

Minimum Dataset for BHS Non Arthroplasty Hip Surgery Database

Please note:

Many fields are derived from the existing NJR

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1 PATIENT DETAILS	
* PATIENT HOSPITAL ID:	
* FORENAME:	
* SURNAME:	
* GENDER	1 MALE <input type="checkbox"/> 2 FEMALE <input type="checkbox"/> 3 NOT KNOWN <input type="checkbox"/> 4 NOT SPECIFIED <input type="checkbox"/>
* DATE OF BIRTH	DD/MM/YYYY
* PATIENT POSTCODE	
NHS NUMBER	
* PATIENT CONSENT OBTAINED	1 YES <input type="checkbox"/> 2 NO <input type="checkbox"/> 3 NOT RECORDED <input type="checkbox"/>

Patient e-mail address*:

2 OPERATION DETAILS	
* HOSPITAL:	
* OPERATION DATE:	DD/MM/YYYY
* OPERATION FUNDING	1 NHS <input type="checkbox"/> 1 INDEPENDENT <input type="checkbox"/>

3 SURGEON DETAILS	
* CONSULTANT IN CHARGE:	
* OPERATING SURGEON:	

4. Patient: Clinical situation leading to procedure (tick all that apply):

1. Unknown: Diagnostic*

2. Developmental abnormality:

acetabulum*

femur*

3. FAI: Type: Cam*

Pincer*

Mixed*

2. Central compartment

Labral pathology*

Osteochondral defect/pathology*

Loose body*

Ligamentum teres*

Other*

3. Extra-articular pathology:

Bursae*

Iliopsoas*

Ilio-tibial band*

External rotators*

Sciatic nerve*

5. Other diagnoses (same as for NJR)

5 HIP OPERATION DETAILS			
* SIDE:	1 LEFT <input type="checkbox"/>	2 RIGHT <input type="checkbox"/>	
* Other diagnoses (SELECT ALL THAT APPLY)	1 OSTEOARTHRITIS	<input type="checkbox"/>	10 OTHER INFLAMMATORY ARTHROPATHY <input type="checkbox"/>
	2 ANKYLOSING SPONDYLITIS	<input type="checkbox"/>	11 PERTHES' <input type="checkbox"/>
	3 AVASCULAR NECROSIS	<input type="checkbox"/>	12 PREVIOUS ARTHRODESIS <input type="checkbox"/>
	4 CONGENITAL DISLOCATION/ DYSPLASIA OF THE HIP	<input type="checkbox"/>	13 PREVIOUS INFECTION <input type="checkbox"/>
	5 FAILED HEMI-ARTHROPLASTY	<input type="checkbox"/>	14 PSORIATIC ARTHROPATHY <input type="checkbox"/>
	6 FAILED INTERNAL FIXATION	<input type="checkbox"/>	15 SEROPOSITIVE RHEUMATOID ARTHRITIS <input type="checkbox"/>
	7 FRACTURED ACETABULUM	<input type="checkbox"/>	16 SLIPPED UPPER FEMORAL EPIPHYSIS <input type="checkbox"/>
	8 FRACTURED NECK OF FEMUR	<input type="checkbox"/>	17 OTHER <input type="checkbox"/>
	9 OTHER HIP TRAUMA	<input type="checkbox"/>	

6. Severity of osteoarthritis (Tonnis)*

Grade	Characteristics
0	No signs of osteoarthritis
I	Increased sclerosis of the head and acetabulum, slight narrowing of the joint space, slight lipping at the joint margins
II	Small cysts in the head or acetabulum, increasing narrowing of the joint space, moderate loss of sphericity of the head
III	Large cysts in the head or acetabulum, severe narrowing or obliteration of the joint space, severe deformity of the head, necrosis

7. Investigations available:

XR*
MR arthrogram*
MRI*
CT*
3-D CT*
EOS*
Previous arthroscopy (no:)*
Other*

Measurements:

Acetabular anteversion*
Femoral anteversion*
Alpha Angle*

8. PROMS data:

MAHORN Hip Outcome Tool (MHOT14)

Quality of Life Questionnaire for Young, Active Patients with Hip Problems. Each score is numerical (0-100)

SYMPTOMS AND FUNCTIONAL LIMITATIONS

1. How difficult is it for you to walk long distances? *
2. How difficult is it for you to get up and down off the floor/ground? *
3. How difficult is it for you to lie on your affected hip side?*
4. How much trouble do you have with grinding, catching or clicking in your hip? *
5. Overall, how much pain do you have in your hip/groin?*

II: SPORTS AND RECREATIONAL ACTIVITIES

6. How concerned are you about your ability to maintain your desired fitness level? *
7. How much pain do you experience in your hip after activity?*
8. How concerned are you about cutting/changing directions during your sport or recreational activities?*

III: JOB RELATED CONCERNS

9. How much trouble do you have pushing, pulling, lifting or carrying heavy

objects at work?*

10. How much difficulty do you have at work because of reduced hip mobility?*

IV: SOCIAL, EMOTIONAL AND LIFESTYLE CONCERNS

11. How much trouble do you have with sexual activity because of your hip?*

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

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

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

EQ 5-D*

QUALITY OF LIFE QUESTIONS : EUROQOL EQ-5D

+	MOBILITY
	I have no problems in walking about
	I have some problems in walking about
	I am confined to bed
	SELF-CARE
	I have no problems with self-care
	I have some problems washing or dressing myself
	I am unable to wash or dress myself
	USUAL ACTIVITIES (e.g. work, study, housework family or leisure activities)
	I have no problems with performing my usual activities
	I have some problems with performing my usual activities
	I am unable to perform my usual activities
	PAIN/DISCOMFORT
	I have no pain or discomfort
	I have moderate pain or discomfort
	I have extreme pain or discomfort
	ANXIETY/DEPRESSION
	I am not anxious or depressed
	I am moderately anxious or depressed
	I am extremely anxious or depressed

Gen heath

%*

Details of surgery (indicate all appropriate):

Approach:

Open:

Mini-open*

Surgical Hip Dislocation*

Arthroscopic*

Traction time*

1) acetabular work

labral debridement*

labral repair*

rim recession and labral re-attachment*

isolated rim recession*

chondral treatment*

chondral grafting*

Other*

2) Peripheral compartment work

osteochondroplasty*

removal of loose bodies*

other*

3) extra-articular work *

Incision*

Debridement*

Repair*

Other*

4) Pelvic osteotomy

Type:

Chiari*

PAO*

TPO *

Other (State)*

5) Femoral osteotomy

Type:

Rotation*

valgus*

varus*

shortening*

complex (e.g. double femoral osteotomy)*

Complications:*

Other information: Text*

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Contributors:

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Happy with content:

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