

Report Supplementary Material 2 Arthroscopic Capsular Release Surgery Form

UK FROST SURGICAL FORM: Arthroscopic Capsular Release (ACR) with MUA

ACR of the contracted rotator interval and anterior capsule will be performed **followed by MUA** to complete the release of the inferior capsule. We advise that the surgeon uses the following additional procedures at their discretion: posterior capsule release, subacromial decompression and supplementary steroid injection.

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"

Into anaesthetic room: : Into theatre: : Out of theatre: :
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: <small>(operating surgeon)</small>	Consultant <input type="text"/>	Registrar <input type="text"/>	Staff <input type="text"/>	Fellow <input type="text"/>	Core Trainee <input type="text"/>
Surgeons: <small>(not operating)</small>	Consultant <input type="text"/>	Registrar <input type="text"/>	Staff <input type="text"/>	Fellow <input type="text"/>	Core Trainee <input type="text"/>
Anaesthetists: <small>(doctor administering anaesthesia)</small>	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 Grade of staff Number of staff

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

Additional procedures performed: (please cross all boxes that apply)

Posterior capsule release Subacromial decompression Steroid injection Other (If 'Other' specify)

Antibiotics used: (please cross one box only) Yes No

If 'Yes' which antibiotic was used? (please cross all boxes that apply)

Cephalosporin Teicoplanin Erythromycin Augmentin Vancomycin

Other (If 'Other' specify)

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.