

I.M.P.R.E.S.S.

(Proximal Tibia)

Surgical Summary

To be completed by the **PHYSICIAN**

(For Internal Use Only)

Patient Study Number	Completed By: _____ Clinic: _____
Visit Date (MM/DD/YY) ___ / ___ / ___	Visit Schedule (check appropriate box) <input type="checkbox"/> Day of Surgery

Directions: Answer every question by filling in the correct circle or writing in the information. If you need to change an answer, completely erase or cross out the incorrect mark, initial, and fill in the correct information. **Mark only one answer for each question unless otherwise instructed. Shade circles like this: ●**

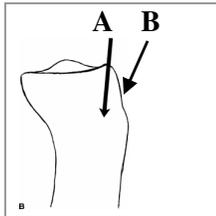
01. Component used

- Intramedullary nail
- Locking plate (Skip to question 17)

Complete questions 02-16 only if "Intramedullary nail" used.

02. Entry portal

- Superolateral ("A")
- Superomedial ("A")
- Inferior (front of tibia "B")



Surgical Technique

03. Semiextended (Partial arthrotomy)

- Yes
- No

04. Incision length _____ mm

05. Incision type

- Medial paratendinous
- Lateral paratendinous
- Tendon split

Component Details

06. Length _____ mm

07. Diameter _____ . _____ mm

08. Material

- Stainless steel
- Titanium

09. Manufacturer

- DePuy
- Smith & Nephew
- Stryker
- Synthes
- Zimmer
- Other (Specify): _____

10. Knee position during proximal locking

- Extended
- Flexed

11. Proximal locking – number of screws

- a. Off axis _____ #
- b. Transverse _____ #

12. Distal locking – number of screws

- a. Off axis _____ #
- b. Transverse _____ #

13. Fixed angle interlocking screws

- a. Proximal _____ #
- b. Distal _____ #

14. Lag screws (for non-displaced intraarticular fracture)

- Yes
- No (Skip to question 16)

15. If 'Yes', specify width of screws and number used

- a. Width _____ . _____ mm
- b. Number _____ #

16. Blocking screws

	<u>None</u>	<u>Before nail</u>	<u>After nail</u>
a. Posterior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lateral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complete questions 17-26 only if "Locking plate" used

Surgical Technique

17. Technique

- Percutaneous application
- Open reduction (Skip to question 19)

18. If "Percutaneous application", specify incision type

- Vertical
- S-shaped
- Other (Specify): _____

Please continue on next page

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19. If "Open reduction", specify incision type

- Vertical
- Hockey stick
- Other (Specify): _____

20. Incision length _____ mm

Component Details

21. Plate Length _____ mm

22. Number of holes in plate

- a. Shaft _____ #
- b. Metaphysis _____ #

23. Number of locked screws

- a. Shaft – bicortical _____ #
- b. Shaft – unicortical _____ #
- c. Metaphysis _____ #

24. Number of unlocked screws

- a. Shaft – bicortical _____ #
- b. Shaft – unicortical _____ #
- c. Metaphysis _____ #

25. Material

- Stainless steel
- Titanium

26. Manufacturer

- DePuy
- Smith & Nephew
- Stryker
- Synthes
- Zimmer
- Other (Specify below) _____

Complete questions 27 – 38 for all Components

27. If open fracture, date and time of irrigation and debridement

- a. Date ___ / ___ / ___ (MM/DD/YY)
- b. Time ___ : ___ AM / PM (circle one)

28. Date and time of definitive fixation

- a. Date ___ / ___ / ___ (MM/DD/YY)
- b. Time ___ : ___ AM / PM (circle one)

29. Stabilization prior to definitive fixation

- Brace
- Plaster / fiberglass
- Other (Specify): _____
- External fixation
- Traction

30. Length of surgery (skin to skin) _____ minutes

31. Fluoroscopy time _____ seconds

32. Fasciotomy performed (Mark all that apply)

- None
- Anterior
- Posterior
- Lateral

Additional surgical procedures

	None	Right	Left	Bilateral
33. Fixation of upper extremity fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Fixation of lower extremity fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Fixation of spine fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Did the patient have abdominal surgery?

- Yes
- No

37. Did the patient have any other surgical procedures?

- Yes (Specify below) _____
- No

38. Planned secondary surgeries (Mark all that apply)

- None
- Bone graft
- Flap coverage
- Irrigation and debridement
- VAC placement
- Other (Specify below) _____

39. Radiographic alignment on post-operative films

- a. ___ ° Varus or Valgus
- b. ___ ° Anterior angulation or Posterior angulation

40a. Rotational alignment of affected extremity

- Normal (Skip to question 41)
- Internally rotated
- Externally rotated

b. If "Internally" or "Externally" rotated, specify degrees

___ °

41a. Leg length discrepancy

- None (Skip to question 42)
- Affected leg shorter than unaffected leg
- Affected leg longer than unaffected leg

b. If "Short" or "Long", specify discrepancy

_____ mm

42. Will CPM be used?

- Yes
- No