EKHUFT Revision Knee Service Referral Form

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

If you are a GP referring to the Revision Knee Service, please use the **NHS e-referral system**. If you need advice on **infected prothesis** please refer to the **Bone Infection MDT**.

\*\* Mandatory Fields

# 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. |  |
| Date of birth: |  |
| NHS no. |  |

# Further details

Before we discuss your patient’s case, we require the following information:

Which knee is affected? \*\* Left Right

Is this a complex primary knee or revision knee? Complex primary knee Revision knee

## Surgery details

Date of primary operation (mm/yyyy):

Date of secondary procedures (mm/yyyy):

Who performed the surgery (consultant’s name):

Implant type:

Imaging modality, date (mm/yyyy):

Imaging result:

## Clinical details

Past medical history:

Physical examination, mobility and current status:

Relevant blood test results:

Allergies:

Medication:

Has the patient had a knee aspiration? Please include the date of the last one: Yes (mm/yyyy) No

Microbiology date and result Yes (mm/yyyy) NA

Histology date and result Yes (mm/yyyy) NA

Working diagnosis and management plan:

## MDT question

MDT question (i.e. do you agree with the proposed plan): \*\*

## Other

**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: [ekh-tr.mrcreferral@nhs.net](mailto:ekh-tr.mrcreferral@nhs.net)