Non Arthroplasty Hip Surgery Register (NAHR)

Patient Consent Form

NAHR consent – What does it mean for you as a patient?

About the NAHR

The hip joint may be affected by many different conditions, some of which may require surgery for their treatment. Operations on the hip joint are common and usually successful, bringing many patients improved mobility and relief from pain.

However, when there is a choice of procedures for a condition it is not always clear which operation gives the best results for patients in the long term. A number of people may at some time in the future need another operation on the same joint.

The results of hip replacements (hip arthroplasties) in England and Wales are already captured on the National Joint Registry (NJR). To improve further the quality of hip surgery in the United Kingdom, the British Hip Society has set up the Non Arthroplasty Hip Surgery Register (NAHR) to monitor the outcome for patients of all other types of operations on the hip. Both the NHS and the independent health care sector are included in these registries, the success of which depends on gathering information on as many people having these operations as possible.

The data will be used to bring direct benefits to patients by:
— improving patient awareness of the outcomes of operations on the hip by making the results available
— comparing the success rates of different operations on the hip
— helping to identify which patients would benefit from a specific surgical technique

The NAHR data will bring additional long-term benefits by:
— providing feedback to orthopaedic surgeons, thereby helping to maintain high clinical standards and to define the most successful surgical procedure for each patient
— promoting open publication of outcomes following surgery

Data collected via the NAHR may be used for medical research, however this data will be anonymised so that it will not be possible to identify you. Research projects are subject to ethical review and will only be permitted if the outcomes are expected to provide significant benefits to the healthcare of patients.
Personal information – what is required and why?
The information required for the NAHR includes your personal details shown below and your operation details. We will contact you in the future by e-mail (preferably) or mail with a short patient questionnaire to ask you how successful your surgery has been. We will also link the original procedure that has been performed to any future operation you may have.

Data collection – its security and confidentiality
The NAHR uses an electronic system for data collection. The data is securely coded for transfer to a central database. This avoids sending paper records through the post and ensures maximum data security. Your personal information is confidential and cannot be used outside of the NAHR. Procedures are in place to protect your information and keep it confidential, ensuring it will only be available to you and your surgeon. If you wish, you can obtain access to a copy of your own record in accordance with the Data Protection Act 1998.

Your participation is voluntary
This form asks for your consent for your personal information to be recorded by the NAHR. Your participation in the Registry is entirely voluntary.

If you agree and then change your mind, you may revoke this permission at any time by contacting the British Hip Society.

If you do not agree, data about your operation will be entered but without any personal details attached; this will ensure that individual operation details are not traceable back to you. However, we will not then be able to trace any future surgery you have back to the original operation and the Registry data will be less complete and less valuable as a result.

If you have any questions, concerns or need further information on the NAHR or your rights under the Data Protection Act 1998, please contact the British Hip Society.

Patient Details
Surname __________________________ Forename __________________________
Date of Birth ________________________________________________________
E-mail address ________________________________________________________
Home Address _________________________________________________________
____________________________________________________________________
Postcode __________________________

☐ I CONSENT to my personal details being recorded within the NAHR. I understand that my personal data will not be released unless required by law or where there is a clear overriding public interest in disclosure. However, where possible, I will be told if any disclosure is to take place.

Signature __________________________ Date __________________________

To be completed by Hospital (person accepting patient consent)
Name __________________________ Signature __________________________
Position ____________________________________________________________________
Please mark a point along the line that most appropriately represents the level of your typical situation in the last month.
Tip – If you don’t do an activity, imagine how your hip would feel if you had to try it.

1. Overall how much pain do you have in your hip/groin?

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

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

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

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

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

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

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

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

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

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

12. How much of a distraction is your hip problem?
EQ-5D

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

MOBILITY
I have no problems in walking about. ......................................................... ○
I have slight problems in walking about. .................................................. ○
I have moderate problems in walking about ........................................... ○
I have severe problems in walking about .............................................. ○
I am unable to walk about. ........................................................................ ○

SELF-CARE
I have no problems washing or dressing myself ............................... ○
I have slight problems washing or dressing myself .......................... ○
I have moderate problems washing or dressing myself ...................... ○
I have severe problems washing or dressing myself ........................... ○
I am unable to wash or dress myself ...................................................... ○

USUAL ACTIVITIES (eg. work, study, housework, family or leisure activities)
I have no problems doing my usual activities ............................... ○
I have slight problems doing my usual activities .......................... ○
I have moderate problems doing my usual activities ...................... ○
I have severe problems doing my usual activities ........................... ○
I am unable to do my usual activities .................................................. ○

PAIN/DISCOMFORT
I have no pain or discomfort ............................................................... ○
I have slight pain or discomfort .......................................................... ○
I have moderate pain or discomfort ................................................. ○
I have severe pain or discomfort ...................................................... ○
I have extreme pain or discomfort ....................................................... ○

ANXIETY/DEPRESSION
I am not anxious or depressed ........................................................... ○
I am slightly anxious or depressed ...................................................... ○
I am moderately anxious or depressed ............................................ ○
I am severely anxious or depressed ................................................... ○
I am extremely anxious or depressed ................................................ ○

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.

0 10 20 30 40 50 60 70 80 90 100

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY  □
# MDS version 1.1

## PATIENT DETAILS

<table>
<thead>
<tr>
<th>Patient Consent Obtained</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Hospital ID</td>
<td>NHS Number</td>
<td></td>
</tr>
<tr>
<td>Forename</td>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>DD/MM/YYYY</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>Post Code</td>
<td></td>
</tr>
</tbody>
</table>

## DIAGNOSIS (including arthroscopic findings)

- FAI (including associated chondrolabral lesions)
- Central compartment
  - Labral tear
  - Ligamentum teres tear
  - Chondral defect (non FAI)
  - Post-traumatic osteochondral defect
- Extra-articular
  - Snapping psoas
  - Snapping ITB
  - Trochanteric bursitis
  - Gluteal tear
- DDH
- Perthes’
- SUFE
- Hypermobility
- Osteoarthritis
  - Inflammatory
  - Post-traumatic
  - Loose bodies
- Undiagnosed hip pain
  - Previous hip arthroscopy

## OPERATION DETAILS

<table>
<thead>
<tr>
<th>Side</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation Date</td>
<td>DD/MM/YYYY</td>
<td></td>
</tr>
<tr>
<td>Consultant in Charge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Surgeon</td>
<td></td>
<td></td>
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<tr>
<td>Operating Surgeon Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td>SPR/ST3-8</td>
<td>F1-ST2</td>
</tr>
<tr>
<td>Specialty Doctor/SAS</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>NHS Funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight /kg</td>
<td>Height /cm</td>
<td></td>
</tr>
<tr>
<td>Approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthroscopic</td>
<td>Open</td>
<td>Combination of arthroscopic &amp; open</td>
</tr>
</tbody>
</table>
### EXTENDED DATA SET (OPTIONAL) – OPERATION DETAILS

<table>
<thead>
<tr>
<th>Acetabulum</th>
<th>Labrum Debridement</th>
<th>Labrum Resection</th>
<th>Labrum Repair</th>
<th>Rim Recession Simple</th>
<th>Rim Recession – labral reattachment</th>
<th>Sub-spinoose resection</th>
<th>Cartilage Debridement</th>
<th>Microfracture</th>
<th>Cartilage Reattachment</th>
<th>Graft/ACI</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Location and severity of single worst area of acetabular cartilage damage**

(Illizaliturri et al Arthroscopy 2008;24:534, Konan et al JBJSB 2011;93:332)

<table>
<thead>
<tr>
<th>Location (tick one)</th>
<th>Severity (tick one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>1</td>
<td>3A</td>
</tr>
<tr>
<td>2</td>
<td>3B</td>
</tr>
<tr>
<td>3</td>
<td>3C</td>
</tr>
<tr>
<td>4</td>
<td>4A</td>
</tr>
<tr>
<td>5</td>
<td>4B</td>
</tr>
<tr>
<td>6</td>
<td>4C</td>
</tr>
</tbody>
</table>

**Severity**

1. Wave Sign with intact chondrolabral junction
2. Chondrolabral junction separation but no delamination
3. Delamination
4. Exposed bone

**Extent**

A. Lesion less than one-third of the distance from the acetabular rim to the cotyloid fossa
B. One-third to two-thirds of this distance
C. Greater than two-thirds of this distance

**Femur**

<table>
<thead>
<tr>
<th>Cam removal</th>
<th>Osteophyte removal</th>
<th>Cartilage Debridement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microfracture</td>
<td>Core decompression</td>
<td>Graft/ACI</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Severity of Femoral Cartilage Defect (Outerbridge)**

None  Normal Cartilage  1 Rough surface, chondral softening  2 Irregular surface defects <50% cartilage thickness  3 >50% loss of cartilage thickness  4 Full thickness loss cartilage thickness

**Soft Tissue**

<table>
<thead>
<tr>
<th>Ligamentum Teres Debridement</th>
<th>Ligamentum Teres Reconstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose body removal</td>
<td>Biopsy</td>
</tr>
<tr>
<td>Psoas release</td>
<td>Gluteal tendon repair</td>
</tr>
<tr>
<td></td>
<td>ITB release</td>
</tr>
<tr>
<td></td>
<td>Troch Bursa debridement</td>
</tr>
</tbody>
</table>

**Pelvic osteotomy**

<table>
<thead>
<tr>
<th>PAO</th>
<th>Triple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salter</td>
<td>Dega</td>
</tr>
<tr>
<td>Shelf</td>
<td></td>
</tr>
</tbody>
</table>

**Femoral osteotomy**

<table>
<thead>
<tr>
<th>Varus</th>
<th>Valgus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortening</td>
<td>Troch advancement</td>
</tr>
<tr>
<td>Open reduction (DDH)</td>
<td></td>
</tr>
</tbody>
</table>