



TOTAL KNEE ARTHROPLASTY OPERATIVE FORM

Registry Form

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Imprint Area

Form with fields for SURGEON, DOB, OPERATIVE DATE, GENDER, and PLEASE CHECK YOUR LOCATION (ANT, CVL, FRE, FRS, OAK, ROS, RWC, SAC, SCL, SFO, SJC, SLN, SRF, SRO, SSC, SSF, VAC, VAL, WCR).

Operative Side: [ ] Left [ ] Right Same day bilateral procedure? [ ] No [ ] Yes If yes, [ ] Sequential (1 surgeon) [ ] Simultaneous (2 surgeons)

Anesthesia: (Mark all that apply) [ ] General [ ] Spinal [ ] Epidural [ ] Regional [ ] Femoral Nerve Block [ ] MAC [ ] Other \_\_\_\_\_

ASA Score: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

Infection Prophylaxis: [ ] Antibiotics Irrigation [ ] Antibiotics in Cement [ ] IV Antibiotics [ ] Laminar Flow [ ] Space Suits [ ] Other: \_\_\_\_\_

Operative time: (skin-to-skin) \_\_\_\_\_ mins EBL: \_\_\_\_\_ ml

Tourniquet Time: \_\_\_\_\_ mins Pressure: \_\_\_\_\_ mmHg

Drain: [ ] Reinfusion [ ] Non-Reinfusion [ ] None

Reason for surgery (Check all that apply)

- List of reasons for surgery including Osteoarthritis (OA), Rheumatoid arthritis (RA), Inflammatory arthritis (Non-RA), Post traumatic arthritis, Arthrofibrosis, Aseptic loosening, Component fracture, Failed Ext. Mech., Failed HTO, Failed ORIF, Failed UKA, Failed Uni-spacer, Femoral fracture, Tibial fracture, Ingrowth failure, Instability, Liner wear, Osteolysis, Osteonecrosis/Avascular necrosis, Pain, PF joint malfunction, Infection, Seroma/Hematoma, Synovial impingement, Wound dehiscence, Wound drainage, Other.

Revision: [ ] Yes [ ] No Conversion: [ ] Yes [ ] No

Procedure (Check all that apply)

- List of procedures including TKA with/without patella, TKA revision, UKA (medial/lateral), UKA converted to TKA, Patellofemoral uni/arthroplasty, HWR, I&D, Liner exchange, MUA, ORIF changed to TKA, ORIF of, Other, Revision femur, Revision patella, Revision tibia, Stage 1-2 explantation/reimplantation, Synovectomy, CAS (Computer Assisted Surgery), RAS (Robotic Assisted Surgery) with subtypes like Zimmer-ROSA, SmithNephew-CORI, Depuy-VELYS, Stryker-MAKO, and RAS Version.

Cement: [ ] None [ ] All [ ] Patella [ ] Tibia [ ] Femur

Bone graft: [ ] None [ ] Non-Structural [ ] Structural (Specify location): [ ] Tibia [ ] Femur

Soft Tissue Releases: Lateral retinaculum (patellar tracking) [ ] Yes [ ] No

Exposure: [ ] Mid-vastus [ ] Parapatellar [ ] Sub-vastus [ ] Tubercle osteotomy [ ] Mini [ ] Quadriceps release [ ] Trivector [ ] Other \_\_\_\_\_

Intra-op Complications? [ ] Yes [ ] No If yes, specify \_\_\_\_\_

VTE-Prophylaxis: (List all anticipated)

- List of VTE prophylaxis options: Coumadin, Low molecular weight heparin, Aspirin, Arixtra (fondaparinux), Foot pump, TED hose, Other, SCD, Xarelto (rivaroxaban).

SIGNATURES:

DATE:

Please scan & email to [implantregistries-forms@kp.org](mailto:implantregistries-forms@kp.org); or secure efax to 844-527-0153.

***PLACE IMPLANT STICKERS HERE***

**Femoral Component**

**Tibial Tray**

**Tibial Insert**

**Patella**

**Cement**

**Screws**