EKHUFT Revision Knee Service Referral Form

This form is for referrals for discussion in the Major Revision Network (South-East region). **This form is not for GPs.**

If you are a GP referring to the Revision Knee Service, please use the **NHS e-referral system**.

All Fields are Mandatory (Referral will be rejected at triage if incomplete)

**Referral Date:**  **Triage Date:** (*To be filled out by MRC)* **Network Date:** (*To be filled out by MRC)*

# Referring consultant

| **Referring consultantdetails** | **Please fill in below** |
| --- | --- |
| Name: |  |
| Hospital/surgery address: |  |
| GMC no. |  |
| Tel. no. (preferably mobile): |  |
| Email: |  |

# Patient

| **Patient details** | **Please fill in below** |
| --- | --- |
| First name/names: |  |
| Family name: |  |
| Address: |  |
| Tel. no. |  |
| Date of birth: |  |
| NHS no |  |

# GP details

Is this patient registered with a GP in England, Scotland or N. Ireland? Yes No

| **GP details** | **Please fill in below** |
| --- | --- |
| GP name: |  |
| GP address: |  |
| GP tel. no. |  |

# Further details

## Affected Side:

**Primary/Revision:**

## Surgery history:

Date of primary operation (mm/yyyy):

Post op Complications (mm/yyyy):

Who performed the surgery/Hospital (consultant’s name)?

Implant type:

**Physical Examination:**

Inspection:

Palpation:

ROM:

Ligament Stability:

Signs of Injury/Skin Integrity:

**Mobility:**

Ability to Move:

Assistive Devices:

**Indication for Referral**:

Aseptic Loosening/Instability/Wear of polyethylene/Unexplained Pain/Infection

**Patient Co-Morbidities:**

Past medical history:

Previous Surgery:

Allergies:

Medications:

Herbal Medications:

Smoker/Non-Smoker

**Investigations:**

Blood Tests-(Criteria within 6 weeks of referral)

CRP

ESR

WCC

HB

Metal Ions

**Aspiration/Biopsy**

Date:

Results:

**Imaging:**

X-Ray date (mm/yyyy):

LLV date (mm/yyyy):

SPECT CT (mm/yyyy):

Imaging result:

**Clinicians Proposal:**

**MDT Comments and Outcome:** (*To be filled out by MRC)*

Diagnosis:

Plan:

Action:

**Surgical Strategy Agreed:**

Procedure:

Priority:

Complexity:

Operating Surgeon:

**Consultants in attendance: *(To be filled out by MRC)***

**Extended Specialists in attendance: (*To be filled out by MRC)***

**If revision, RKCC classification**:

### R1 (Revision 1) - less complex revision surgery

Examples:

* Primary/uni-compartmental TKA-aseptic loosening, simple instability, revision of partial to total knee replacement, or polyethylene exchange
* AORI1 or 2A bone loss (no requirement for supplemental metaphyseal fixation) Debridement with implant retention (DAIR) for acute infection No significant confounding factors or PIES (co-morbidities, infection, extensor or soft-tissue compromise)

### R2 (Revision 2) - complex revision surgery

Examples:

* AORI 2B-bone loss requiring supplemental metaphyseal fixation e.g., cones or sleeves Re-revision operations Stiff knees for revision that may require enhanced exposure techniques such as tubercle osteotomy Revision for first-time infection Revision for femoral periprosthetic fracture around primary implant Complex instability - where correction of the joint line to achieve stability may require the use of cones or sleeves with or without large augments Includes RI cases with significant confounding factors or PIES (patient co-morbidities, infection, extensor or soft-tissue compromise)

### R3 (Revision 3) - most complex and salvage cases

Examples:

* Multiple previous revisions
* AORI3 - balance of massive prosthesis +/- metaphyseal reconstruction Requires hinge for massive bone loss +/- ligament instability Revision for periprosthetic fracture around stemmed implant or non-union Recurrent infection after previous revision surgery Consideration for salvage: arthrodesis, amputation or suppression therapy

**If revision, please summarise one or more**:

* Aseptic loosening
* Instability
* Wear of polyethylene
* Progression of arthritis
* Unexplained pain

# Enquiries

If you have any enquiries about this service or wish to provide outstanding test results, please contact the MDT Co-ordinator via email: [ekhuft.mrcreferral@nhs.net](mailto:ekhuft.mrcreferral@nhs.net)