

HIP OPERATIVE RECORD

lastname: _____ forename : _____ birthday: / /

Date of surgery: / / surgeon: _____ anesthesiologist : _____

SIDE: right / left length: _____ mn **CELL-SAVER**

perioperative antibiotiques: _____ quantity: _____ g Nb injection:

SURGICAL APPROACH

skin incision : postero-lateral anterior previous scar excision

arthrotomy: posterior trochanterotomy

SURGICAL TECHNIQUE

bone graft : acetabulum femur autologus allograft HAP

other:

PROSTHETIC COMPONENTS : T H A

supplier: _____

femoral device name: _____

acetabular device name: _____

implants:

acetabular component:

metal-back: cemented cimentless
 screwed impacted
 size: screw : number:

insert : size: posterior socket wall addition
 polyéthylène ceramic

fémoral stem: size: cemented cimentless

modular neck : size: length: angle orientation:

ball head : polyéthylène Chrome-cobalt
 diameter: length:

RESULT AT THE END OF OPERATION

motion: Flexion: _____° Extension: _____° stable unstable

comments: