

Australian Orthopaedic Foot and Ankle Society & Australian Orthopaedic Association National Joint Replacement Registry

Ankle Joint Form - User Guide

The data forms require both sides to be completed. Where possible please use hospital and company labels. If labels are unavailable write in the spaces provided.

Sections of Ankle Form

SIDE 1	Front of Ankle Form
Section 1	Patient Details
Section 2	Hospital Name, Surgeon Codes and Demographic Details
Section 3	Operation Details
Section 4	Talar Tilt/COFAS classification(s)
Section 5	Previous Procedures
Section 6	Concurrent Procedures
Section 7	Arthrodesis
Section 8	Bone Graft
SIDE 2	Back of Ankle Form
Section 9	Prosthesis/Components Section

Sections are highlighted on the form on the following page.

Instructional Guide

Instructional Guide	Clarifies roles, responsibilities and timing
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Overview of the Sections of the Form

ANKLE FORM **SIDE 1** Australian Orthopaedic Association National Joint Replacement Registry **SIDE 1**

Place **PATIENT DETAILS** label [here](#) and/or if any patient details are not available on the hospital label please complete below

Female: Male:

Surname: Middle Init: **Section 1**

First Name: Address: Post Code: Hospital Patient No: DOB: Medicare No: DVA No: Name of Hospital: State: Consultant Surgeon Code: **Section 2**

Weight (kg) Height (cm) ASA

PLEASE COMPLETE THIS SECTION IN FULL (IF BILATERAL USE TWO FORMS)

OPERATION DATE L R

PRIMARY TAR **PRIMARY ARTHRODESIS**

DIAGNOSIS (Tick more than one box if applicable)

Osteoarthritis	Loosening
Post Traumatic Arthritis	Lysis
Rheumatoid Arthritis	Infection
Other Inflammatory Arthritis	Implant Breakage specify
Fracture specify	Instability
Instability	Dislocation
Malalignment	Component Dissociation
Other specify	Fracture specify
	Non-Union of arthrodesis
	Mal-Union of arthrodesis
	Other specify

PRE-OP XR TALAR TILT: MORTISE VIEW ANKLE & LATERAL TIBIAL LINE
Please complete this section for TAR and Arthrodesis

Valgus Varus Neither Angle Degree (Primary only - Circle one above) (Write degrees above)

Pre op COFAS Type: 1 2 3 4 5a 5b 5c 5d 5e 5f 5g 5h 5i 5j 5k 5l 5m 5n 5o 5p 5q 5r 5s 5t 5u 5v 5w 5x 5y 5z 5aa 5ab 5ac 5ad 5ae 5af 5ag 5ah 5ai 5aj 5ak 5al 5am 5an 5ao 5ap 5aq 5ar 5as 5at 5au 5av 5aw 5ax 5ay 5az 5ba 5bb 5bc 5bd 5be 5bf 5bg 5bh 5bi 5bj 5bk 5bl 5bm 5bn 5bo 5bp 5bq 5br 5bs 5bt 5bu 5bv 5bw 5bx 5by 5bz 5ca 5cb 5cc 5cd 5ce 5cf 5cg 5ch 5ci 5cj 5ck 5cl 5cm 5cn 5co 5cp 5cq 5cr 5cs 5ct 5cu 5cv 5cw 5cx 5cy 5cz 5da 5db 5dc 5dd 5de 5df 5dg 5dh 5di 5dj 5dk 5dl 5dm 5dn 5do 5dp 5dq 5dr 5ds 5dt 5du 5dv 5dw 5dx 5dy 5dz 5ea 5eb 5ec 5ed 5ee 5ef 5eg 5eh 5ei 5ej 5ek 5el 5em 5en 5eo 5ep 5eq 5er 5es 5et 5eu 5ev 5ew 5ex 5ey 5ez 5fa 5fb 5fc 5fd 5fe 5ff 5fg 5fh 5fi 5fj 5fk 5fl 5fm 5fn 5fo 5fp 5fq 5fr 5fs 5ft 5fu 5fv 5fw 5fx 5fy 5fz 5ga 5gb 5gc 5gd 5ge 5gf 5gg 5gh 5gi 5gj 5gk 5gl 5gm 5gn 5go 5gp 5gq 5gr 5gs 5gt 5gu 5gv 5gw 5gx 5gy 5gz 5ha 5hb 5hc 5hd 5he 5hf 5hg 5hi 5hj 5hk 5hl 5hm 5hn 5ho 5hp 5hq 5hr 5hs 5ht 5hu 5hv 5hw 5hx 5hy 5hz 5ia 5ib 5ic 5id 5ie 5if 5ig 5ih 5ii 5ij 5ik 5il 5im 5in 5io 5ip 5iq 5ir 5is 5it 5iu 5iv 5iw 5ix 5iy 5iz 5ja 5jb 5jc 5jd 5je 5jf 5jg 5jh 5ji 5jj 5jk 5jl 5jm 5jn 5jo 5jp 5jq 5jr 5js 5jt 5ju 5jv 5jw 5jx 5jy 5jz 5ka 5kb 5kc 5kd 5ke 5kf 5kg 5kh 5ki 5kj 5kl 5km 5kn 5ko 5kp 5kq 5kr 5ks 5kt 5ku 5kv 5kw 5kx 5ky 5kz 5la 5lb 5lc 5ld 5le 5lf 5lg 5lh 5li 5lj 5lk 5ll 5lm 5ln 5lo 5lp 5lq 5lr 5ls 5lt 5lu 5lv 5lw 5lx 5ly 5lz 5ma 5mb 5mc 5md 5me 5mf 5mg 5mh 5mi 5mj 5mk 5ml 5mm 5mn 5mo 5mp 5mq 5mr 5ms 5mt 5mu 5mv 5mw 5mx 5my 5mz 5na 5nb 5nc 5nd 5ne 5nf 5ng 5nh 5ni 5nj 5nk 5nl 5nm 5nn 5no 5np 5nq 5nr 5ns 5nt 5nu 5nv 5nw 5nx 5ny 5nz 5oa 5ob 5oc 5od 5oe 5of 5og 5oh 5oi 5oj 5ok 5ol 5om 5on 5oo 5op 5oq 5or 5os 5ot 5ou 5ov 5ow 5ox 5oy 5oz 5pa 5pb 5pc 5pd 5pe 5pf 5pg 5ph 5pi 5pj 5pk 5pl 5pm 5pn 5po 5pp 5pq 5pr 5ps 5pt 5pu 5pv 5pw 5px 5py 5pz 5qa 5qb 5qc 5qd 5qe 5qf 5qg 5qh 5qi 5qj 5qk 5ql 5qm 5qn 5qo 5qp 5qq 5qr 5qs 5qt 5qu 5qv 5qw 5qx 5qy 5qz 5ra 5rb 5rc 5rd 5re 5rf 5rg 5rh 5ri 5rj 5rk 5rl 5rm 5rn 5ro 5rp 5rq 5rr 5rs 5rt 5ru 5rv 5rw 5rx 5ry 5rz 5sa 5sb 5sc 5sd 5se 5sf 5sg 5sh 5si 5sj 5sk 5sl 5sm 5sn 5so 5sp 5sq 5sr 5ss 5st 5su 5sv 5sw 5sx 5sy 5sz 5ta 5tb 5tc 5td 5te 5tf 5tg 5th 5ti 5tj 5tk 5tl 5tm 5tn 5to 5tp 5tq 5tr 5ts 5tt 5tu 5tv 5tw 5tx 5ty 5tz 5ua 5ub 5uc 5ud 5ue 5uf 5ug 5uh 5ui 5uj 5uk 5ul 5um 5un 5uo 5up 5uq 5ur 5us 5ut 5uu 5uv 5uw 5ux 5uy 5uz 5va 5vb 5vc 5vd 5ve 5vf 5vg 5vh 5vi 5vj 5vk 5vl 5vm 5vn 5vo 5vp 5vq 5vr 5vs 5vt 5vu 5vv 5vw 5vx 5vy 5vz 5wa 5wb 5wc 5wd 5we 5wf 5wg 5wh 5wi 5wj 5wk 5wl 5wm 5wn 5wo 5wp 5wq 5wr 5ws 5wt 5wu 5wv 5ww 5wx 5wy 5wz 5xa 5xb 5xc 5xd 5xe 5xf 5xg 5xh 5xi 5xj 5xk 5xl 5xm 5xn 5xo 5xp 5xq 5xr 5xs 5xt 5xu 5xv 5xw 5xx 5xy 5xz 5ya 5yb 5yc 5yd 5ye 5yf 5yg 5yh 5yi 5yj 5yk 5yl 5ym 5yn 5yo 5yp 5yq 5yr 5ys 5yt 5yu 5yv 5yw 5yx 5yy 5yz 5za 5zb 5zc 5zd 5ze 5zf 5zg 5zh 5zi 5zj 5zk 5zl 5zm 5zn 5zo 5zp 5zq 5zr 5zs 5zt 5zu 5zv 5zw 5zx 5zy 5zz

COFAS reoperation code: 2 3 4 5 6 7 8 9 10 11 12 13

Previous Procedures

Planovalgus Reconstruction	NO	YES
Cavovarus Reconstruction	NO	YES
Supramalleolar Osteotomy	NO	YES
TAR	NO	YES
Arthrodesis	NO	YES

Fracture Fixation (Tick all that apply)

One Malleolus	>1 Malleolus	NO	YES
Pilon / Talus Fracture	Syndesmosis	NO	YES

Concurrent Surgeries (Tick all that apply)

Achilles Lengthening	NO	YES
Ligament Stabilization	NO	YES
Hindfoot Reconstruction	NO	YES
Forefoot / Midfoot Reconstruction	NO	YES
Other specify	NO	YES

Arthrodesis NO YES Arthroscopic NO YES

Fixation Type (tick all that apply)

Screws	External Fixat	NO	YES
Plate	Other	NO	YES

Bone Graft (tick all that apply)

Autograft	Allograft	NO	YES
Synthetic	Biologic	NO	YES

Section 4 **Section 5** **Section 6** **Section 7** **Section 8**

V8.5 Please return form to AOANJRR, Locked Bag 2, Hutt St Post Office, Adelaide, SA, Australia 5000 Please complete Side 2

ANKLE FORM **SIDE 2** Australian Orthopaedic Association National Joint Replacement Registry **SIDE 2**

TIBIAL COMPONENTS
(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company Prosthesis Name Cat/Ref No. Lot No.

Company Prosthesis Name Cat/Ref No. Lot No.

TALAR COMPONENTS
(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company Prosthesis Name Cat/Ref No. Lot No.

Company Prosthesis Name Cat/Ref No. Lot No.

CEMENT

TIBIAL	NO	YES
TALAR	NO	YES

CEMENT NAME
(Use company label or complete details: if more than one mix is used, use only 1 label)

SURGEON ASSISTIVE TOOLS
(Tick all that apply - affix label below if available)

Computer navigated NO YES
System used :

Image Derived Instrumentation (IDI) NO YES
System used :

ADDITIONAL COMMENTS (or Extra Labels)

.....

ALL SECTIONS of this form MUST be COMPLETED

V8.5 Thank you for completing this form - For further information contact (08) 8128 4280 Completed by Date/...../.....

Side 1

Section 1: Patient Details

- Hospital labels can be used.
- Complete any details not included on the hospital label, as this information is necessary to match patient details if surgery is undertaken at a later date.

Section 2: Hospital Name, Surgeon Codes and Demographic Details

- Complete the hospital name and state.
- Inclusion of the consultant surgeon code (AOA Member number) is optional however if their surgeon code is not included this procedure may not be matched to that surgeon.
- Weight and Height of patient.
- ASA Score.

Section 3: Operation Details

- Complete operation date.
- Side of surgery is important, one side per form - tick box for left or right side.
- If bilateral replacements are performed, please use two forms and indicate side on each form.
- Tick primary or revision box.
- Tick the appropriate diagnosis option/s (more than one box may be ticked).
- More than one box may be ticked for Revision surgery. If none of these diagnoses are appropriate, mark the “other” box and specify details.

Diagnosis – Primary

These descriptors account for the majority of causes of ankle arthritis.
Please note if fracture in this sense is selected, it is for an acute fracture.

Diagnosis – Revision/Reoperation

This section continues with the criteria utilised by the AOANJRR in previous registry data, relevant to total ankle replacement.

Both this section and the Canadian Orthopaedic Foot and Ankle Society (COFAS) reoperation type must be filled out for a reoperation (including any revisions) procedure.

Section 4: Talar Tilt/COFAS classification(s)

Please complete this section for TAR and Arthrodesis. Ensure you fill in EACH section (talar tilt, Pre-op COFAS Type, COFAS Reoperation Code) as required by the instructions below.

Pre-Op XR Talar Tilt

Required for:

- All primary TAR and Arthrodesis
- Not required for Revision / Reoperation procedures

On a Standard WB Ankle Xray series, measure the talar tilt.

Please

- Document the measurement in degrees (whole integers)
- Choose either Varus, Valgus or Neither (if 0 degrees).
- Example: Valgus 18 degrees.

Technique of measuring Talar Tilt

The angle of the **proximal talar surface** to the **lateral border of the tibia** in the distal diaphysis and metaphysis on the anteroposterior (AP) weightbearing ankle radiograph.



Pre-op COFAS Type (Modified)

Required for:

- All primary TAR and Arthrodesis
- Revision / reoperation procedures as appropriate

The **COFAS End-Stage Ankle Arthritis Classification System**¹ is a validated system used internationally and is the accepted gold standard descriptor of ankle arthritis. This is a modification of this system which also includes reoperations. Figures/tables have used in this section have been reproduced, and adapted as required, from this classification system¹.

Fill in the stage of arthritis, choosing **ONE** of types **1 to 6**.

Type 1	Type 2	Type 3	Type 4	Type 5a, 5b, 5c	Type 6
Isolated ankle arthritis	Ankle arthritis with an intraarticular deformity +/- a tight heel cord	Ankle arthritis with an extra articular deformity (hindfoot varus, tibial malunion, forefoot varus, ab- or ad-duction, plantar flexed first ray etc)	Types 1 – 3 plus subtalar, calcaneocuboid or talonavicular arthritis	Failed ankle arthrodesis	Failed TAR
				5a Ankle arthrodesis revised to ankle arthrodesis	
				5b Ankle arthrodesis to TAR (i.e. takedown of fusion)	
				5c Extension of ankle arthrodesis (i.e. unplanned / unstaged late hind foot or mid foot)	
				For Type 5 – 6 complete COFAS re-operation code as well.	


¹Krause, F. G., Di Silvestro, M., Penner, M. J., Wing, K. J., Glazebrook, M. A., Daniels, T. R., et al. (2010). Inter- and Intraobserver Reliability of the COFAS End-Stage Ankle Arthritis Classification System. *Foot & Ankle International*, 31(2), 103–108?

[Refer to detailed explanation below](#)


Type 1 ankle arthritis occurs in isolation.

Type 2 ankle arthritis has an **intra-articular ankle deformity of more than 10 degrees (as measured for Pre-op XR Talar Tilt)** or a **tight heel cord**, or both an intra-articular deformity and tight heel cord.

Type 3 patients have ankle arthritis with deformity of the **hindfoot, tibia or forefoot**.

<p><u>Hindfoot deformity</u> The angle between the lateral border of the calcaneus and the long axis of the tibia on the AP view of the ankle.</p> <p>Varus more than 5 degrees, Valgus more than 10 degrees.</p> <p><u>Tibial deformity</u> An angulation of the lateral border of the tibia more than 10 degrees on the AP view of the ankle.</p> <p><u>Forefoot / Midfoot deformity</u> Talo-first metatarsal angle more than 10 degrees adduction or abduction on the AP view of the foot.</p> <p>Pes cavus or planus as the Talo-first metatarsal angle more than 10 degrees on the lateral view of the foot.</p>	
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Type 4 includes Type 1 to 3 plus subtalar, talonavicular or calcaneocuboid arthritis

<p><u>Subtalar / Talonavicular / Calcaneocuboid arthritis</u> Radiological arthritis in at least one of these joints. In the subtalar joint, two out of three criteria are present: subtalar pain on motion, restriction of subtalar motion, or radiographic arthritic change.</p>	
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Type 5 relates to failed ankle arthrodesis.

- **Type 5a** Ankle arthrodesis revised to ankle arthrodesis
- **Type 5b** Ankle arthrodesis converted to TAR
- **Type 5c** Extension of ankle arthrodesis i.e. unplanned late hindfoot or midfoot arthrodesis

Type 6 relates to failed ankle replacement.

This includes ankle replacement undergoing a reoperation with retention of implant.

COFAS Reoperation Code (Modified)

Required for:

- All revisions/reoperations of TAR and Arthrodesis

This section is to be completed for **ANY** reoperation (including revisions) on or around an ankle replacement or arthrodesis, regardless of a change in components.

Choose a single code: from 2 to 13. EXCLUDING Type 1.

This is a modification of the COFAS reoperation coding system for ankle replacement and arthrodesis², which is utilised internationally by major orthopaedic journals in reporting TAR outcomes.

This section also encompasses the range of occasions when a change of Polyethylene liner is performed.

1. ~~No reoperation at or around the ankle. DO NOT CHOOSE.~~
2. Isolated hardware removal around the ankle.
3. Repeat operation outside the ankle replacement or arthrodesis (eg, osteotomy, fusion, or ligament repair) but related to the replacement or arthrodesis
4. Ankle gutter or heterotopic ossification debridement without exchange of metal components, with or without intact polyethylene exchange
5. Exchange of polyethylene liner as a result of polyethylene liner failure
6. Debridement of an osteolytic cyst without exchange of metal components with or without intact polyethylene exchange.
7. Deep infection or wound complication requiring operative debridement (without exchange of metal components in ankle replacement), with or without intact polyethylene exchange
8. Revision of arthrodesis due to malposition or nonunion (no infection)
9. Implant failure leading to revision of metal components due to aseptic loosening, component fracture, or malposition (no infection)
10. Revision of metal component(s) secondary to infection.
11. Amputation above the level of the ankle.
12. Removal of TAR Components with ankle arthrodesis.
13. Removal of TAR Components with extended TibioTaloCalcaneal (TTC) arthrodesis.

² Younger, A.S., Glazebrook, M., Veljkovic, A., Goplen, G., Daniels, T.R., Penner, M., Wing, K.J., Dryden, P.J., Wong, H. and Lalonde, K.A., 2016. A coding system for reoperations following total ankle replacement and ankle arthrodesis. *Foot & Ankle International*, 37(11), pp.1157-1164. <https://doi.org/10.1177/1071100716659037>.

Section 5: Previous Procedures

This section is to be completed if previous procedures have been confirmed. This includes procedures performed as a Primary Stage **before** the **Index** Arthroplasty.

Please tick yes/no at the top to state if any previous procedures were done. If yes, please complete the remainder of the section, including ticking “no” for any procedures not done.

These are grouped into:

- **Planovalgus Reconstruction.** Evidence of osteotomy or arthrodesis for previous correction. Specifics not required. Yes/No Only.
- **Cavovarus Reconstruction.** Evidence of osteotomy or arthrodesis for previous correction. Specifics not required. Yes/No Only.
- **Supramalleolar Osteotomy.** Yes/No Only. Specifics not required.
- **Previous TAR.** Tick Yes/No. Fill in type/brand.
- **Previous Arthrodesis.** Tick Yes/No. List the Location of the arthrodesis. For example; Subtalar. Name each joint fused individually (up to 5 can be named). **Do not use terms such as triple or double** fusion.
- **Fracture Fixation.** Tick Yes/No, then if yes, fill in all that apply below.

These options do not include all possible previous procedures, they have been chosen as those most likely to influence the outcome of TAR or Ankle arthrodesis.

Section 6: Concurrent Procedures

This section only describes procedures undertaken at the time of index surgery. This is divided into 4 main categories. The specifics of these procedures is not required, only tick boxes, no free text (except for “other”).

Please tick yes/no at the top to state if any concurrent surgeries were done. If yes, please complete the remainder of the section, including ticking “no” for any procedures not done.

- **Achilles lengthening.** Tick yes or no. Use for any form of proximal or distal Gastrocnemius, Soleus or Achilles lengthening procedure.
- **Ligament stabilisation.** Tick which applies. Specifics not required.
- **Hindfoot reconstruction.** Hindfoot defined as the level including the navicular and proximal to the navicular. Tick which applies.
 - No
 - Osteotomies
 - Arthrodesis
 - Or both
- **Forefoot / Midfoot reconstruction.** Forefoot defined as the including the cuneiforms and distal to the cuneiforms. Tick which applies.
 - No
 - Osteotomies

- Arthrodesis
- Or both
- **Other.** Tick Yes/No. Provide details (specify) e.g. intraoperative fracture.

Section 7: Arthrodesis

Definition of Arthroscopic Ankle Arthrodesis

Ankle arthroscopic arthrodesis involves joint preparation and percutaneous fixation with screws and / or plates where the joint capsule is not breached. If the capsule is opened for fixation or joint preparation (“mini open technique”), this is considered an open technique.

Please fill in as required.

- Tick yes if primary or revision Ankle Arthrodesis

If yes, please continue to fill in the remainder of the section.

- Arthroscopic: tick yes/no
- Fixation type: tick all that apply

If implant stickers are available, they should be used. If implant stickers are not available, there is no need for written documentation.

Section 8: Bone Graft

Please fill in as required.

Tick Yes/No, then if yes, fill in all that apply below.

Allograft is irradiated unprocessed bone.

Biologics include processed or enhanced allograft eg demineralised bone.

Side 2

Where possible please use hospital and product labels. If labels are unavailable write in the spaces provided.

Section 9: Prosthesis/Components Section

Cement

- Tick yes or no for each component where applicable.
- If yes, use a cement label or write in the cement details.
- Only one label is required if multiple mixes are used.

Surgeon Assistive Tools

- Tick yes or no for each type. Add label where applicable.

Additional Comments

Can be used as required.

Instructional Guide

Roles, responsibilities and timing.

- **Cyan / teal** to be completed by hospital staff or surgeon at the time of surgery.
- **Yellow** to be completed by surgeon prior to, or at surgery.
- **Green** only required for arthrodesis.

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Arthrodesis <table style="width:100%; border-collapse: collapse;"> <tr> <td>NO</td> <td><input type="checkbox"/></td> <td>YES</td> <td><input type="checkbox"/></td> <td>Arthroscopic</td> <td>NO</td> <td><input type="checkbox"/></td> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Fixation Type (tick all that apply)</td> <td>IM Nail</td> <td colspan="4"><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Screws</td> <td>External Fixation</td> <td colspan="4"><input type="checkbox"/></td> </tr> <tr> <td colspan="4">Plate</td> <td>Other</td> <td colspan="4"><input type="checkbox"/></td> </tr> </table>			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Arthroscopic	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Fixation Type (tick all that apply)				IM Nail	<input type="checkbox"/>				Screws				External Fixation	<input type="checkbox"/>				Plate				Other	<input type="checkbox"/>			
NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Arthroscopic	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>																														
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Plate				Other	<input type="checkbox"/>																																	
Bone Graft (tick all that apply) <table style="width:100%; border-collapse: collapse;"> <tr> <td>NO</td> <td><input type="checkbox"/></td> <td>YES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Autograft</td> <td><input type="checkbox"/></td> <td>Allograft</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Synthetic</td> <td><input type="checkbox"/></td> <td>Biologic</td> <td><input type="checkbox"/></td> </tr> </table> (Stickers can be placed on reverse of this form)			NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	Autograft	<input type="checkbox"/>	Allograft	<input type="checkbox"/>	Synthetic	<input type="checkbox"/>	Biologic	<input type="checkbox"/>																								
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Synthetic	<input type="checkbox"/>	Biologic	<input type="checkbox"/>																																			

ANKLE FORM



Australian Orthopaedic Association
National Joint Replacement Registry

SIDE 2

TIBIAL COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company
Prosthesis Name
Cat/Ref No.
Lot No.

Company
Prosthesis Name
Cat/Ref No.
Lot No.

TALAR COMPONENTS

(Mark relevant box, place company labels on coloured areas or complete details by hand)

Company
Prosthesis Name
Cat/Ref No.
Lot No.

Company
Prosthesis Name
Cat/Ref No.
Lot No.

CEMENT

TIBIAL NO YES
TALAR NO YES

CEMENT NAME
(Use company label or complete details: if more than one mix is used, use only 1 label)

SURGEON ASSISTIVE TOOLS

(Tick all that apply - affix label below if available)

Computer navigated NO YES
System used :
Image Derived Instrumentation (IDI) NO YES
System used :

ADDITIONAL COMMENTS (or Extra Labels)

.....

ALL SECTIONS of this form MUST be COMPLETED

ADDITIONAL COMMENTS (or Extra Labels)

.....

ALL SECTIONS of this form MUST be COMPLETED