



# Reading Shoulder Unit



Draft

## VERSO SHOULDER COMPLICATION & ADVERSE EVENT FORM

<b>HOSP NO:</b>	<input style="width: 95%;" type="text"/>	Shade Circles Like This--> ●	<b>STUDY NO:</b>	<input style="width: 95%;" type="text"/>
<b>HOSPITAL:</b>	<input style="width: 95%;" type="text"/>	<b>SIDE OPERATED:</b>	<b>GENDER:</b>	
<b>EVALUATOR:</b>	<input style="width: 95%;" type="text"/>	<input type="radio"/> Left <input type="radio"/> Right	<input type="radio"/> Male <input type="radio"/> Female	
		<b>Date Onset of Complication:</b>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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<b>PERIOPERATIVE COMPLICATIONS - General:</b> <input type="radio"/> No <input type="radio"/> Yes		<b>If yes, indicate reason below</b>
<input type="radio"/> Embolism	<input type="radio"/> Injury to Veins	<input type="radio"/> Haemorage
<input type="radio"/> Myocardial Infarction	<input type="radio"/> Injury to Nerves	<input type="radio"/> Other (specify below)
	<input type="radio"/> Cardiac Failure	
<input style="width: 100%;" type="text"/>		

<b>PERIOPERATIVE COMPLICATIONS (Surgical):</b> <input type="radio"/> No <input type="radio"/> Yes		<b>If yes, indicate reason below</b>
<input type="radio"/> Glenoid Fracture	<input type="radio"/> Tuberosity Fracture	<input type="radio"/> Humeral Shaft Fracture
<input type="radio"/> Axillary Nerve Injury	<input type="radio"/> Humeral Metaphyial Fracture/Crack	<input type="radio"/> Inadequate Glenoid Fixation
<input type="radio"/> Other (specify below)	<input type="radio"/> Musculocutaneous Nerve Injury	
<input style="width: 100%;" type="text"/>		

<b>POST OPERATIVE COMPLICATIONS (General):</b> <input type="radio"/> No <input type="radio"/> Yes		<b>If yes, indicate reason below</b>
<input type="radio"/> DVT	<input type="radio"/> PE (Non fatal)	<input type="radio"/> Stroke
<input type="radio"/> Cardiac Failure	<input type="radio"/> Myocardial Infarction	<input type="radio"/> Haemorage
<input type="radio"/> Mental Confusion	<input type="radio"/> Respiratory Failure	<input type="radio"/> Urinary Retention
<input type="radio"/> Shock	<input type="radio"/> CNS	<input type="radio"/> Other (specify below)
<input style="width: 100%;" type="text"/>		

**VERSO SHOULDER  
COMPLICATION & ADVERSE EVENT FORM**

**POST OPERATIVE COMPLICATIONS (Local):**  No  Yes

If yes, indicate reason below:

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

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**LOST TO FOLLOW-UP:**

Has the patient been lost to follow-up?  No  Yes

If yes, indicate reason below

- Deceased
- No Trace
- Refused to Return
- Other (specify below)

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DATE OF LAST REVIEW : 

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HOSP NO: 

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STUDY NO: 

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HOSPITAL: 

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Gender:  Male  Female

SIDE OPERATED:  Left  Right

Date Onset of Complication: 

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Shade Circles Like This--> ●

REVISION:  Yes  No

- REASONS FOR REVISION:  Loosening  Infection  Fracture  Dislocation  Severe Northing
- Disengagement of component  Other (Please specify below)

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**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:

D	D

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M	M

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Y	Y	Y	Y