UK Rotator Cuff Surgery Trial
UKUFF

Patient Sticky

Consent form sited:

....
UKUFF SURGEON

Study No ☐☐☐☐☐ **(if known)**

Date (day/month/year)...........................
Hospital...................................
Operating Consultant................................

Procedure Side: **Left** ☐ **Right** ☐

TYPE OF SURGERY: **Open** ☐ **Mini-open** ☐ **Arthroscopic** ☐

Total time in theatre ....minutes (including anaesthetic time)

Operation time .... minutes

STAFF IN THEATRE:

Assisting Surgeon: Consultant ☐ Fellow ☐ Registrar ☐ SHO ☐

Anaesthetist: Consultant ☐ Registrar ☐ SHO ☐

Number of Nursing/ODP Staff: ....

ANAESTHETIC:

GA ☐ Regional Block ☐ Combined ☐
LA top up ☐ Intra-articular infiltration ☐ Indwelling Catheter ☐

SURGICAL APPROACH:

Patient Position: Supine (Beach Chair) ☐ Lateral ☐

Surgical Approach: Deltoid Split ☐ Deltoid detached ☐

No of Portals (arthroscopic)______________________

Ease of Repair: Easy ☐ Moderate ☐ Difficult ☐ Impossible ☐

Size of Tear:
Small ____cm ☐ Medium_________cm ☐
Large ____cm ☐ Massive________cm ☐
No Tear ☐

Surgical opinion of completeness of repair:
Poor ☐ Good ☐ Excellent ☐

If "No Tear" or "Impossible"
No other procedure performed ☐
SAD only ☐
SAD & AC Joint Exc ☐
Other_________________ ☐

OTHER:

Normal Saline Used	1L	☐	2L	☐	3L	☐	Other ☐	......mls/litres
Fluid Management System			Yes	☐	No		☐	
Drains			Yes	☐	No		☐	

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IMPLANTS:
Eg: Twinfix Anchor, Fibrewire

NAME:...

QUANTITY:............

Please insert product stickers if available

HOW HAVE YOU IMMOBILISED THE PATIENT'S SHOULDER?

Polysling ☐ Abductor Splint ☐ Other ☐

HOW LONG DO YOU PLAN TO IMMOBILISE THIS PATIENT FOR?

6 weeks ☐ 4 weeks ☐ 3 weeks ☐ 2 weeks ☐ Other ☐ ______

INTRA-OPERATIVE PROBLEMS

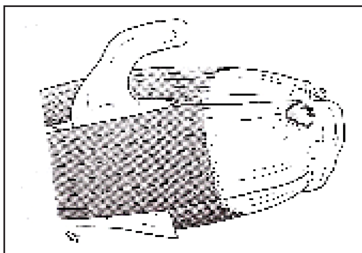
Anaesthetic problems (i.e.: respiratory, cardiac, anaphylaxis) ☐
Equipment problems (i.e.: VDU, FMS, camera, resector, instruments) ☐
Implant problems (i.e.; size unavailable, quantity unavailable) ☐
Surgical problems (i.e.; bleeding) ☐
Other (i.e.; staffing) ☐
Please describe:...

DID THIS CAUSE THE PLANNED PROCEDURE TO CHANGE (ie; proceeded to open from arthroscopic)

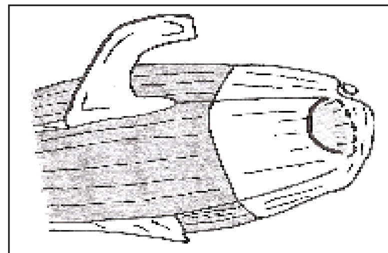
Yes ☐ **No** ☐ **Unsure** ☐

PLEASE MARK ORIGIN OF TISSUE SAMPLE ON THE PICTURE WHICH CORRESPONDS WITH THE SIZE OF THE TEAR (X)

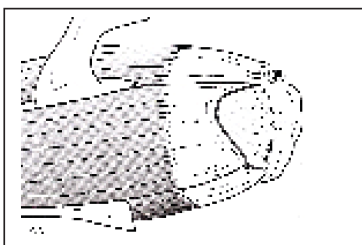
SMALL



MEDIUM



LARGE



MASSIVE