



# Learning Effects Study Surgery Form

TNO:

Initials:

Site Code:

Name of operating surgeon:

**1. PARTICIPANT DETAILS:**

A. Participant Initials:

B. Age:   B. Sex: Male  Female

D. Hospital number:

E. BMI:    OR Height:    cm Weight:    kg

F. Which knee is being replaced? Left  Right

G. Most affected knee compartment: Medial  Lateral  Patellofemoral

H. Registering site:

**2. PARTICIPANT CONSENT:**

*(Please note: your name **must** be on the trial delegation log)*

A. Has consent been verbally re-confirmed today? No  Yes

B. Name of person re-confirming consent:

**3. PARTICIPANT ELIGIBILITY:**

A. Has eligibility been re-confirmed today? No  Yes

If no, please explain why:

B. Name of person re-confirming eligibility:

**4. SURGERY DETAILS:**

A. Date of Surgery:    -    -

B. Surgery Start Time (Knife to Skin)   :   Surgery End Time (End of Closure)   :

C. Type of anaesthesia: General  Regional (spinal)

D. Block used? No  Yes



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## 4. SURGERY DETAILS (cont):

E. Grade of operating surgeon (please choose one option):

Consultant

Non-Consultant Specialist

Post-CCT Trainee

F. Was there a senior supervising surgeon present? No  Yes

If YES, name of supervising surgeon:

G. Grade of senior supervising surgeon, if present (please choose one option):

Consultant

Non-Consultant Specialist

Post-CCT Trainee

H. Was the senior supervising surgeon scrubbed? No  Yes

I. Tourniquet used? No  Yes

If YES, tourniquet time:  mins

J. Time from incision to closure:  mins

K. Was the patella resurfaced? No  Yes

L. Type of implant:

Posterior stabilised

Posterior Sacrificing

Cruciate Retaining

M. Any complications? No  Yes  (if yes, please provide details in box below)

N. Ligament release (please circle yes or no for all options below):

Superficial MCL release Yes  No

Lateral capsule release (for lateral compartment OA) Yes  No

More extensive medial release Yes  No

More extensive lateral release Yes  No

Lateral retinacular release (For PFJ/patellar tracking) Yes  No

Other (Please specify below) Yes  No

PCL release Yes  No

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O. Detail ligament releases:

P. Changes to planned bony cuts:

Q. FEMUR:

Final size:

R. TIBIA:

Final size:

Insert thickness:  mm

S. PATELLA:

Final size:  mm

Asymmetrical  Symmetrical

*(Please note: your name **must** be on the trial delegation log)*

Name of person who completed form (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed:  -  -