

Report Supplementary Material 1 Manipulation Under Anaesthesia Surgery Form

UK FROST SURGICAL FORM: MUA with intra-articular steroid injection

When MUA is judged to be incomplete we **do not recommend** a cross over intra-operatively to capsular release. The need for this should be reviewed at another clinic appointment. **The intra-articular corticosteroid injection should be performed in all cases whilst the patient is under the same anaesthetic unless contraindicated.**

Participant ID: Name of operating surgeon:

Date of surgery: / / Day case? Yes No
day month year

ASA Grade: If **not** a day case, date of discharge: / /
(please record a **number** in the box) day month year

If the patient is **not** a day case (e.g. because of unstable diabetes) please provide the reason:

Operation Times - "24 hour clock"

Where was the procedure performed? (please cross one box only) Anaesthetic room Theatre

Into anaesthetic room: : Into theatre (if applicable): : End of procedure i.e. out of theatre / anaesthetic room: :
hr min hr min hr min

Type of Anaesthesia (please cross all boxes that apply) General Anaesthesia Regional Anaesthesia

Delivery: a) Indwelling catheter b) Injection c) Other (If 'Other', please record below)

Staff in Theatre: (please record the **number** of staff e.g. 01, 02, 03)

Surgeons: (operating surgeon)	Consultant <input type="text"/>	Registrar <input type="text"/>	Staff <input type="text"/>	Fellow <input type="text"/>	Core Trainee <input type="text"/>
Surgeons: (<u>not</u> operating)	Consultant <input type="text"/>	Registrar <input type="text"/>	Staff <input type="text"/>	Fellow <input type="text"/>	Core Trainee <input type="text"/>
Anaesthetists: (doctor administering anaesthesia)	Consultant <input type="text"/>	Registrar <input type="text"/>	Staff <input type="text"/>	Fellow <input type="text"/>	Core Trainee <input type="text"/>
Nurses:	Sister <input type="text"/>	Staff <input type="text"/>	ODP <input type="text"/>	Anaesthetic <input type="text"/>	Health Care Assistant <input type="text"/>
Other staff: Type <input type="text"/>	Grade of staff <input type="text"/>		Number of staff <input type="text"/>		

Adequacy of release assessed after procedure but under anaesthesia: (please cross one box only) Optimal release Sub-optimal release

Intra-articular steroid injection used? Yes No Local anaesthetic used with injection? Yes No

Type and dose of corticosteroid used: (please cross one box only)
 Depomedrone: 40mg 80mg Other dose* *please state:
 Triamcinolone: 40mg 80mg Other dose* *please state:

Other corticosteroid: Please record type Dose: (mg)

Unexpected procedure (e.g. to treat fracture during MUA): Yes No

If 'Yes', please describe and record the reason:

Thank you for completing this form and return in the freepost envelope provided.

