

Total Knee Arthroplasty (TKA)

Pre-Operative Details

Personal

Name (Arabic): _____ Patient ID:

Name (English): _____

Birth of date: _____ Male Female

Address: _____

Occupation _____ Tel: _____

Next of Kin: _____ Tel: _____

Joint

Side Left Right Bilateral

Complaint: Pain Deformity Swelling Instability Stiffness

Since: _____

Present History: _____

Past History and Family History:

Other Joints

Previous Arthroplasty: _____

Other Pathology: _____

Examination

Inspection & Palpation (Swelling Wasting Inflammation Scars)

Movements: Fixed deformity: _____ Range: (Active _____) (Passive _____)

Deformities:

<input type="checkbox"/> Valgus	<input type="checkbox"/> Varus	<input type="checkbox"/> Recurvatum	<input type="checkbox"/> Procurvatum
Degree	Degree	Degree	Degree
Correction	Correction	Correction	Correction

Shortening Above the knee Below the knee (_____ cm)

Investigations Results

Hemoglobin:

X-ray: Deformity (_____) Bone defect Osteoporosis Massive Osteophytes

Pathology:

Osteoarthritis Inflammatory arthropathy (RA AS Seronegative Psoriatic)

Post-traumatic Previous arthrodesis Previous infection

Avascular necrosis Other (specify: _____)

Remarks:

Doctor's Signature (_____)

Operative Details (TKA)

Name: _____ Patient ID: _____

Hospital: _____ Operation date: _____ Time: _____ to _____ (total _____ min)

Anesthetic types: General Regional-Epidural Spinal

Patient physical status (ASA grade): P1 P2 P3 P4 P5 BMI: _____

Operation funding: MoH funding (*karar*) Hospital Case Private

Referral: No Yes (_____) Laminar flow theatre: Yes No

Surgeon: _____ Assistant: _____

Anesthetist: _____ Scrub Nurse: _____

Side: Left Right Bilateral Contra-lateral TKA

Procedure: Primary Complex primary

Previous operation on the knee:

Arthroscopy Osteotomy: (Femoral Tibial Both)
UKA Synovectomy Soft tissue realignment
Patellectomy Other (specify _____)

Intra-articular Injection: No Cortisone Hyaluronic Acid when (_____)

Examination under Anesthesia: Fixed flexion deformity Range of Motion (_____)

Default Technique: Yes No Tourniquet No Yes (time: _____)

Approach: Lateral parapatellar Medial Parapatellar Sub-Vastus Other (_____)

Minimally invasive: No Yes CAS: No Yes

Bone defects: No Femur Tibia Patella

Bone grafts: No Femoral Tibial

Cemented technique: Femur Tibia Patella

Patellar Tracking: Poor Satisfactory Good

ROM:

Soft Tissue Balance: (Flexion-Extension: Balanced F > E E > F)

(Mediolateral: Balanced Imbalanced (In flexion [M L] In Extension [M L])

Intraoperative Complications: No Yes (Specify: _____)

Implant:

◆ Make:

◆ Type: CR PS Fixed bearing Mobile bearing

◆ Size: Femoral (_____) Tibial Tray (_____) Tibial Insert (_____) Patella (_____)

◆ Cement: (Make: _____) Low High Antibiotic

Thromboprophylaxis regime: Chemical (_____) Mechanical (_____)

Post-Operative Medication: Antibiotic (_____)

Analgesia (_____)

Others (_____)

Remarks:

Doctor's Signature (_____)

Post-Operative Details (TKA)

Name: _____ Patient ID: _____

Hospital: _____ Operation date: _____

Side Left Right Bilateral Operation: _____

Discharge from the hospital: Date: (/ /) Hospital Stay :(days)

Wound Complications: No Yes (specify _____)

Other complications: No Yes (specify _____)

Clinical Assessment:

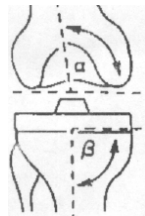
◆ Pain		◆ R.O.M		◆ Stability			◆ Deductions			
<u>Walking:</u>	None	35			<u>Medial/ lateral</u>	0-5 mm	15	Extension lag	None	0
	Mild	30				5-10 mm	10		<4	-2
	Moderate	15	125-140	25		>10 mm	5		5-10	-5
	Sever	0	110-124	20			>11		-10	
<u>Stairs:</u>	None	15	85-109	15	<u>Anterior/ Posterior</u>	0-5 mm	10	Flexion Contracture	<5	0
	Mild	10	70-84	10		5-10 mm	8		6-10	-3
	Moderate	5	50-69	5		>10 mm	5		11-20	-5
	Sever	0	0- 49	0			>20		-10	
Total: (50 Maximum)		Total: (25 Maximum)		Total: (25 Maximum)			Malalignment	5-10	0	
								11-15	-2	
								16-20	-4	
								21-25	-6	
							Pain at rest	No pain	0	
								Mild	-5	
								Moderate	-10	
								Sever	-15	
							Total deduction:			

◆ Total Knee Society Score (after 6 weeks):

◆ Patient satisfaction : Better Same Worse

Radiological Assessment:

◆ Alignment



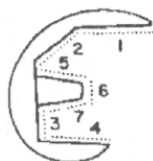
AP-View

Femoral Angle(a)=
Tibial Angle(B)=
Total Valgus Angle =

Lat-View

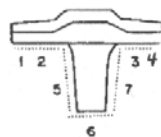
Femoral Flexion =
Tibial Angle =

◆ Loosening



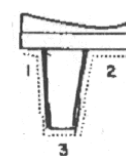
1 2
 3 4
 5 6
 7

Total: _____



1 2
 3 4
 5 6
 7

Total: _____



1
 2
 3

Total: _____

◆ Other radiological findings

Comments:

Arthroplasty Card: Date of production (/ /) Serial No: _____

Doctor's Signature (_____)