression
<input type="radio"/> Non Modular <input type="radio"/> Modular			<b>Discharge Note</b>
<b>Collar:</b>			
<input type="radio"/> Collared <input type="radio"/> Collarless			<b>Walker:</b> <input type="radio"/> No <input type="radio"/> Yes
<b>Surface:</b>			<b>Crutch:</b> <input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> Smooth <input type="radio"/> Coated			<b>Duration of taking Anticoagulant:</b>
<b>Shape:</b>			<input type="radio"/> 1 week <input type="radio"/> 2 week <input type="radio"/> 4 week <input type="radio"/> 6 week
<input type="radio"/> Straight <input type="radio"/> Double tapered <input type="radio"/> Flanged			<b>Type Of weight bearing:</b>
			<input type="radio"/> Non weight bearing <input type="radio"/> Partial weight bearing <input type="radio"/> Full weight bearing

