

ProFHER TRIAL: SURGICAL FORM

Participant identification number: [ ][ ][ ][ ][ ]

Date of surgery: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] Name of operating surgeon: [ ]

Operation - Times hr min Into anaesthetic room [ ][ ] Into theatre [ ][ ] Out of theatre [ ][ ]

Type of Anaesthesia: (Please cross all boxes that apply)

General Anaesthetic [ ] Local Anaesthetic [ ] Regional Anaesthesia (RA) [ ] Other Anaesthesia [ ]

If 'Other Anaesthesia' please record in the box [ ]

Delivery of Regional Anaesthesia: (Please cross one box only)

a) Indwelling catheter [ ] b) Injection [ ]

Type of Surgery: (Please describe type of implant and stick implant label on back of the form)

Nail [ ] Plate & Screws [ ] Hemiarthroplasty [ ] Other [ ]

Was a loan set/kit used for the surgery? (Please cross one box only)

Yes [ ] No [ ]

Use of antibiotics: (Please cross one box only)

Yes [ ] No [ ]

Staff in theatre: (Please record number of staff)

Surgeon grade: Consultant [ ] Registrar [ ] Other [ ] If Other grade, please record: [ ]

Anaesthetist grade: Consultant [ ] Registrar [ ] Other [ ] If Other grade, please record: [ ]

Other staff: (e.g. Nursing) Grade [ ] Number of staff [ ] Grade [ ] Number of staff [ ]

Radiology: (Please cross all boxes that apply)

Image intensifier [ ] Films [ ] Radiographer grade (please record below) [ ]

Unexpected procedures: (Please cross one box only)

Yes [ ] No [ ] If yes, please describe and record reason: [ ]

Thank you for completing the form. The designated person should now return the form to York Trials Unit in the freepost envelope provided.