Operation Note			Patient Identification Label		
Date: / /	Consultant:				
Surgeon:		C/St/SpR/CST/FY			
Assistant:		C/St/SpR/CST/FY			
Operation: Side: Diagnosis:	TOTAL HIP REPLACEMENT LEFT / RIGHT	A: A: To	UNCEMENTED / HYBRID) Anaesthetist: Anaesthesia: Tourniquet time: Antibiotics: Y / N		
Patient position: Incision/Approach Additional soft tiss	n: sue release procedures:				
Findings:					
Procedure:					
Tissue removed/a	ltered/added/BONE GRAFT:	Y / N			
Standard procedur (If no, details of any	re: Y / N y difficulties/complications)				
Joint stability post	z-procedure: Y / N				
Details of closure/	'sutures:				
Post-operative ins		Packs	Drains		
- Mobilisation inst	:ructions:	DVT Pro	phylaxis: Y / N / Stockings / Boots		
		Catheter	isation: Y / N		

Signature:

ERIAL NUMBERS	<u>OF PROSTHETI</u>	<u>CS/TRACKINO</u>	G STICKERS TO) BE ATTACHE	D OVERLEA