TMJ Replacement audit - CRF

Patient details

NHS/CHI number | | | | | | | | | | | *(Do not use Hospital number)*

DOB | D | D | M | M | Y | Y | **Sex** Female ☐ Male ☐

Presentation

Has the patient been discussed at the TMJ MDT? Y ☐ N ☐

Who was present at the MDT meeting?

TMJ Surgeons ☐ Restorative dentists ☐ Any other members (provide details below) ☐

Specialist nurse ☐ Orthodontists ☐

Laterality Left ☐ Right ☐ *For questions related to side(s). If unilateral surgery, only answer for the side in question. Leave the other ones blank.*

Main indication for TMJR	**Left**	**Right**
Degenerative joint disease	☐	☐
Autoimmune or connective tissue disorder	☐	☐
Dentofacial deformity (including microsomia, ICR)	☐	☐
Ankylosis	☐	☐
Condylar trauma (including late complications)	☐	☐
Tumour	☐	☐
Other (provide details below)	☐	☐

Diagnostic modalities used (excluding planning CT, if only used for design purposes) MRI ☐ CT ☐ Arthroscopy ☐

Functional outcomes - Pre-surgery scores

	Pain score (1-10)	**Mouth opening (mm)**	**Diet quality (1-100)**
Pre-op score / measurement			

Previous treatment

	Left	**Right**
Previous procedure(s) on the joint?	Y ☐ N ☐	Y ☐ N ☐

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Previous treatment (Continued)

Which procedures and if applicable indicate how many open surgeries

Open surgery	☐		☐	
Arthroscopy	☐		☐	
Arthrocentesis	☐		☐	

Index procedure

Date of index procedure D D M M Y Y

Is this surgery a revision? Y ☐ N ☐

If the index surgery surgery is a revision:

What was the product used? Indicate the make, the composition and when it was put in

What was the reason(s) for the revision?

Infection	☐	Metal sensitivity	☐	Other (provide details below)	☐
Metalwork failure	☐	Dislocation	☐		
Component failure	☐	Component loosening	☐		
Screw failure	☐	Malocclusion	☐		
Heterotopic conformation	☐	Condyle failure (breakage)	☐		
Suboptimal position	☐	Fossa failure (breakage or wear)	☐		
Bone failure	☐				

(Back to the index procedure)

	Left	Right
Type of prosthesis		
Custom made	☐	☐
Stock	☐	☐
Make of prosthesis		
ZB	☐	☐
TMJC	☐	☐
KLS Martin	☐	☐
Ortho Tin	☐	☐
Materialise	☐	☐
Other (provide details below)	☐	☐

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Index procedure (Continued)

Metal used for condyle construction

- Titanium ☐
- Alloy ☐
- Other (provide details in box) ☐

Extended implants	Y	N	Y	N
Was occlusion modified?	Y	N		

Interval between decision to treat and date of surgery (in weeks) ☐

Multidisciplinary management

Was TMJR part of orthognathic plan? Y N

Duration of the orthodontic treatment before surgery (in weeks) ☐

Restorative dentistry input? Y N **Was it…?** Pre-op ☐ Post-op ☐

Prediction planning

What prediction planning was used? 2D ☐ 3D ☐

(If 3D) What was used? Virtual ☐ Models ☐

Complications at 1-year post-surgery

Did the patient develop any complications within 1-year post-surgery? Y N

Indicate which one(s)	**Left**	**Right**
Dislocation	☐	☐
Implant-related infection (early, late, loss of implant)	☐	☐
Metalwork failure	☐	☐
Ear canal injury	☐	☐
New (non-pre-existing) permanent facial nerve paresis	☐	☐
Hardware loosening	☐	☐
Metal hypersensitivity	☐	☐
Heterotopic ossification	☐	☐
Other / None of the above	☐	☐

Side-specific complications ☐

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Complications at 1-year post-surgery (Continued)

Malocclusion ☐

Bleeding ☐

Other / None of the above ☐

Non-side-specific complications

If "Permanent facial nerve paresis", indicate which branch(es) of the facial nerve was (were) permanently damaged?

	Left	Right
Temporal	☐	☐
Zygomatic	☐	☐
Buccal	☐	☐
Marginal mandibular	☐	☐

If "Other", provide details

Was the patient re-admitted? Y ☐ N ☐

Did the patient return to theatre? Y ☐ N ☐

Was the patient prescribed any postoperative adjuvant therapy? No ☐

Hilotherapy ☐ Orastretch ☐ Physiotherapy ☐ Botulin A ☐

Therabite ☐ Speech and Language inoput ☐ Ice pack ☐ Other ☐

Provide details for other adjuvant therapy

Did the patient develop any signficant issues postoperatively?

None ☐ Related to hearing ☐ Dental problems ☐

Functional outcomes at 1-year post-surgery

	Pain score (1-10)	Mouth opening (mm)	Diet quality (1-100)
Date of assessment*	D D M M Y Y	D D M M Y Y	D D M M Y Y
Post-op score / measurement			

** Only enter one date if all the assessment were done at the same time.*

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Futher Follow-up (Optional)

Complications since last visit

Did the patient develop any complications since their last visit? Y N

Indicate which one(s)

	Left	Right
Dislocation	☐	☐
Implant-related infection (early, late, loss of implant)	☐	☐
Metalwork failure	☐	☐
Ear canal injury	☐	☐
New (non-pre-existing) permanent facial nerve paresis	☐	☐
Hardware loosening	☐	☐
Metal hypersensitivity	☐	☐
Heterotopic ossification	☐	☐
Other / None of the above	☐	☐

Side-specific complications

Malocclusion	☐
Bleeding	☐
Other / None of the above	☐

Non-side-specific complications

If "Permanent facial nerve paresis", indicate which branch(es) of the facial nerve was (were) permanently damaged?

	Left	Right
Temporal	☐	☐
Zygomatic	☐	☐
Buccal	☐	☐
Marginal mandibular	☐	☐

If "Other", provide details

Was the patient re-admitted? Y N

Did the patient return to theatre? Y N

Was the patient prescribed any postoperative adjuvant therapy? No ☐

Hilotherapy	☐	Orastretch	☐	Physiotherapy	☐	Botulin A	☐
Therabite	☐	Speech and Language inoput	☐	Ice pack	☐	Other	☐

Provide details for other adjuvant therapy

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Did the patient develop any signficant issues postoperatively?

None ☐ Related to hearing ☐ Dental problems ☐

Latest functional outcomes

	Pain score (1-10)	Mouth opening (mm)	Diet quality (1-100)
Date of assessment*	D D M M Y Y	D D M M Y Y	D D M M Y Y
Post-op score / measurement			

** Only enter one date if all the assessment were done at the same time.*