

Operation Note*Patient Identification Label*

Date: / /

Consultant:.....

Surgeon: C/St/SpR/CST/FY

Assistant: C/St/SpR/CST/FY

Operation: TOTAL KNEE REPLACEMENT.....

Anaesthetist:

Side: LEFT / RIGHT.....

Anaesthesia:

Diagnosis:

Tourniquet time:

.....

Antibiotics: Y / N

Patient position:

Incision/Approach:

Additional soft tissue release procedures:

Findings:

Procedure:

Tissue removed/altered/added/BONE GRAFT: Y / N

(If yes, details)

Standard procedure: Y / N

(If no, details of any difficulties/complications)

Post-surgery flexion range:

Details of component alignment and rotation:

Details of closure/sutures:

Post-operative instructions:

- VTE prophylaxis:

- Mobilisation instructions:.....

.....

Packs

Drains

DVT Prophylaxis: Y / N

Heparin / Stockings / Boots

Catheterisation: Y / N

Signature:

SERIAL NUMBERS OF PROSTHETICS/TRACKING STICKERS TO BE ATTACHED OVERLEAF