

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

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

# Operation Notes

## 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:*