

---

# Pre-op Form

---

2024

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

PLEASE RETURN THIS FORM TO: CLINICAL OUTCOMES OFFICE  
HEXHAM GENERAL HOSPITAL, CORBRIDGE ROAD, HEXHAM NE46 1QJ

PATIENT ID LABEL:

PROMs

# NAHS1

As part of our on-going commitment to our patients we may ask you to complete a PROMs questionnaire at different stages of your treatment. The information you provide in these questionnaires will be used by healthcare professionals within Northumbria Healthcare NHS Foundation Trust that have been involved in your care. This is to monitor your health and the success of your treatment. From the information collected on these questionnaires, anonymised data will be used for the purposes of service improvement, planning and research. We believe that the information collected is important in enabling us to carry out the most effective and high quality care possible and that it is in the public interest that we do so. We recommend that all patients take part, where possible. All information collected as part of this process is stored securely in line with our standard policies.

It is important to note however that participation is not compulsory and should you choose not to take part this will not affect your care in any way.

At any point you can inform us that you no longer wish to participate and we will no longer provide you with any questionnaires in the future.

For further information on how we use your information and your rights under Data Protection laws, please see our full Privacy notice at [www.northumbria.nhs.uk](http://www.northumbria.nhs.uk) or ask a member of staff.

### **INSTRUCTIONS:**

Please complete **ALL** of the questions with ONE ANSWER ONLY.

If you are unsure, please choose the answer which seems closest.

Scores may not be able to be calculated if any questions are left blank or more than one answer is selected.

If you do not do an activity, please choose the answer you think would apply if you *DID*.

TODAY'S DATE: \_\_\_\_\_ CONSULTANT'S NAME: \_\_\_\_\_

ON WHICH HIP ARE YOU HAVING THIS PROCEDURE?  Left  Right

***Please answer the questions on both sides of the paper***

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes



**Non-Arthroplasty  
Hip Registry**

[www.nahr.co.uk](http://www.nahr.co.uk)

### Non Arthroplasty Hip Surgery Register (NAHR) Patient Consent Form

#### Patient Information

##### What is the Non Arthroplasty Hip Registry (NAHR)?

The NAHR is a database of information collected, from across the UK, about hip surgery that does not involve the use of implants. This will help us to find out which operations work best by observing the outcomes of surgery as measured from questionnaires and monitoring of any complications. There is a separate registry for patients having hip replacement surgery included as part of the National Joint Registry (NJR).

##### What data is collected?

- a) Personal details are needed in order to link you to your surgery and the outcome, and in case you need any further hip surgery in the future so that your surgeon knows what previous surgery you have had. The personal information stored includes name, gender, date of birth, postal address, email address and NHS number.
- b) In addition, we store information about your general health, diagnosis, surgical procedure and your answers to the questionnaires (which is classed as sensitive personal information under the Data Protection Act).

This data is entered into the registry by a member of the team involved in your care.

**Do I have to participate?** No, your consent is entirely voluntary and if you prefer not to participate, your medical care will be delivered in the normal way. Your personal details in particular cannot be kept without your consent.

**What would I be asked to do?** You are asked to complete questionnaires before and 6 months, 12 months and 2 years after surgery. This is why your email address is important as we will send links to these questionnaires when they are due.

**If I do participate, what are my rights?** You are entitled to:

- a) Withdraw consent at any time.
- b) Request access to your data
- c) Request correction
- d) Request erasure
- e) Request restriction of processing
- f) Request the transfer of your personal data

Further information on these rights can be found on the Information Commissioner's Office (ICO) website: [www.ico.org.uk](http://www.ico.org.uk)

If you wish to exercise any of the rights set out above, you can contact us through either the NAHR website [www.nahr.co.uk](http://www.nahr.co.uk) or by emailing [customer.support@amplitude-clinical.com](mailto:customer.support@amplitude-clinical.com).

**This form should be retained securely by the hospital.**

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

### Conditions regarding requests;

**a) Time limit to respond** We try to respond to all legitimate requests within one month. Occasionally it may take us longer than a month if your request is particularly complex or you have made a number of requests. In this case, we will notify you and keep you updated.

**Fee** You will not have to pay a fee to access your personal data (or to exercise any of the other rights). However, we may charge a reasonable fee if your request is clearly unfounded, repetitive or excessive. Alternatively, we may refuse to comply with your request in these circumstances.

**Who is the data controller?** The data controller organisation (see [www.ico.org.uk](http://www.ico.org.uk)) for your personal data in the registry will be the British Hip Society (and not the NHS).

The data protection officer (DPO) is responsible for overseeing questions in relation to this consent form. If you have any questions about this consent form, including any requests to exercise your legal rights, please contact the DPO using the details set out below:

Name: NAHR Data Protection Officer Email Address: [dpo@nahr.co.uk](mailto:dpo@nahr.co.uk)

Postal Address: Specialist Societies Office, British Orthopaedic Association, 35-43 Lincoln's Inn Fields, London WC2A 3PE

**Data Retention** Details of retention periods for different aspects of your personal data are available in our retention policy which you can request from us by contacting us using the contact details above.

**Is my data stored securely?** Your personal details are treated as confidential and will be stored safely. We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. Your personal details will not be available to anyone outside the NAHR and its secure IT provider, with the following exceptions:

(1) BHS may approve a specific research project related to your diagnosis or surgery. The majority of this research uses only anonymised information that means it is impossible to identify individuals. From time to time researchers may wish to gather further information. In these cases we would seek your approval prior to disclosing your contact details. You would be free to decline and again this would not affect your care.

(2) We may in future consider linking to other healthcare information resources (including Hospital Episode Statistics (HES) and other orthopaedic registries). Linking this data allows us to collect information on other aspects of your health, e.g. if you ever have further surgery or develop health problems. We do this to improve our ability to monitor patient safety and patient outcomes, and so that people and organisations involved in improving surgery can better understand and develop improved or more cost-effective medical treatments. In order to obtain any linked data about you, we would provide your operation and personal details to the body responsible for these other datasets so that they can match with records they hold – this may be NHS Digital (e.g. for HES) or the relevant Data Controller (for other orthopaedic registries).

(3) Your surgeon and his / her clinical team can also access and analyse your data to check they are individually giving good care.

Transfer of identifiable data outside of the European Economic Area is not permitted. Anonymised data, your identifying details removed, may be released to approved organisations.

**How will my data be processed?** We process the data which participating patients provide to improve our understanding of orthopaedic problems and of their treatment, thus helping us provide future patients with the best care. The BHS is responsible for all acts of processing. We retrieve and analyse your data so that we can compare large numbers of patients, usually removing anything that can identify you as an individual. Such analysis may have to be performed by a specialised third party, in which case they will be bound by the same high security standards and legal contract, whether identifying details had to be included or not.

You will not be identifiable within the results of any analyses which are shared, and any transfer of data will be encrypted. All studies using data from the Registry are recorded on the NAHR website; the NAHR annual report can also be downloaded from the website.

**Children:** Monitoring the outcome of surgical procedures in children is as important as it is for adults. It is the child's parents or guardian who is asked to consent for data to be collected.

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

**Where can I find out more information?** The NAHR website (<http://www.nahr.co.uk/>) contains more information including details of any studies and any information obtained through analysis of the Registry data. If you want to see what data is stored on you, please contact the registry.

**Contact Details:** Visit our website <http://www.nahr.co.uk/> Send an email to: [customer.support@amplitude-clinical.com](mailto:customer.support@amplitude-clinical.com)

If you would like to contact the ICO, the UK supervisory authority for data protection issues, the details are as follows:

Address: Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Tel: 01625 545 745

Email: [international.team@ico.org.uk](mailto:international.team@ico.org.uk)

Website: [www.ICO.org.uk](http://www.ICO.org.uk)

### Signatures for NAHR Consent

Please tick the box to confirm that you have been given, read and fully understand the NAHR patient information

Please tick the box to confirm that you consent to us sending you a questionnaire before and after surgery, so that we are able to monitor any complications and overall outcomes from this kind of surgery.

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail address): \_\_\_\_\_  
(in order for us to send you email links to questionnaires)

#### I HAVE READ THE INFORMATION SHEET AND I CONSENT TO:

- Personal details being recorded in the NAHR and controlled by BHS.
- My data being processed for the purposes set out in the patient information leaflet.

#### • I UNDERSTAND THAT:

- I can ask for my details to be removed at any time and can request access, to my personal data, as well as the right to request correction, object to processing, request restriction of processing and request the transfer of my personal data. To make a request regarding your data, please contact us through the NAHR website: <http://www.nahr.co.uk/> or by emailing [customer.support@amplitude-clinical.com](mailto:customer.support@amplitude-clinical.com).

#### Patient / Parent agreement to data collection for Registry and Research:

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Counter signature of person accepting patient consent:

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

### What are PROMs?

PROMs are **Patient-Reported Outcome Measures**. PROMs are a way for patients to say how they feel before and after treatment. We believe that the information collected is important to help us provide the best care we can. We encourage all patients to participate where possible.

### What are you asking me to do?

We will ask you how you prefer to be contacted so that we can send you a questionnaire after your treatment. Please answer all questions before and after treatment. These questions ask about your general health and about the condition for which you are being treated.

### How will my information be used?

We use your answers to calculate a score that shows how well you are before and after treatment. This score helps track your individual health and treatment success, along with other factors like medical history and age. Your healthcare team at Northumbria Healthcare NHS Foundation Trust will use this information to monitor your health and progress.

We also use anonymous data from other patients with similar conditions or treatments to understand the effectiveness of the treatment and improve our services. We do this as part of our public duties in the public interest.

### Why is it needed?

PROMs show what matters to you and treatment success. This can also lead to improvements for patients in the future.

### What if I don't want to be included?

Participation in PROMS is voluntary. You can stop at any time by letting us know; we won't send you any more questionnaires. This will not affect the care you receive in any way.

### Who can access my information?

Your doctors can access your information as is normal. Patients who have had similar treatments will be analysed together though personally identifiable information is made anonymous.

### I am having problems since my treatment. What can I do?

If you have been discharged from the hospital and have any problems about your treatment, please contact your Consultant's secretary. If you were discharged more than 6 months ago, you may need a new referral from your GP.

### Where can I find out more?

If you wish to find out more about participating in PROMs please contact us at:

**Clinical Outcomes Office. Hexham General Hospital, Corbridge Road, Hexham. NE46 1QJ.  
Tel: 01434 655637 / 655302 / 655074**

For further information on how we use your information and your rights under Data Protections laws, please see our full Privacy notice at: [www.northumbria.nhs.uk/privacy-notice](http://www.northumbria.nhs.uk/privacy-notice) under the section "Your information in relation to healthcare" or ask a member of staff

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

### Patient Information Questionnaire

We now have a system which allows you to complete future PROMs questionnaires online if preferred. These are sent at approximately 6-months, 1-year and 2-years after your surgery, and may continue annually for some procedures (e.g. PAO)

If you would like us to send you a link to complete your answers online please give us your details below. You may select more than one if wanted. If you choose neither, we will post a paper form to your home as normal.

**E-mail** link to online questionnaire  **SMS** link to online questionnaire

**E-mail address** (CAPITAL LETTERS for clarity) \_\_\_\_\_

**Mobile phone number** \_\_\_\_\_

#### Q1. Do you smoke?

Never smoked  Current smoker  Ex-smoker

#### Q2. Do you vape or use an E-Cigarette (include all types of tobacco) ?

Never  Current vaper/e-cig user  Former vaper/e-cig user

#### Q3. Please tell us your height and weight:

**What is your height? You can use imperial (ft. & in.) or metric (cm).**

**Height** \_\_\_\_\_ **Feet and inches**  **Centimetres**

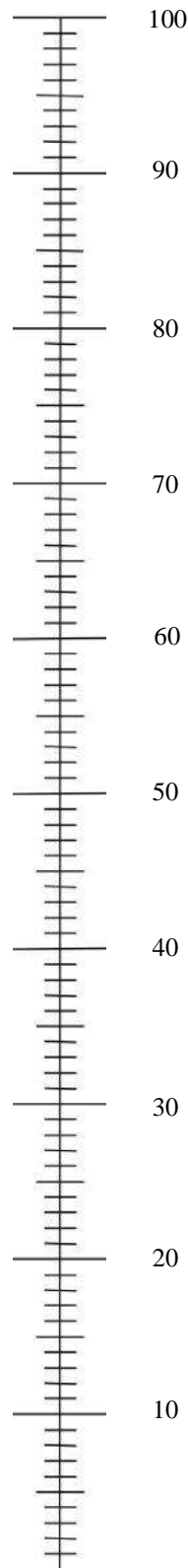
**What is your weight? You can use imperial (st. & lbs.) or metric (kg).**

**Weight** \_\_\_\_\_ **Stones and pounds**  **Kilogrammes**

The best health you can imagine

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine. 0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY
- Now, please write the number you marked on the scale in the box below

YOUR HEALTH TODAY =



The worst health you can imagine



# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

This section asks about you and your health in general.

**Under each heading, please tick the ONE box that best describes your health TODAY**

<b>1. Mobility</b>
<input type="checkbox"/> I have no problems in walking about
<input type="checkbox"/> I have slight problems in walking about
<input type="checkbox"/> I have moderate problems in walking about
<input type="checkbox"/> I have severe problems in walking about
<input type="checkbox"/> I am unable to walk about
<b>2. Self-care (i.e. washing and dressing)</b>
<input type="checkbox"/> I have no problems washing or dressing myself
<input type="checkbox"/> I have slight problems washing or dressing myself
<input type="checkbox"/> I have moderate problems washing or dressing myself
<input type="checkbox"/> I have severe problems washing or dressing myself
<input type="checkbox"/> I am unable to wash or dress myself
<b>3. Usual activities (i.e. work, study, housework, family or leisure activities)</b>
<input type="checkbox"/> I have no problems doing my usual activities
<input type="checkbox"/> I have slight problems doing my usual activities
<input type="checkbox"/> I have moderate problems doing my usual activities
<input type="checkbox"/> I have severe problems doing my usual activities
<input type="checkbox"/> I have am unable to do my usual activities
<b>4. Pain/Discomfort</b>
<input type="checkbox"/> I have no pain or discomfort
<input type="checkbox"/> I have slight pain or discomfort
<input type="checkbox"/> I have moderate pain or discomfort
<input type="checkbox"/> I have severe pain or discomfort
<input type="checkbox"/> I have extreme pain or discomfort
<b>5. Anxiety/Depression</b>
<input type="checkbox"/> I am not anxious or depressed
<input type="checkbox"/> I am slightly anxious or depressed
<input type="checkbox"/> I am moderately anxious or depressed
<input type="checkbox"/> I am severely anxious or depressed
<input type="checkbox"/> I am extremely anxious or depressed

UK (English) 1990 EuroQol Group EQ-5D is a trade mark of EuroQol Group

OFFICE USE ONLY	<b>EQ-5D 5L Index (TTO) score:</b>
-----------------	------------------------------------

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

The remaining questions ask for your views about your hip

### Your current activity level

Please tick the box nearest the number that best describes your current level of activity.

<input type="checkbox"/>	<b>1: Wholly Inactive, dependent on others, and cannot leave residence</b>
<input type="checkbox"/>	<b>2: Mostly Inactive or restricted to minimum activities of daily living</b>
<input type="checkbox"/>	<b>3: Sometimes participates in mild activities, such as walking, limited housework and limited shopping</b>
<input type="checkbox"/>	<b>4: Regularly Participates in mild activities</b>
<input type="checkbox"/>	<b>5: Sometimes participates in moderate activities such as swimming or could do unlimited housework or shopping</b>
<input type="checkbox"/>	<b>6: Regularly participates in moderate activities</b>
<input type="checkbox"/>	<b>7: Regularly participates in active events such as bicycling</b>
<input type="checkbox"/>	<b>8: Regularly participates in active events, such as golf or bowling</b>
<input type="checkbox"/>	<b>9: Sometimes participates in impact sports such as jogging, tennis, skiing, acrobatics, ballet, heavy labor or backpacking</b>
<input type="checkbox"/>	<b>10: Regularly participates in impact sports</b>

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

### iHOT-12

Please mark a point along the line that most appropriately represents the level of your typical situation in the last month.  
*If you don't do an activity, imagine how your hip would feel if you had to try it.*

**1. Over all how much pain do you have in your hip or groin?**

Extreme pain |-----| No pain at all

**2. How difficult is it for you to get up and down off the floor/ground?**

Extreme difficulty |-----| No difficulty at all

**3. How difficult is it for you to walk long distances?**

Extreme difficulty |-----| No difficulty at all

**4. How much trouble do you have with grinding, catching or clicking in your hip?**

Severe trouble |-----| No trouble at all

**5. How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?**

Severe trouble |-----| No trouble at all

**6. How concerned are you about cutting/changing directions during your sporting or recreational activities?**

Extreme concern |-----| No concern at all

**7. How much pain do you experience in your hip after activity?**

Extreme pain |-----| No pain at all

**8. How concerned are you about picking up or carrying children because of your hip?**

Extreme concern |-----| No concern at all

**9. How much trouble do you have with sexual activity because of your hip?** Or N/A

Extreme trouble |-----| No trouble at all

**10. How much of the time are you aware of the disability in your hip?**

Constantly aware |-----| Not aware at all

**11. How concerned are you about your ability to maintain your desired fitness level?**

Extreme concern |-----| No concern at all

**12. How much of a distraction is your hip problem?**

Extremely distracted |-----| Not distracted at all

# Northumbria Hip Preservation Unit

## Patient Reported Outcomes

### Non-Arthritic Hip Score

For each situation, please tick the response that most accurately reflects the situation in the **past 48 hours**.

<i><b>ABOUT YOUR PAIN:</b></i>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
<b>P1. Amount of pain walking on a flat surface</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>P2. Amount of pain going up or down stairs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>P3. Amount of pain in bed at night</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>P4. Amount of pain when sitting or lying</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>P5. Amount of pain when standing upright</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>ABOUT YOUR SYMPTOMS:</b></i>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
<b>S1. Amount of trouble with catching or locking of hip</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S2. Amount of trouble with hip giving out on you</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S3. Amount of trouble with stiffness in your hip</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>S4. Amount of trouble with decreased motion in your hip</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>ABOUT YOUR FUNCTION:</b></i>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
<b>D1. Degree of difficulty when descending stairs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D2. Degree of difficulty when ascending stairs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D3. Degree of difficulty when rising from sitting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D4. Degree of difficulty when putting on socks/stockings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D5. Degree of difficulty when rising from bed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>ABOUT YOUR ACTIVITY:</b></i>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme</b>
<b>A1. Amount of trouble participating in high demand sports involving sprinting or cutting</b> (for example, football, basketball, tennis, and exercise aerobics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A2. Amount of trouble participating in low demand sports</b> (for example, golfing and bowling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A3. Amount of trouble jogging for exercise</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A4. Amount of trouble walking for exercise</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A5. Amount of trouble with heavy household duties</b> (for example, lifting firewood and moving furniture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A6. Amount of trouble with light household duties</b> (for example, cooking, dusting, vacuuming, and doing laundry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Thank you. The remaining pages are for your surgeon to complete.***



# Non-Arthroplasty Hip Registry

www.nahr.co.uk

**SURGEON'S PAGES**

MDS version 3.0

Patient Sticker

<b>AP Pelvis</b>				
Alpha Angle (degrees)	[    ] degrees			
Sourcil Angle	[    ] degrees			
Lateral Centre Edge Angle (degrees)	[    ] degrees			
Tonnis Grade	0	1	2	3
<b>CT Scan</b>	Acetabular / femoral version = anteverted or retroverted. Anteversion = +ve number; Retroversion = -ve number.			
Acetabular version (Zone 2)				
Femoral version				

## DIAGNOSIS (including arthroscopic findings)

FAI (including associated chondrolabral lesions) <input type="checkbox"/>				
Central compartment				
Labral tear <input type="checkbox"/>	Ligamentum teres tear <input type="checkbox"/>	Chondral defect (non FAI) <input type="checkbox"/>	Post-traumatic osteochondral defect <input type="checkbox"/>	
AVN <input type="checkbox"/>				
Extra-articular				
Snapping psoas <input type="checkbox"/>	Snapping ITB <input type="checkbox"/>	Trochanteric bursitis <input type="checkbox"/>	Gluteal tear <input type="checkbox"/>	
Subspinous impingement <input type="checkbox"/>	Ischiofemoral impingement (IFI) <input type="checkbox"/>	Deep Gluteal Syndrome <input type="checkbox"/>	Hamstring tendonopathy <input type="checkbox"/>	
Hamstring avulsion <input type="checkbox"/>				
DDH <input type="checkbox"/>	Perthes' <input type="checkbox"/>	SUFE <input type="checkbox"/>	Hypermobility <input type="checkbox"/>	
Osteoarthritis <input type="checkbox"/>	Inflammatory <input type="checkbox"/>	Post-traumatic <input type="checkbox"/>	Loose bodies <input type="checkbox"/>	
Undiagnosed hip pain <input type="checkbox"/>	Previous hip arthroscopy <input type="checkbox"/>			

## OPERATION DETAILS

Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Operation Date DD/MM/YYYY	Hospital	
Consultant in Charge		
Operating Surgeon		
Operating Surgeon Grade	Consultant <input type="checkbox"/>	Fellow <input type="checkbox"/>
	Specialty Doctor/SAS <input type="checkbox"/>	SPR/ST3-8 <input type="checkbox"/>
	Other <input type="checkbox"/>	
NHS Funding <input type="checkbox"/>	Independent Funding <input type="checkbox"/>	
Weight /kg	Height /cm	
Approach		
Arthroscopic <input type="checkbox"/>	Open <input type="checkbox"/>	Combination of arthroscopic & open <input type="checkbox"/>

# SURGEON

## CAPSULAR MANAGEMENT

### Capsulotomy

Interportal <input type="checkbox"/>	T-capsulotomy <input type="checkbox"/>	T-capsulotomy <input type="checkbox"/>
Portal widening (without inter portal cut) <input type="checkbox"/>	Capsular thinning <input type="checkbox"/>	Other <input type="checkbox"/>

### Capsular repair

Vertical <input type="checkbox"/>	Horizontal <input type="checkbox"/>	Both <input type="checkbox"/>	None <input type="checkbox"/>
-----------------------------------	-------------------------------------	-------------------------------	-------------------------------

## OPERATION DETAILS

### Acetabulum

Labral Debridement <input type="checkbox"/>	Labral Resection <input type="checkbox"/>	Labral Repair <input type="checkbox"/>
Pincer Removal <input type="checkbox"/>	Type of Pincer Removal: Simple <input type="checkbox"/>	Labral Reattachment <input type="checkbox"/>
Labral graft <input type="checkbox"/>	Type of Labral Graft: Autograft <input type="checkbox"/>	Allograft <input type="checkbox"/>
Length of graft in cm	Number of anchors	Producer:
Anchor material: PEEK <input type="checkbox"/>	All-Suture <input type="checkbox"/> Absorbable <input type="checkbox"/>	Anchor type: Knotted <input type="checkbox"/> Knotless <input type="checkbox"/>
Sub-spinous resection <input type="checkbox"/>	Cartilage Debridement <input type="checkbox"/>	Cartilage Reattachment <input type="checkbox"/>

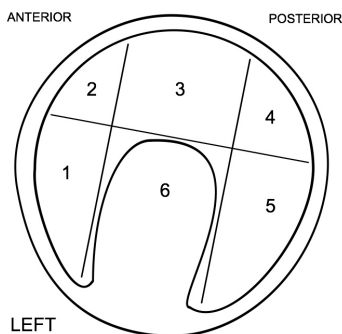
### Acetabular Cartilage repair

Microfracture <input type="checkbox"/>	BMAC <input type="checkbox"/>	Bone Marrow Aspirate <input type="checkbox"/>
Membrane Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Select which type of membrane

Chondro-Gide <input type="checkbox"/>	Hyalofast <input type="checkbox"/>	Chondrotissue <input type="checkbox"/>
ACI <input type="checkbox"/>	Other synthetic membrane <input type="checkbox"/>	

Location and severity of **single worst** area of acetabular cartilage damage  
(Ilizaliturri et al Arthroscopy 2008;24:534, Konan et al JBJSB 2011;93:332)



Location (tick one)	Severity (tick one)	
None <input type="checkbox"/>	None <input type="checkbox"/>	3A <input type="checkbox"/>
1 <input type="checkbox"/>		3B <input type="checkbox"/>
2 <input type="checkbox"/>	1A <input type="checkbox"/>	3C <input type="checkbox"/>
3 <input type="checkbox"/>	1B <input type="checkbox"/>	
4 <input type="checkbox"/>	1C <input type="checkbox"/>	4A <input type="checkbox"/>
5 <input type="checkbox"/>		4B <input type="checkbox"/>
6 <input type="checkbox"/>	2 <input type="checkbox"/>	4C <input type="checkbox"/>

Severity	Extent
1 Wave Sign with intact chondrolabral junction	A Lesion less than one-third of the distance from the acetabular rim to the cotyloid fossa
2 Chondrolabral junction separation but no delamination	
3 Delamination	B One-third to two-thirds of this distance
4 Exposed bone	C Greater than two-thirds of this distance

### Femur

Cam removal <input type="checkbox"/>	Osteophyte removal <input type="checkbox"/>	Cartilage Debridement <input type="checkbox"/>
Microfracture <input type="checkbox"/>	Core decompression <input type="checkbox"/>	Graft/ACI <input type="checkbox"/>
Lesser trochanteric resection <input type="checkbox"/>		

### Severity of Femoral Cartilage Defect (Outerbridge)

None <input type="checkbox"/> Normal Cartilage	1 <input type="checkbox"/> Rough surface, chondral softening	2 <input type="checkbox"/> Irregular surface defects <50% cartilage thickness	3 <input type="checkbox"/> >50% loss of cartilage thickness	4 <input type="checkbox"/> Full thickness loss
--	--	---	---	--

## SURGEON

### Soft Tissue

Ligamentum Teres Debridement	<input type="checkbox"/>	Ligamentum Teres Reconstruction	<input type="checkbox"/>	
Loose body removal	<input type="checkbox"/>	Biopsy	<input type="checkbox"/>	ITB release <input type="checkbox"/>
Psoas release	<input type="checkbox"/>	Gluteal tendon repair	<input type="checkbox"/>	Troch Bursa debridement <input type="checkbox"/>
Sciatic neurolysis	<input type="checkbox"/>	Piriformis tendon release	<input type="checkbox"/>	Hamstring tendon repair <input type="checkbox"/>

### Pelvic osteotomy

PAO	<input type="checkbox"/>	Triple	<input type="checkbox"/>	Chiari	<input type="checkbox"/>	Shelf	<input type="checkbox"/>
-----	--------------------------	--------	--------------------------	--------	--------------------------	-------	--------------------------

### Femoral osteotomy

Varus	<input type="checkbox"/>	Valgus	<input type="checkbox"/>	Derotation	<input type="checkbox"/>
Shortening	<input type="checkbox"/>	Troch advancement	<input type="checkbox"/>	Complex	<input type="checkbox"/>
Open reduction (DDH)	<input type="checkbox"/>				

### Femoral osteotomy fixation method

IM Nail	<input type="checkbox"/>	Blade Plate	<input type="checkbox"/>	Simple Plate	<input type="checkbox"/>	Locking Plate	<input type="checkbox"/>	Sliding Hip Screw	<input type="checkbox"/>
---------	--------------------------	-------------	--------------------------	--------------	--------------------------	---------------	--------------------------	-------------------	--------------------------

## THROMBOPROPHYLAXIS

Was the patient given any medication for thromboprophylaxis? Yes  No

Select which:

Aspirin	<input type="checkbox"/>	LMWH	<input type="checkbox"/>	Pentasaccharide (e.g. Fondaparinux)	<input type="checkbox"/>
Warfarin	<input type="checkbox"/>	Direct Thrombin Inhibitor (e.g. Dabigatran)	<input type="checkbox"/>	Factor Xa Inhibitor (e.g. Rivaroxaban)	<input type="checkbox"/>

If other please specify:

Duration of prescription/days (intention to treat)

## HETEROTOPIC OSSIFICATION

Was the patient given any medication for Heterotopic ossification? Yes  No

Select which:

Indomethacin	<input type="checkbox"/>	Naproxen	<input type="checkbox"/>	Diclofenac	<input type="checkbox"/>	Celecoxib	<input type="checkbox"/>
--------------	--------------------------	----------	--------------------------	------------	--------------------------	-----------	--------------------------

If other please specify:

Duration of prescription/days (intention to treat)

## ADHESION PREVENTION

Was the patient given Losartan for prevention of post-operative adhesions? Yes  No

## INTRA-ARTICULAR ADJUNCTS

Was the patient given any other intra-articular medication to aid with recovery from hip preservation surgery? Yes  No

Select which:

Hyalgan	<input type="checkbox"/>	Ostenil	<input type="checkbox"/>	Durolane	<input type="checkbox"/>
Platelet Rich Plasma	<input type="checkbox"/>	Stem Cell Preparation	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please specify:



**NHS**  
**Northumbria Healthcare**  
NHS Foundation Trust