



**The Non Arthroplasty
Hip Surgery Register
(NAHR)**

The British Hip Society
35-43 Lincoln's Inn Fields, London WC2A 3PN
www.britishhipsociety.com/NAHR

Patient Sticker

Non Arthroplasty Hip Surgery Register (NAHR) Patient Consent Form

NAHR consent – What does it mean for you as a patient?

About the NAHR

The hip joint may be affected by many different conditions, some of which may require surgery for their treatment. Operations on the hip joint are common and usually successful, bringing many patients improved mobility and relief from pain.

However, when there is a choice of procedures for a condition it is not always clear which operation gives the best results for patients in the long term. A number of people may at some time in the future need another operation on the same joint.

The results of hip replacements (hip arthroplasties) in England and Wales are already captured on the National Joint Registry (NJR). To improve further the quality of hip surgery in the United Kingdom, the British Hip Society has set up the Non Arthroplasty Hip Surgery Register (NAHR) to monitor the outcome for patients of all other types of operations on the hip. Both the NHS and the independent health care sector are included in these registries, the success of which depends on gathering information on as many people having these operations as possible.

The data will be used to bring direct benefits to patients by:

- improving patient awareness of the outcomes of operations on the hip by making the results available
- comparing the success rates of different operations on the hip
- helping to identify which patients would benefit from a specific surgical technique

The NAHR data will bring additional long-term benefits by:

- providing feedback to orthopaedic surgeons, thereby helping to maintain high clinical standards and to define the most successful surgical procedure for each patient
- promoting open publication of outcomes following surgery

Data collected via the NAHR may be used for medical research, however this data will be anonymised so that it will not be possible to identify you. Research projects are subject to ethical review and will only be permitted if the outcomes are expected to provide significant benefits to the healthcare of patients.

Personal information – what is required and why?

The information required for the NAHR includes your personal details shown below and your operation details. We will contact you in the future by e-mail (preferably) or mail with a short patient questionnaire to ask you how successful your surgery has been. We will also link the original procedure that has been performed to any future operation you may have.

Data collection – its security and confidentiality

The NAHR uses an electronic system for data collection. The data is securely coded for transfer to a central database. This avoids sending paper records through the post and ensures maximum data security. Your personal information is confidential and cannot be used outside of the NAHR. Procedures are in place to protect your information and keep it confidential, ensuring it will only be available to you and your surgeon. If you wish, you can obtain access to a copy of your own record in accordance with the Data Protection Act 1998.

Your participation is voluntary

This form asks for your consent for your personal information to be recorded by the NAHR. Your participation in the Registry is entirely voluntary.

If you agree and then change your mind, you may revoke this permission at any time by contacting the British Hip Society.

If you do not agree, data about your operation will be entered but without any personal details attached; this will ensure that individual operation details are not traceable back to you. However, we will not then be able to trace any future surgery you have back to the original operation and the Registry data will be less complete and less valuable as a result.

If you have any questions, concerns or need further information on the NAHR or your rights under the Data Protection Act 1998, please contact the British Hip Society.

Patient Details

Surname _____ Forename _____

Date of Birth _____

E-mail address _____

Home Address _____

_____ Postcode _____

I CONSENT to my personal details being recorded within the NAHR. I understand that my personal data will not be released unless required by law or where there is a clear overriding public interest in disclosure. However, where possible, I will be told if any disclosure is to take place.

Signature _____ Date _____

To be completed by Hospital (person accepting patient consent)
 Name _____ Signature _____
 Position _____

iHOT-12

Please mark a point along the line that most appropriately represents the level of your typical situation in the last month.

Tip – If you don't do an activity, imagine how your hip would feel if you had to try it.

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1. Overall how much pain do you have in your hip/groin?

Extreme pain  No pain at all

2. How difficult is it for you to get up and down off the floor/ground?

Extreme difficulty  No difficulty at all

3. How difficult is it for you to walk long distances?

Extreme difficulty  No difficulty at all

4. How much trouble do you have with grinding, catching or clicking in your hip?

Severe trouble  No trouble at all

5. How much trouble do you have pushing, pulling, lifting or carrying heavy objects at work?

Severe trouble  No trouble at all

6. How concerned are you about cutting/changing directions during your sporting or recreational activities?

Extreme concern  No concern at all

7. How much pain do you experience in you hip after activity?

Extreme pain  No pain at all

8. How concerned are you about picking up or carrying children because of your hip?

Extreme concern  No concern at all

9. How much trouble do you have with sexual activity because of your hip? N/A

Severe trouble  No trouble at all

10. How much of the time are you aware of the disability in your hip?

Constantly aware  Not aware at all

11. How concerned are you about your ability to maintain your desired fitness level?

Extreme concern  No concern at all

12. How much of a distraction is your hip problem?

Extremely distracted  Not distracted at all

EQ-5D

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems in walking about.
- I have slight problems in walking about.
- I have moderate problems in walking about
- I have severe problems in walking about.
- I am unable to walk about.

SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself.

USUAL ACTIVITIES *(eg. work, study, housework, family or leisure activities)*

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities.

PAIN/DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort.

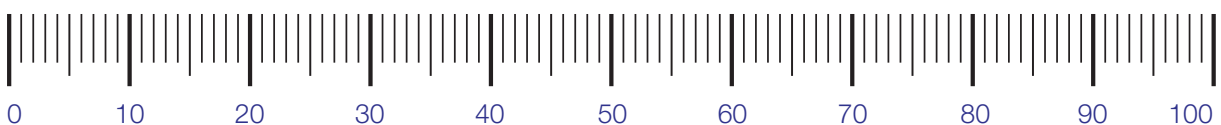
ANXIETY/DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

We would like to know how good or bad your health is TODAY.

This scale is numbered from 0 to 100.

100 means the best health you can imagine. 0 means the worst health you can imagine.
Mark an X on the scale to indicate how your health is TODAY.



Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY



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MDS version 1.1

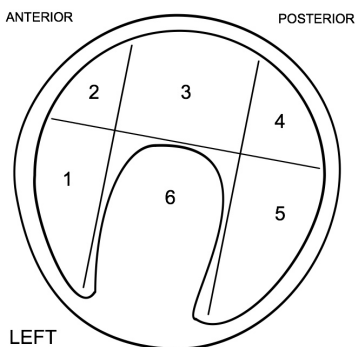
PATIENT DETAILS					
Patient Consent Obtained	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Patient Hospital ID	NHS Number				
Forename	Surname				
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
Date of Birth	DD/MM/YYYY				
Address					
Email			Post Code		
DIAGNOSIS (including arthroscopic findings)					
FAI (including associated chondrolabral lesions)		<input type="checkbox"/>			
Central compartment					
Labral tear	<input type="checkbox"/>	Ligamentum teres tear	<input type="checkbox"/>	Chondral defect (non FAI)	<input type="checkbox"/>
AVN	<input type="checkbox"/>			Post-traumatic osteochondral defect	<input type="checkbox"/>
Extra-articular					
Snapping psoas	<input type="checkbox"/>	Snapping ITB	<input type="checkbox"/>	Trochanteric bursitis	<input type="checkbox"/>
				Gluteal tear	<input type="checkbox"/>
DDH	<input type="checkbox"/>	Perthes'	<input type="checkbox"/>	SUFE	<input type="checkbox"/>
				Hypermobility	<input type="checkbox"/>
Osteoarthritis	<input type="checkbox"/>	Inflammatory	<input type="checkbox"/>	Post-traumatic	<input type="checkbox"/>
				Loose bodies	<input type="checkbox"/>
Undiagnosed hip pain	<input type="checkbox"/>	Previous hip arthroscopy	<input type="checkbox"/>		
OPERATION DETAILS					
Side	Left	<input type="checkbox"/>	Right	<input type="checkbox"/>	
Operation Date	DD/MM/YYYY Hospital				
Consultant in Charge					
Operating Surgeon					
Operating Surgeon Grade	Consultant	<input type="checkbox"/>	SPR/ST3-8	<input type="checkbox"/>	
	Specialty Doctor/SAS	<input type="checkbox"/>	F1-ST2	<input type="checkbox"/>	
			Other	<input type="checkbox"/>	
NHS Funding	<input type="checkbox"/>	Independent Funding	<input type="checkbox"/>		
Weight /kg	Height /cm				
Approach					
Arthroscopic	<input type="checkbox"/>	Open	<input type="checkbox"/>	Combination of arthroscopic & open	<input type="checkbox"/>

EXTENDED DATA SET (OPTIONAL) – OPERATION DETAILS

Acetabulum

Labrum Debridement	<input type="checkbox"/>	Labrum Resection	<input type="checkbox"/>	Labrum Repair	<input type="checkbox"/>
Rim Recession Simple	<input type="checkbox"/>	Rim Recession – labral reattachment	<input type="checkbox"/>	Sub-spinous resection	<input type="checkbox"/>
Cartilage Debridement	<input type="checkbox"/>	Microfracture	<input type="checkbox"/>	Cartilage Reattachment	<input type="checkbox"/>
Graft/ACI	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Location and severity of **single worst** area of acetabular cartilage damage (Ilizaliturri et al Arthroscopy 2008;24:534, Konan et al JBJSB 2011;93:332)



Location (tick one)	Severity (tick one)
None <input type="checkbox"/>	None <input type="checkbox"/> 3A <input type="checkbox"/>
1 <input type="checkbox"/>	3B <input type="checkbox"/>
2 <input type="checkbox"/>	1A <input type="checkbox"/> 3C <input type="checkbox"/>
3 <input type="checkbox"/>	1B <input type="checkbox"/>
4 <input type="checkbox"/>	1C <input type="checkbox"/> 4A <input type="checkbox"/>
5 <input type="checkbox"/>	4B <input type="checkbox"/>
6 <input type="checkbox"/>	2 <input type="checkbox"/> 4C <input type="checkbox"/>

Severity	Extent
1 Wave Sign with intact chondrolabral junction	A Lesion less than one-third of the distance from the acetabular rim to the cotyloid fossa
2 Chondrolabral junction separation but no delamination	B One-third to two-thirds of this distance
3 Delamination	C Greater than two-thirds of this distance
4 Exposed bone	

Femur

Cam removal	<input type="checkbox"/>	Osteophyte removal	<input type="checkbox"/>	Cartilage Debridement	<input type="checkbox"/>
Microfracture	<input type="checkbox"/>	Core decompression	<input type="checkbox"/>	Graft/ACI	<input type="checkbox"/>
Other	<input type="checkbox"/>				

Severity of Femoral Cartilage Defect (Outerbridge)

None Normal Cartilage 1 Rough surface, chondral softening 2 Irregular surface defects <50% cartilage thickness 3 >50% loss of cartilage thickness 4 Full thickness loss

Soft Tissue

Ligamentum Teres Debridement	<input type="checkbox"/>	Ligamentum Teres Reconstruction	<input type="checkbox"/>		
Loose body removal	<input type="checkbox"/>	Biopsy	<input type="checkbox"/>	ITB release	<input type="checkbox"/>
Psoas release	<input type="checkbox"/>	Gluteal tendon repair	<input type="checkbox"/>	Troch Bursa debridement	<input type="checkbox"/>

Pelvic osteotomy

PAO	<input type="checkbox"/>	Triple	<input type="checkbox"/>	Chiari	<input type="checkbox"/>
Salter	<input type="checkbox"/>	Dega	<input type="checkbox"/>	Pemberton	<input type="checkbox"/>
Shelf	<input type="checkbox"/>				

Femoral osteotomy

Varus	<input type="checkbox"/>	Valgus	<input type="checkbox"/>	Derotation	<input type="checkbox"/>
Shortening	<input type="checkbox"/>	Troch advancement	<input type="checkbox"/>	Complex	<input type="checkbox"/>
Open reduction (DDH)	<input type="checkbox"/>				