

# National Bone & Joint Infection Registry

PLEASE RETURN THIS FORM TO YOUR BAJIR ADMINISTRATOR FOR DETAILS TO BE ADDED TO THE REGISTRY

## BAJIR - Surgery – Joint

FOR COMPLETION BY OPERATING SURGEON



**PATIENT ID** (Label preferred):

(Minimum required:  
Name, D.O.B, NHS Number)

**DATE OF SURGERY:**

**NAME OF SURGEON:**

Please complete all parts by ticking the most appropriate box.

These reflect the drop down options in the registry and there is no facility for free-text unless stated

**DIAGNOSIS:**

INFECTED JOINT REPLACEMENT

INFECTED NATIVE JOINT

**INFECTED PROSTHETIC JOINT:**

OPEN WASHOUT

ARTHROSCOPIC WASHOUT

OPEN BIOPSY

DAIR

DAIR (CHANGE MOD COMPONENT)

SINGLE STAGE REVISION

1<sup>ST</sup> STAGE REVISION

2<sup>ND</sup> STAGE REVISION

REPEAT 1<sup>ST</sup> STAGE REVISION

REMOVAL OF # FIXATION DEVICE

AMPUTATION

**INFECTED NATIVE JOINT:**

OPEN WASHOUT

ARTHROSCOPIC WASHOUT

OPEN BIOPSY

SYNOVECTOMY

EXCISION AND SPACER

EXCISION WITHOUT SPACER

FUSION

JOINT REPLACEMENT

AMPUTATION

**CHRONICITY OF INFECTION:**

ACUTE

CHRONIC

ACUTE ON CHRONIC

NOT APPLICABLE

**ANATOMICAL SIDE:**

LEFT

RIGHT

CENTRAL

BILATERAL

# National Bone & Joint Infection Registry

## **BONE OR JOINT OPERATED:**

- |                                |                                |                                   |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> HIP   | <input type="checkbox"/> KNEE  | <input type="checkbox"/> ANKLE    |
| <input type="checkbox"/> HAND  | <input type="checkbox"/> FOOT  | <input type="checkbox"/> SHOULDER |
| <input type="checkbox"/> ELBOW | <input type="checkbox"/> WRIST | <input type="checkbox"/> OTHER    |

## **DEGREE OF CLEARANCE:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SAMPLING                 | <input type="checkbox"/> DEBULKING/DECOMPRESSION | <input type="checkbox"/> PARTIAL CLEARANCE |
| <input type="checkbox"/> ALL ACTIVE DISEASE AREAS | <input type="checkbox"/> ALL ABNORMAL BONE       | <input type="checkbox"/> N/A               |

## **DEAD SPACE MANAGEMENT:**

- |                                     |                                      |   |                               |
|-------------------------------------|--------------------------------------|---|-------------------------------|
| <input type="checkbox"/> FREE FLAP  | <input type="checkbox"/> LOCAL FLAP  | <input type="checkbox"/> DISSOLVABLE ABX CARRIER  |                               |
| <input type="checkbox"/> PMMA BEADS | <input type="checkbox"/> PMMA SPACER | <input type="checkbox"/> ARTICULATING PMMA SPACER | <input type="checkbox"/> NONE |

## **CARRIER:**

- |  |  |  |                                    |
|--|--|--|------------------------------------|
| <input type="checkbox"/> BONE GRAFT        | <input type="checkbox"/> CEMEX         | <input type="checkbox"/> CERAMENT      | <input type="checkbox"/> CMW       |
| <input type="checkbox"/> HERAFIL           | <input type="checkbox"/> OSTEOSET      | <input type="checkbox"/> PALACOS -G    | <input type="checkbox"/> PRODENSE  |
| <input type="checkbox"/> STIMULAN 5ml      | <input type="checkbox"/> STIMULAN 10ml | <input type="checkbox"/> STIMULAN 20ml | <input type="checkbox"/> COPAL G+V |
| <input type="checkbox"/> OTHER (free text) | _____                                  |  |                                    |

## **ANTIBIOTICS WITHIN CARRIER:**

- |  |   |                                       |                                       |
|--|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> NONE              | <input type="checkbox"/> AMIKACIN         | <input type="checkbox"/> AMOXICILLIN  | <input type="checkbox"/> ANTIFUNGAL   |
| <input type="checkbox"/> AZITHROMYCIN      | <input type="checkbox"/> BENZYLPENICILLIN | <input type="checkbox"/> CEFTAZIDIME  | <input type="checkbox"/> CEFTRIAXONE  |
| <input type="checkbox"/> CIPROFLOXACIN     | <input type="checkbox"/> CLARITHROMYCIN   | <input type="checkbox"/> CLINDAMYCIN  | <input type="checkbox"/> CO-AMOXICLAV |
| <input type="checkbox"/> CO-TRIMOXAZOLE    | <input type="checkbox"/> DAPTOMYCIN       | <input type="checkbox"/> DOXYCYCLINE  | <input type="checkbox"/> ERTAPENEM    |
| <input type="checkbox"/> FLUCLOXACILLIN    | <input type="checkbox"/> FUSIDIC ACID     | <input type="checkbox"/> GENTAMICIN   | <input type="checkbox"/> LINEZOLID    |
| <input type="checkbox"/> MEROPENEM         | <input type="checkbox"/> METRONIDAZOLE    | <input type="checkbox"/> MOXIFLOXACIN | <input type="checkbox"/> PIPERACILLIN |
| <input type="checkbox"/> TAZOBACTAM        | <input type="checkbox"/> PRISTINAMYCIN    | <input type="checkbox"/> RIFAMPICIN   | <input type="checkbox"/> TEICOPLANIN  |
| <input type="checkbox"/> TIGECYCLINE       | <input type="checkbox"/> TOBRAMYCIN       | <input type="checkbox"/> TRIMETHOPRIM | <input type="checkbox"/> VANCOMYCIN   |
| <input type="checkbox"/> OTHER (free text) | _____                                     |                                       |                                       |

(MORE THAN ONE BOX MAY BE TICKED FOR THE SECTIONS ON THIS PAGE)