

National Bone & Joint Infection Registry



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

Surgery - Bone Infection

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

PRESENCE OF SINUS PRE-TREATMENT:

YES

NO

ANATOMICAL SIDE:

LEFT

RIGHT

CENTRAL

BONE INVOLVED:

STERNUM

CLAVICLE

SCAPULA

HUMERUS

RADIUS

ULNA

HAND

PELVIS

FEMUR

TIBIA

FIBULA

FOOT

PATELLA

ORTHO IMPLANT PRESENT AT INDEX SURGERY

YES

NO

UNKNOWN

PREVIOUS ORTHO SURGERY TO MANAGE INFECTION AT THIS SITE

YES

NO

UNKNOWN

IF YES, NUMBER OF PREVIOUS OPERATIONS

1

2-4

>4

UNKNOWN

DATE OF MOST RECENT SURGERY _____

CHRONICITY OF INFECTION:

ACUTE

CHRONIC

*Presenting within 4 weeks of index surgery, or within 4 weeks from onset of symptoms consistent with infection.

*Clinical features consistent with acute infection

*Presenting at least 4 weeks after index surgery, or greater than 4 weeks from onset of symptoms.

*Clinical features consistent with chronic infection

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LONG BONE OSTEOMYELITIS PROCEDURE: NOT APPLICABLE

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 ST STAGE PROCEDURE | <input type="checkbox"/> 2 ND STAGE PROCEDURE | <input type="checkbox"/> 3 RD STAGE PROCEDURE |
| <input type="checkbox"/> CORTICAL RESECTION | <input type="checkbox"/> CORTEX & MEDULLA RESECTION | <input type="checkbox"/> SEGMENTAL RESECTION |
| <input type="checkbox"/> INCISION AND DRAINAGE | <input type="checkbox"/> REMOVAL OF METALWARE | <input type="checkbox"/> BIOPSY |
| <input type="checkbox"/> REAMING | <input type="checkbox"/> DAIR | |

AMPUTATION:

- | | |
|---|--|
| <input type="checkbox"/> AMPUTATION – TRANSFEMORAL | <input type="checkbox"/> AMPUTATION - KNEE DISARTICULATION |
| <input type="checkbox"/> AMPUTATION – TRANSTIBIAL | <input type="checkbox"/> AMPUTATION – SYME’S |
| <input type="checkbox"/> AMPUTATION – OTHER (free text) _____ | |

DEGREE OF CLEARANCE:

- | | | |
|--|---|--|
| <input type="checkbox"/> NOT APPLICABLE | <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 |

CIERNY MADAR ANATOMIC STAGE:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> STAGE 1 | <input type="checkbox"/> STAGE 2 |
| <input type="checkbox"/> STAGE 3 | <input type="checkbox"/> STAGE 4 |

CIERNY MADAR PATIENT TYPE:

- | | |
|--|--|
| <input type="checkbox"/> NOT APPLICABLE | <input type="checkbox"/> TYPE A |
| <input type="checkbox"/> TYPE B LOCAL | <input type="checkbox"/> TYPE B SYSTEMIC |
| <input type="checkbox"/> TYPE B LOCAL & SYSTEMIC | <input type="checkbox"/> TYPE C |

Anatomic Type	Stage 1	Medullary osteomyelitis
	Stage 2	Superficial osteomyelitis
	Stage 3	Localized osteomyelitis
	Stage 4	Diffuse osteomyelitis
Physiologic Class	A Host	Normal host
	B Host	Systemic compromise (Bs)
		Local compromise (BI)
	C Host	Treatment worse than the disease

DEAD SPACE MANAGEMENT: (More than one possible)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> NONE | <input type="checkbox"/> FREE FLAP | <input type="checkbox"/> LOCAL FLAP |
| <input type="checkbox"/> DISSOLVABLE ABX CARRIER | <input type="checkbox"/> NON-DISSOLVABLE ABX CARRIER | |

CARRIER:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> PMMA BEADS | <input type="checkbox"/> PMMA SPACER |
|-------------------------------------|--------------------------------------|

STABILISATION PERFORMED:

- | | | |
|---|---|--|
| <input type="checkbox"/> STABILISATION INTERNAL | <input type="checkbox"/> STABILISATION EXTERNAL | |
| <input type="checkbox"/> PLATE (TEMPORARY) | <input type="checkbox"/> PLATE (DEFINITIVE) | <input type="checkbox"/> NAIL (TEMPORARY) |
| <input type="checkbox"/> NAIL (DEFINITIVE) | <input type="checkbox"/> EXCHANGE NAILING (TEMPORARY) | <input type="checkbox"/> EXCHANGE NAILING (DEFINITIVE) |
| <input type="checkbox"/> PLASTER (TEMPORARY) | <input type="checkbox"/> PLASTER (DEFINITIVE) | <input type="checkbox"/> PIN TO BAR (TEMPORARY) |
| <input type="checkbox"/> PIN TO BAR (DEFINITIVE) | <input type="checkbox"/> RING FIXATOR (TEMPORARY) | <input type="checkbox"/> RING FIXATOR (DEFINITIVE) |
| <input type="checkbox"/> HYBRID FIXATOR (TEMPORARY) | <input type="checkbox"/> HYBRID FIXATOR (DEFINITIVE) | <input type="checkbox"/> NONE |

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OTHER SURGICAL PROCEDURE:

- NONE MUA FIXATOR MODIFICATION
 REMOVAL OF PMMA OTHER PROCEDURE (free text) _____

LOCAL MEDICAL MANAGEMENT (INDEPENDENT SECTION ON REGISTRY, MULTIPLE OPTIONS MAY BE SELECTED)

CARRIER:

- PALACOS - G COPAL – G+C COPAL – G+V
 CMW CEMEX DAC 5 ML
 DAC 10 ML OSTEOSET PRODENSE
 HERAFIL CERAMENT BONE GRAFT
 5ML STIMULAN RAPIDCURE 10ML STIMULAN RAPIDCURE
 20ml STIMULAN RAPIDCURE SMARTSET GMV ENDURANCE GENTAMICIN BONE CEMENT
 SMARTSET GHV GENTAMICIN BONE CEMENT DEPUY CMW 1 GENTAMICIN BONE CEMENT
 DEPUY CMW 2 GENTAMICIN BONE CEMENT DEPUY CMW 3 GENTAMICIN BONE CEMENT
 OTHER (free text) _____

ANTIBIOTICS WITHIN CARRIER:

- NONE AMIKACIN AMOXICILLIN ANTIFUNGAL
 AZITHROMYCIN BENZYL PENICILLIN CEFTAZIDIME CEFTRIAXONE
 CIPROFLOXACIN CLARITHROMYCIN CLINDAMYCIN CO-AMOXICLAV
 CO-TRIMOXAZOLE DAPTOMYCIN DOXYCYCLINE ERTAPENEM
 FLUCLOXACILLIN FUSIDIC ACID GENTAMICIN LINEZOLID
 MEROPENEM METRONIDAZOLE MOXIFLOXACIN PIPERACILLIN TAZOBACTAM
 PRISTINAMYCIN RIFAMPICIN TEICOPLANIN TIGECYCLINE
 TOBRAMYCIN TRIMETHOPRIM VANCOMYCIN
 OTHER (free text) _____