FixDT	Centre ID	
Operation Note	Participant ID	
Section 1		
1. Lead Surgeon's Name (Please print)		
2. Lead Surgeon grade: (Tick one box only	r)	
Consultant	Staff Grade/Associate Specialist	
Specialist Train	ee Other	
3. Please indicate how many other surgeons were present in theatre: (Please add a <u>number</u> to each box)		
Consultant		
Staff Grade/Associate Specialist		
Specialist Trainee		
Section 2		
<ol> <li>Date of operation (dd/mmm/yyyy):</li> </ol>		
2. Start time of operation (24hr clock)		
3. Finish time of operation (24hr clock)		
4. Any intra-operative problems?	Yes No	
If Yes, tick all that apply:	Yee D No D	
Nerve injury	Yes No	
Vascular Injury	Yes No	
Tendon injury	Yes No	
Extension of fracture	Yes No	
5. Which fixation method was perform	'Locking' plate fixation	
Other (please describe) :		

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6. Was this different to randomisation?	Yes No	
*If Yes, please complete a Protocol Deviation form and return to the FixDT office*		
If Yes, was this due to:	Yes No	
Surgeon choice		
Lack of equipment		
Other		
If an Intramedullary nail fixation:		
7. How many distal locking screws/bolts were u	ed in the:	
Coronal plane : 0 1	2	
Sagittal plane: 0 1	2	
Oblique plane: 0 1	2	
8.How many blocking (Poller) screws were used	for the intramedullary nail fixation? (Tick one box only)	
0 1 2 3	4	
9. What reduction technique was used for the intramedullary nail? (Tick one box only)		
Open Closed Skeletal t	raction No traction/ Freehand	
10. What surgical approach was used? (Tick one box only)		
Medial Parapatella	Tendon Splitting Suprapatella approach (Quads split)	
If a 'locking' plate fixation: (Tick one box per qu	estion)	
11. How many 'locking' screws were used distal	to the fracture?	
1 2 3 4	5 6 6+	
12. How many 'locking' screws were used proximal to the fracture?		
0 1 2 3	4 5 5+	
13. How many 'non-locking' screws were used distal to the fracture?		
0 1 2 3	4 5 5+	

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If a 'locking' plate fixation: (Tick one box per question)			
14. How many 'non-locking' screws were used proximal to the fracture?			
0 1 2 3 4 5 5+			
15. What reduction technique was used? (Tick one box only)			
Open Closed Skeletal traction No traction/ Freehand			
16. What surgical approach was used? (Tick one box only)			
Longitudinal over the medial malleolus Other			
17. Was an intra-articular extension of the distal tibia fracture identified intra-operatively?			
Yes No			
18. For either Intramedullary nail or 'locking' plate fixation was the fibula fixed?			
Yes No			
19. At the time of operation did the patient have any <u>other surgery for injuries?</u>			
Yes No			
If Yes, tick all that apply:			
Yes No If	f Yes, specify type of surgery:		
Head	Type of surgery		
Chest	Type of surgery		
Abdomen	Type of surgery		
Pelvis	Type of surgery		
Spine	Type of surgery		
Other	Type of surgery		
Signature of person completing this form:			
Date (dd/mmm/yyyy):			