







Supplementary data to:

Original article:

**FOLLOW-UP OF GSTM1, GSTT1, AND NAT2 GENOTYPED PATIENTS
WITH KNEE OR HIP REPLACEMENT[#]**

Selahattin Bozkurt¹ , Silvia Selinski² , Meinolf Blaszkewicz², Jörg Reinders² , Jan G. Hengstler² , Lukas Niggemann³ , Klaus Golka^{2*} 

¹ Catholic Clinics in the Märkischer Kreis, location St. Vincenz Krankenhaus, Menden, Germany; se.se.boz06@gmail.com

² Leibniz Research Centre for Working Environment and Human Factors at TU Dortmund (IfADo), Dortmund, Germany; s.selinski@gmx.de; blaszkewicz@t-online.de; reinders@ifado.de; hengstler@ifado.de; golka@ifado.de

³ Catholic Clinics in the Märkischer Kreis, location St. Elisabeth Hospital, Iserlohn, Germany; l.niggemann@kkimk.de

* Correspondence: golka@ifado.de Tel: ++49 (0)231 413 411

[#] *Dedicated to our librarian Dipl.-Bibl. Susanne Lindemann on the occasion of her retirement*

<https://dx.doi.org/10.17179/excli2025-8565>

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>).

Follow-up of patients with knee or hip replacement

Doctor's section

Personal statistics:

1. Gender

female

male

2. Year of birth

19□□

3. Height (in cm)

□□□ cm

4. Weight (in kg)

□□□ kg

5. BMI

□□

Details of joint replacement

6. Which joint was operated on and when?

Hip joint in 200□ right left

Knee joint in 200 right left

7. Was rehabilitation recommended by the clinic after the operation?

outpatient inpatient no rehabilitation

8. Have complications occurred after joint replacement?

- a) Fever yes no
- b) Signs of infection in the operated joint yes no
- c) Dislocation/dislocation yes no
- d) Surgical revision yes no

9. Preoperative X-ray findings

- a) Osteoarthritis stage
- b) Osteoporosis yes no

10. Postoperative X-ray findings

- a) Prosthesis position
- cemented cementless hybrid (both)

Patient section

Dear patient, in the year 200__ you had the following joint operated on or had it operated on shortly before:: Hip <input type="checkbox"/> right <input type="checkbox"/> left Knee <input type="checkbox"/> right <input type="checkbox"/> left
--

1. Was rehabilitation initiated by the clinic after the operation?

outpatient inpatient no rehabilitation

2. How long did you need pain medication after the operation? Which medication was taken?

Duration of use: _____

Medication: _____

3. Were the pain and mobility improved compared to before the operation?

no slightly moderately significantly

4. Have you noticed a deterioration of the initial result on the operated joint over the years?

no slightly moderately significantly

5. What statements can you make about the joint function of the above-mentioned joint?

	Before surgery	After surgery	Currently
Initial pain:	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly
Pain on movement:	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly
Rest pain:	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly
Mobility:	<input type="checkbox"/> not restricted	<input type="checkbox"/> not restricted	<input type="checkbox"/> not restricted

	<input type="checkbox"/> slightly restricted <input type="checkbox"/> moderately re- stricted <input type="checkbox"/> severely re- stricted	<input type="checkbox"/> slightly re- stricted <input type="checkbox"/> moderately re- stricted <input type="checkbox"/> severely re- stricted	<input type="checkbox"/> slightly re- stricted <input type="checkbox"/> moderately re- stricted <input type="checkbox"/> severely re- stricted
--	--	---	---

	Before surgery	After surgery	Currently
Pain medication requirements:	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly	<input type="checkbox"/> none <input type="checkbox"/> occasionally <input type="checkbox"/> frequently <input type="checkbox"/> constantly
Physical activity in everyday life:	<input type="checkbox"/> not restricted <input type="checkbox"/> slightly re- stricted <input type="checkbox"/> moderately re- stricted <input type="checkbox"/> severely re- stricted	<input type="checkbox"/> not restricted <input type="checkbox"/> slightly re- stricted <input type="checkbox"/> moderately re- stricted <input type="checkbox"/> severely re- stricted	<input type="checkbox"/> not restricted <input type="checkbox"/> slightly re- stricted <input type="checkbox"/> moderately re- stricted <input type="checkbox"/> severely re- stricted
Walking distances in everyday life:	<input type="checkbox"/> only a few m	<input type="checkbox"/> only a few m	<input type="checkbox"/> only a few m

	<input type="checkbox"/> limited to home	<input type="checkbox"/> limited to home	<input type="checkbox"/> limited to home
	<input type="checkbox"/> up to 250 m	<input type="checkbox"/> up to 250 m	<input type="checkbox"/> up to 250 m
	<input type="checkbox"/> more than 250 m	<input type="checkbox"/> more than 250 m	<input type="checkbox"/> more than 250 m

6. Have complications occurred after joint replacement?

- a) Dislocation / luxation: yes no
- b) Re-operation of the joint: yes no
- c) Broken bone in the operated leg: yes no
- d) Prosthesis loosening: yes no

7. Do you suffer from bone loss (osteoporosis)?

- yes no not known

8. Result of the last check-up?

Prosthesis: inconspicuous loosened other

Year of last check-up:

9. Would you undergo the operation again?

- definitely maybe never already done

10. How satisfied are you with the result of the operation?

very satisfied satisfied dissatisfied

11. Did the joint replacement at the time improve your quality of life?

yes, but only in the short term yes, permanently no

12. Comment / suggestion based on your own experience

.....

.....

.....

.....

.....

.....

.....

Thank you very much!