**PERIOPERATIVE COMPLICATIONS - General:**
- Embolism
- Injury to Veins
- Injury to Nerves
- Haemorage
- Myocardial Infarction
- Cardiac Failure
- Other (specify below)

If yes, indicate reason below:

**PERIOPERATIVE COMPLICATIONS (Surgical):**
- Glenoid Fracture
- Tuberosity Fracture
- Humeral Metaphyfial Fracture/Crack
- Humeral Shaft Fracture
- Axillary Nerve Injury
- Musculocutaneous Nerve Injury
- Inadequate Glenoid Fixation
- Other (specify below)

If yes, indicate reason below:

**POST OPERATIVE COMPLICATIONS (General):**
- DVT
- PE (Non fatal)
- Myocardial Infarction
- Stroke
- Haemorage
- Cardiac Failure
- Bronchopneumonia
- Respiratory Failure
- Septicemia
- Urinary Retention
- Mental Confusion
- Shock
- CNS
- Other (specify below)

If yes, indicate reason below:

**POST OPERATIVE COMPLICATIONS (Local):**
- Skin Necrosis
- Lesser Tuberosity Avulsion
- Nerve Palsy
- Implant Instability
- Superficial Infection
- Subscapularis Breakdown
- Wound Breakdown
- Clavicular Fracture
- Deep Infection
- Deltoit Dysfunction / Paralysis
- Dislocation
- Glenoid head disengagement
- Glenoid fracture
- Humeral fracture
- Other (specify below)

If yes, indicate reason below:

**LOST TO FOLLOW-UP:**
- Has the patient been lost to follow-up?
  - Deceased
  - No Trace
  - Refused to Return
  - Other (specify below)

If yes, indicate reason below:

**DATE OF LAST REVIEW:**

Please continue answering the questions on page 2.
**VERSO SHOULDER COMPLICATION & ADVERSE EVENT FORM**

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<tr>
<th>HOSP NO:</th>
<th>STUDY NO:</th>
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**HOSPITAL:**

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**Date Onset of Complication:**

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**Gender:**

- [ ] Male
- [ ] Female

**Revision:**

- [ ] Yes
- [x] No

**Reasons for Revision:**

- [ ] Loosening
- [ ] Infection
- [ ] Fracture
- [ ] Dislocation
- [ ] Severe Northing
- [ ] Disengagement of component
- [ ] Other (Please specify below)

**Implant Revised:**

- **Humeral Liner:**
  - [ ] Replaced with: [ ] Removed
- **Humeral Shell:**
  - [ ] Replaced with: [ ] Removed
- **Glenoid Head:**
  - [ ] Replaced with: [ ] Removed
- **Glenoid Base Plate:**
  - [ ] Replaced with: [ ] Removed

---

**During Revision, Please fill in a new Operative Form.**

**Signature:**

__________________________________________

**Date:**

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