Draft

# *VERSO SHOULDER COMPLICATION & ADVERSE EVENT FORM*



**HOSP NO:** | | | | | | | | | | |

Shade Circles Like This--> ●

**STUDY NO:** | | | | |

**HOSPITAL:** | | | | | | | | | | | | |

**SIDE OPERATED:** ○ **Left** ○ **Right**

**GENDER:** ○ **Male** ○ **Female**

**EVALUATOR:** | | | | | | | | | | | |

**Date Onset of Complication:** | | / | | | / | | | | |
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## PERIOPERATIVE COMPLICATIONS - General: ○ No ○ Yes

**If yes, indicate reason below**

○ Embolism ○ Injury to Veins ○ Injury to Nerves ○ Haemorage
○ Myocardial Infarction ○ Cardiac Failure ○ Other (specify below)

| | | | | | | | | | | | | | | | | | | | |

## PERIOPERATIVE COMPLICATIONS (Surgical): ○ No ○ Yes

**If yes, indicate reason below**

○ Glenoid Fracture ○ Tuberosity Fracture ○ Humeral Metaphyfial Fracture/Crack ○ Humeral Shaft Fracture
○ Axilary Nerve Injury ○ Musculocutaneous Nerve Injury ○ Inadequate Glenoid Fixation
○ Other (specify below)

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## POST OPERATIVE COMPLICATIONS (General): ○ No ○ Yes

**If yes, indicate reason below**

○ DVT ○ PE (Non fatal) ○ Myocardial Infarction ○ Stroke ○ Haemorage
○ Cardiac Failure ○ Bronchopneumonia ○ Respiratory Failure ○ Septicemia ○ Urinary Retention
○ Mental Confusion ○ Shock ○ CNS ○ Other (specify below)

| | | | | | | | | | | | | | | | | | | | |

## POST OPERATIVE COMPLICATIONS (Local): ○ No ○ Yes

**If yes, indicate reason below:**

○ Skin Necrosis ○ Lesser Tuberosity Avulsion ○ Nerve Palsy ○ Implant Instability
○ Superficial Infection ○ Subscapularis Breakdown ○ Wound Breakdown ○ Clavicular Fracture
○ Deep Infection ○ Deltoid Dysfunction / Paralysis ○ Dislocation ○ Glenoid head disengagement
○ Glenoid fracture ○ Humeral fracture ○ Other (specify below)

| | | | | | | | | | | | | | | | | | | | |

## LOST TO FOLLOW-UP:

**Has the patient been lost to follow-up?** ○ No ○ Yes

**If yes, indicate reason below**

○ Deceased ○ No Trace ○ Refused to Return ○ Other (specify below)

| | | | | | | | | | | | | | | | | | | | |

**DATE OF LAST REVIEW :** | | / | | | / | | | | |
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*Please continue answering the questions on page 2.*

# *VERSO SHOULDER COMPLICATION & ADVERSE EVENT FORM*



**HOSP NO:** | | | | | | | | | | |

**STUDY NO:** | | | | |

**HOSPITAL:** | | | | | | | | | | | | |

**Gender:** ○ **Male** ○ **Female**

**SIDE OPERATED:** ○ **Left** ○ **Right**

Shade Circles Like This--> ●

**Date Onset of Complication:** | | / | | / | | | | |
**D D** **M M** **Y Y Y Y**

**REVISION:** ○ Yes ○ No

**REASONS FOR REVISION:** ○ Loosening ○ Infection ○ Fracture ○ Dislocation ○ Severe Northing ○ Disengagement of component ○ Other (Please specify below)

| | | | | | | | | | | | | | | | | | | | | | | | | |

**IMPLANT REVISED:**

**Humeral Liner:** ○ Replaced with: ○ Removed

**Humeral Shell:** ○ Replaced with: ○ Removed

**Glenoid Head:** ○ Replaced with: ○ Removed

**Glenoid Base Plate:** ○ Replaced with: ○ Removed

***DURING REVISION, PLEASE FILL IN A NEW OPERATIVE FORM.***

**Signature:** _____

**DATE:** | | / | | / | | | | |
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