National Bone & Joint Infection Registry

PLEASE RETURN THIS FORM TO YOUR BAJIR ADMINISTRATOR FOR DETAILS TO BE ADDED TO THE REGISTRY

BAJIR-Plastics

FOR COMPLETION BY OPERATING SURGEON

BAJIR

PATIENT ID (Label preferred):

(Minimum required:
Name, D.O.B, NHS Number)

Please complete all parts by ticking the most appropriate box.

These reflect the drop down options in the registry and there is no facility for free-text unless stated

IF MORE THAN ONE PLASTICS PROCEDURE, PLEASE NUMBER 1, 2 ETC IN EACH SECTION. REGISTRY ALLOWS ADDITONAL PROCEDURES AS INDIVIDUAL ENTRIES

DATE OF OPERATION:

PLASTIC SURGEON (1): **PLASTIC SURGEON (2):**

PLASTICS PROCEDURE:

- ☐ SKIN GRAFT
- ☐ FREE FLAP
- ☐ PEDICLED FLAP
- ☐ RAISING OF PREVIOUS FLAP
- ☐ REVISION OF FLAP
- ☐ REPEAT SKIN GRAFT
- ☐ DIRECT CLOSURE OF WOUND
- ☐ OTHER PLASTICS PROCEDURE

TYPE OF FLAP:

- ☐ MUSCLE ONLY
- ☐ MUSCULOCUTANEOUS
- ☐ OSTEOCUTANEOUS
- ☐ FASCIOCUTANEOUS
- ☐ BONE ONLY
- ☐ FASCIAL
- ☐ CUTANEOUS
- ☐ ADIPOFASCIAL
- ☐ ADIPOCUTANEOUS

FREE FLAP NAME:

- ☐ ALT
- ☐ DCIA
- ☐ DIEP
- ☐ FIBULA
- ☐ GRACILIS
- ☐ GROIN
- ☐ IGAP
- ☐ LATERAL ARM
- ☐ LAT DORSI
- ☐ RECTUS
- ☐ RFF
- ☐ SGAP
- ☐ SIEA
- ☐ TRAM
- ☐ VASTUS LATERALIS
- ☐ OTHER (free text) _____

PEDICLE FLAP NAME:

- ☐ GASTROC
- ☐ MEDIAL / LATERAL GASTROC
- ☐ VASTUS LATERALIS
- ☐ RECTUS FEMORIS
- ☐ VASTUS & RECTUS
- ☐ FLEXOR CARPI ULNARIS
- ☐ LATERAL ARM
- ☐ LAT DORSI
- ☐ GLUTEAL
- ☐ GRACILIS
- ☐ HAMSTRING ADVANCEMENT
- ☐ OTHER (free text) _____