



64964

OPERATIVE NOTES/DEVICE LOG

Form 5

Patient Study Number Knee Left Right Date of Surgery / /

1. Patient Hospital Number Site 2. Patient Initials

OPERATIVE NOTES

3. Prosthesis Sigma Rotating Platform P.F.C. Sigma (fixed)

4. Patella resurfaced Yes No

5. Posterior Cruciate Ligament Status Ruptured Retained Recessed Resected

6. Cement used Yes No
Femur
Tibia
Patella N/A

Cement Type CMW Palacos None

Cement Technique Mixing bowl - no vacuum Mixing bowl - with vacuum Syringe - with vacuum

7. Operation time (skin to skin) minutes

8. Tourniquet time minutes

9. Skin incision (tick one box) Midline Oblique Parapatella Other (specify)

10. Deep Approach (tick one box) Medial Subvastus Lateral Other (please specify) Insall

11. Bone graft use Yes No
Femur
Tibia
Patella N/A

12. Soft tissues releases
Patella None Lateral Medial Lateral & Medial Other
Collateral None Lateral Medial Lateral & Medial Other

13. Passive range of motion (pre-closure) Flexion degrees Extension degrees

14. Surgeon Name & Grade:

DEVICE NOTES

15. Femoral Component
AFFIX PRODUCT LABEL HERE OR
Product Ref -
Product Lot

16. Tibial Component
AFFIX PRODUCT LABEL HERE OR
Product Ref -
Product Lot

17. Bearing
AFFIX PRODUCT LABEL HERE OR
Product Ref -
Product Lot

18. Patella (tick if not resurfaced)
AFFIX PRODUCT LABEL HERE OR
Product Ref -
Product Lot

Site Name

Investigator Name

Study Arm