G — FORM G — Orthopaedic surgery module

Only if A 10.5 includes a fracture or hand injury (10.5 = single acute fracture, multiple acute fracture, hand injury or vertebral fracture)

Patient identifier _____
Initials _____ Centre _____

Only if A 10.5 includes a fracture or hand injury

G1 — **Were local antibiotics used during any surgery?** *(tick one)*
☐ No ☐ Coated implant ☐ Topical powder ☐ Local antibiotic carrier e.g. beads, cerament (please specify)
☐ Irrigation ☐ Other (specify) _____

Fracture submodule — only if A 10.5 = acute or vertebral fracture

G2 — **Please identify all the patient's fracture locations.** *(tick all that apply)*
☐ Humerus ☐ Radius/Ulna ☐ Femur ☐ Tibia/Fibula ☐ Hand ☐ Pelvis/Acetabulum ☐ Foot ☐ Spine
☐ Other, please specify

G3 — **Was this revision surgery?** *(tick one)* ☐ No ☐ Yes

Humerus — only if G2 = Humerus

G4 — **Was this an open fracture of the humerus?** *(tick one)* ☐ No ☐ Yes

Radius / ulna — only if G2 = Radius/Ulna

G5 — **Was this an open fracture of the radius/ulna?** *(tick one)* ☐ No ☐ Yes

Femur — only if G2 = Femur

G6 — **What is the location of the femoral fracture?** *(tick one)* ☐ Proximal (AO 31) ☐ Diaphyseal (AO 32) ☐ Distal (AO 33)
Codes in brackets are the AO/OTA fracture classification, for reference only.

G7 — **Was this an open fracture of the femur?** *(tick one)* ☐ No ☐ Yes

Proximal femur — only if G6 = Proximal

G8 — **What kind of fracture is it?** *(tick one)*
Codes in brackets are the AO/OTA fracture classification, for reference only.
☐ Intracapsular (AO 31B) ☐ Extracapsular, peritrochanteric (AO 31A1/A2) ☐ Intertrochanteric / reverse oblique (AO 31A3)

Intracapsular hip fracture — only if G8 = Intracapsular

G9 — **Did the patient receive a hip hemiarthroplasty** *(tick one)* ☐ No ☐ Yes

G9.1 — **Only if:** *G9 = Yes, hemiarthroplasty*
Hemiarthroplasty approach *(tick one)*
☐ Anterior ☐ Anterolateral ☐ Posterior ☐ Other

G9.2 — **Only if:** *G9 = Yes, hemiarthroplasty*
What was the implant? *(tick one)* ☐ Cemented ☐ Uncemented

G9.2.1 — **Only if:** *G9.2 = Cemented*
What was the cement? *(tick one)* ☐ No antibiotic ☐ Single antibiotic ☐ Dual antibiotic

Extracapsular hip fracture — only if G8 = Extracapsular

G10 — **What was the implant?** *(tick one)*
☐ Short nail ☐ Long nail ☐ Sliding hip screw ☐ Other

G10.1 — **Only if:** *G10 = Sliding hip screw*
Was a trochanteric stabilisation plate used? *(tick one)* ☐ No ☐ Yes

Tibia / fibula — only if G2 = Tibia/Fibula

G11 — **What is the location of the tibia/fibula fracture?** *(tick one)*
Codes in brackets are the AO/OTA fracture classification, for reference only.
☐ Proximal (AO 41) ☐ Diaphyseal (AO 42) ☐ Distal (AO 43) ☐ Malleolar segment (Ankle) (AO 44)

G12 — **Was this an open fracture of the tibia/fibula?** *(tick one)* ☐ No ☐ Yes

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Ankle fracture — only if G11 = Malleolar segment

G13	**Was there documented peripheral neuropathy?** *(tick one)* ☐ No ☐ Yes
G14	**Malleolar involvement** *(tick all that apply)* ☐ None (isolated syndesmosis injury) ☐ Lateral ☐ Medial ☐ Posterior
G14.1	**Only if:** *G14 = Posterior malleolar involvement* **Was the posterior malleolus fixed?** *(tick one)* ☐ No ☐ Yes
G15	**Type of definitive fixation** *(tick all that apply)* ☐ Plates and/or screws ☐ Fibular nail ☐ Hindfoot nail ☐ External fixator (non-circular) ☐ Circular / Hexapod frame ☐ Cast ☐ Other
G16	**Was the syndesmosis fixed?** *(tick all that apply)* ☐ No ☐ Yes – rigid fixation (screw) ☐ Yes – Flexible fixation (tightrope)
G17	**Total time intended restricted or non-weight bearing from surgery? (days)** _____
G18	**Intended immobilisation once unrestricted weight bearing** *(tick one)* ☐ None ☐ Cast ☐ Boot ☐ Other

Closed tibial fracture — only if G11 = Proximal, Diaphyseal or Distal and G12 = No

G19	**Was the fracture fixed with?** *(tick all that apply)* ☐ Intramedullary nail ☐ Plate and/or screws ☐ External fixator (non-circular) ☐ Circular / Hexapod frame ☐ K wires ☐ Amputation
G19.1	**Only if:** *G19 = an external fixator was used* **Was the external fixator temporary or definitive?** *(tick one)* ☐ A temporary fixator ☐ Definitive external fixation

Hand fracture — only if G2 = Hand

G20	**What is the location of the hand fracture?** *(tick one)* ☐ Carpal bones ☐ Metacarpals ☐ Phalanges
G21	**Was this an open fracture of the hand?** *(tick one)* ☐ No ☐ Yes

Pelvis / acetabulum — only if G2 = Pelvis/Acetabulum

G22	**What is the location of the pelvic fracture?** *(tick one)* ☐ Pelvic ring (AO 61) ☐ Acetabulum (AO 62) *Codes in brackets are the AO/OTA fracture classification, for reference only.*
G23	**Was this an open fracture of the pelvis?** *(tick one)* ☐ No ☐ Yes

Foot — only if G2 = Foot

G24	**Was this an open fracture of the foot?** *(tick one)* ☐ No ☐ Yes

Spine — only if G2 = Spine

G25	**Was this an open fracture of the spine?** *(tick one)* ☐ No ☐ Yes

Other fracture location — only if G2 = Other

G26	**Was this an open fracture?** *(tick one)* ☐ No ☐ Yes

Hand injury module — only if A 10.5 = Hand injury

G27	**Please identify the hand injuries present** *(tick one)* ☐ Paediatric nailbed injury (age ≤16 years) ☐ Finger laceration with digital nerve injury ☐ Other, please specify
G27.1	**Only if:** *G27 = Paediatric nailbed injury* **Following repair of the nailbed, was the nail plate re-affixed to the nail bed?** *(tick one)* ☐ No ☐ Yes
G27.2	**Only if:** *G27 = Finger laceration with digital nerve injury* **Was the digital nerve directly repaired (with sutures)?** *(tick one)* ☐ No ☐ Yes
G27.3	**Only if:** *G27 = Other* **Please specify the other hand injury** _____

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Open fracture — only if G4, G5, G7, G12, G21, G23, G24, G25 or G26 = Yes. Complete one copy of this section for each open fracture if the patient has polytrauma.

G28	**What is the Gustillo-Anderson Classification of the fracture?** *(tick one)* ☐ 1 ☐ 2 ☐ 3a ☐ 3b ☐ 3c
G29	**Type of irrigation at debridement** *(tick one)* ☐ Saline only ☐ Water ☐ Soapy ☐ Including betadine ☐ Other
G30	**What skeletal stabilisation was completed at the time of initial debridement?** *(tick one)* ☐ Definitive stabilisation ☐ Provisional stabilisation
G31	**Provisional method employed** *(tick all that apply)* ☐ Cast ☐ External fixator (non-circular) ☐ Circular / Hexapod frame ☐ Internal fixation ☐ Nothing ☐ Removal splint ☐ Mono-lateral Exfix + cast
G32	**Definitive fixation at initial debridement** *(tick all that apply)* ☐ Amputation ☐ Cast ☐ External fixator (non-circular) ☐ Circular / Hexapod frame ☐ Intramedullary nail ☐ Plate / screws ☐ K wires ☐ Mono-lateral ExFix + cast
G33	**Definitive method of skeletal stabilisation if not at initial surgery** *(tick all that apply)* ☐ Amputation ☐ Cast ☐ External fixator (non-circular) ☐ Circular / Hexapod frame ☐ Intramedullary nail ☐ Plate / screws ☐ K wires ☐ Mono-lateral ExFix + cast
G34	**Was a definitive closure achieved at initial debridement?** *(tick one)* ☐ No ☐ Yes
G34.1	**Only if:** *G34 = definitive closure not achieved* **What type of wound dressing was used?** *(tick one)* ☐ Negative pressure ☐ Standard dressing (not negative pressure) ☐ Honey ☐ Other, please specify
G35	**What was the method employed for definitive closure?** *(tick one)* ☐ Primary closure (at index procedure) ☐ Delayed primary closure (i.e. not at index procedure) ☐ Skin graft only ☐ Local muscle flap (e.g. gastrocnemius, peroneus brevis) ☐ Local fasciocutaneous flap (e.g. keystone or propellar) ☐ Free flap – fasciocutaneous (ALT, groin flap etc) ☐ Free flap – free muscle flap with skin graft (latissimus dorsi, gracilis etc) ☐ Left to heal by secondary intention
G35.1	**Only if:** *G35 = primary or delayed primary closure* **Was any bone shortening or deformation undertaken?** *(tick one)* ☐ No ☐ Yes
G36	**What was the total number of operations this patient underwent?** _____
G37	**How many days were there between the initial operation and final operation?** _____
G38	**For how long were antibiotics continued following definitive closure (days)** _____