

To be completed following the operation

**DRAFFT**

Centre ID

**Operation Note**

Participant ID

Surgeon's Name (please print): .....

Surgeon grade: Consultant  Staff Grade/Associate Specialist   
Specialist Trainee  Other .....

Date of operation (dd/mm/yyyy):

1. Peri-operative antibiotic cover Yes  No

2. Which wrist was operated on as part of the trial? Right  Left

3. Start time of operation (24hr clock)

4. Finish time of operation (24hr clock)

5. Any intra-operative problems? Yes  No

Nerve injury Yes  No

Vascular injury Yes  No

Tendon injury Yes  No

Extension of fracture Yes  No

6. If a wire fixation:

How many wires used: 1  2  3  More

What size was used? 1.6mm  1.1mm  0.9mm  Other

What method was used? Karpandji  Interfragmentary  Mixed technique

7. If a plate fixation:

How many screws/pegs in the distal fragment 3  4  5  More

Were the screws that were used proximal to the fracture Locking  Non-locking

8. Regarding your (surgeon) previous experience of fixing fractures of the distal radius

How many have you treated, prior to today with:

K-wires 0  <5  5-10  11-20  >20

Plates and fixed angle screws 0  <5  5-10  11-20  >20

Signature of person completing this form: .....

Date (dd/mm/yyyy):