



# Surgery Form

TNO:

Initials:

Site Code:

## SURGERY DETAILS

1. Date of Surgery: --

2. Surgery Start Time (*Knife to Skin*) :

Surgery End Time (End of Closure) :

3. Type of anaesthesia: General

Regional (spinal)

4. Block used? No

Yes

5. Name of operating surgeon:

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

Consultant

Non-Consultant Specialist

Post-CCT Trainee

7. Was there a senior supervising surgeon present? No

Yes

If **YES**, name of senior supervising surgeon:

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

Consultant

Non-Consultant Specialist

Post CCT Trainee

9. Was the senior supervising surgeon scrubbed? No

Yes

10. Tourniquet used? No

Yes

If **YES**, tourniquet time:  mins

11. Time from incision to closure:  mins

12. Was the patella resurfaced? No

Yes

13. Type of implant:

Posterior stabilised

Cruciate Sacrificing

Cruciate retaining

14. Any complications? No

Yes  (if **YES**, please provide details in box below)



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

Superficial MCL release Yes  No

Lateral capsule release Yes  No   
(for lateral compartment OA)

More extensive medial release Yes  No

More extensive lateral release Yes  No

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

Other (Please specify below) Yes  No

PCL release Yes  No

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16. Detail ligament releases:

17. Changes to planned bony cuts:

18. FEMUR:

Final size:

19. TIBIA:

Final size:

Insert thickness:  mm

20. PATELLA:

Final size:  mm

Asymmetrical  Symmetrical

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

Surgeon who completed form (print name): \_\_\_\_\_

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

Date signed:  -  -