

Name:
NHS No:
Hospital No:
DOB:
Gender: M F

Operation Notes

Date of Operation: _____

Hospital: _____

Surgeon: _____

Anaesthetic Details

GA Spinal Epidural Regional Block Other

If other, please describe:

Incision and Approach

Arthroscopic Open

Articular Cartilage

Articular Cartilage Normal Throughout Articular Cartilage Not Normal Throughout

If Articular Cartilage NOT NORMAL, please select reason why below:

<input type="checkbox"/> Patella damage	<input type="checkbox"/> Trochlea damage
<input type="checkbox"/> Medial femoral damage	<input type="checkbox"/> Lateral femoral damage
<input type="checkbox"/> Medial plateau damage	<input type="checkbox"/> Lateral plateau damage

Lateral Compartment

Lateral Tibial Plateau Chondral Lesion Lateral Tibial Plateau OsteoChondral Lesion

Please select the appropriate Size of Defect (X Axis)

2mm 4mm 6mm 8mm 10mm 12mm 14mm 16mm 18mm 20mm 22mm 24mm 26mm 28mm Other

Operation Notes

If other, please describe:

Please select the appropriate Size of Defect (Y Axis)

- 2mm 4mm 6mm 8mm 10mm 12mm 14mm 16mm 18mm 20mm 22mm 24mm 26mm 28mm Other

If other, please describe:

ICRS Grade of Cartilage Damage

- Grade 0 Grade 1A Grade 1B Grade 2
 Grade 3A Grade 3B Grade 3C Grade 3D
 Grade 4A Grade 4B Grade 4C

Procedure: ACL Reconstruction

- No Notchplasty Performed Notchplasty Performed

Please check the appropriate Femoral Tunnel Drilling Technique:

- Outside-in Trans-tibial AM Portal All inside

Please check the appropriate Tibial Tunnel Drilling Technique:

- Outside-in Inside-out All inside

Additional Surgery

- None Medial Meniscal Surgery (see Question A below) Lateral Meniscal Surgery (see Question B below)
 Articular Cartilage Surgery PCL Surgery Posterolateral Corner Surgery
 Extensor Mechanism Surgery Collateral Ligament Surgery Other

Question A - Meniscal Surgery

(Please only answer if patient is receiving additional medial meniscal surgery)

LEAVE BLANK IF NOT APPLICABLE

- | | | |
|---|---|--|
| <input type="radio"/> Partial Medial Meniscectomy | <input type="radio"/> Medial Meniscal Repair | <input type="radio"/> Medial Replacement (Synthetic) |
| <input type="radio"/> Medial Transplant (Allograft) | <input type="radio"/> Saucerisation Medial Discoid Meniscus | <input type="radio"/> Other Treatment |

Question B - Meniscal Surgery

(Please only answer if patient is receiving additional lateral meniscal surgery)

LEAVE BLANK IF NOT APPLICABLE

- | | | |
|--|--|---|
| <input type="radio"/> Partial Lateral Meniscectomy | <input type="radio"/> Lateral Meniscal Repair | <input type="radio"/> Lateral Replacement (Synthetic) |
| <input type="radio"/> Lateral Transplant (Allograft) | <input type="radio"/> Saucerisation Lateral Discoid Meniscus | <input type="radio"/> Other Treatment |

Meniscal Status at end of Procedure

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Normal Medial Meniscus | <input type="checkbox"/> 2/3 Remaining | <input type="checkbox"/> 1/3 Remaining | <input type="checkbox"/> <10% Remaining |
| <input type="checkbox"/> Normal Lateral Meniscus | <input type="checkbox"/> 2/3 Remaining | <input type="checkbox"/> 1/3 Remaining | <input type="checkbox"/> <10% Remaining |

Intra-Operative Complications

- | | |
|---|--|
| <input type="checkbox"/> No Intra-operative Complications | <input type="checkbox"/> Intra-operative Complications Experienced |
|---|--|

If there were Intra-Operative Complications, please select one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Patella fracture | <input type="checkbox"/> Patella tendon avulsion | <input type="checkbox"/> Femoral tunnel blowout |
| <input type="checkbox"/> Haemorrhage | <input type="checkbox"/> Vascular injury | <input type="checkbox"/> Nerve damage |
| <input type="checkbox"/> Implant malposition - Replaced | <input type="checkbox"/> Implant malposition - Removed | <input type="checkbox"/> Implant fracture |
| <input type="checkbox"/> Ligament injury | <input type="checkbox"/> Implant was opened in error | <input type="checkbox"/> Implant de-sterilised |
| <input type="checkbox"/> Anaesthetic complication | <input type="checkbox"/> Death | <input type="checkbox"/> Other |

Operation Notes

Please add any additional information about any complications: