

TMJ Arthroscopy registry - CRF



Patient details

NHS/CHI number

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DOB

D	D	M	M	Y	Y
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Sex

Female

Male

Side(s) of the presenting complaints

Left

Right

Note: for questions related to side(s), if unilateral surgery, only answer for the side in question. Leave blank the other one

History

Investigations

Left

Right

Previous procedures (arthroscopy arthrocentesis, open surgery on same joint)?

Y

N

Multidisciplinary management

Was the patient discussed at the TMJ MDT?

Y

N

Any other significant input(s) from specific MDT members:

Index procedure

Date of procedure

D	D	M	M	Y	Y
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Interval between decision to treat and date of arthroscopy (in weeks)

		Left	Right
Arthroscopy kit used	Storz	<input type="checkbox"/>	<input type="checkbox"/>
	Nexus	<input type="checkbox"/>	<input type="checkbox"/>
	OnPoint	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>

If "other", provide details

Level of arthroscopy procedure

Level 1	<input type="checkbox"/>	<input type="checkbox"/>
Level 2	<input type="checkbox"/>	<input type="checkbox"/>
Level 3	<input type="checkbox"/>	<input type="checkbox"/>

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Outcomes at 2-6 months post-arthroscopy

Did the patient develop any complications within 2 to 6 months post-surgery?

 Y N

Indicate which one(s)

Left

Right

Infection

Trigeminal /Vagus reflex

Permanent facial nerve paresis

Loss of sensation

Bleeding

Ear canal injury

Other

If "other", provide details

Did the patient return to theatre?

 Y N

Functional outcomes at 2-6 months post-arthroscopy

Change in VAS pain score (1 to 10) pre vs 2-6 months post arthroscopy

Left

Right

Change in mouth opening (mm) pre vs 2-6 months post arthroscopy

Outcomes at 1 year post-arthroscopy

Facial nerve paresis at 12 months

 Y N