

	<div>DD MM YYYY</div> <div>DD MM YYYY</div>
1.3) If <u>yes</u>, what has been done during that surgery (or those surgeries)? <i>(Multiple answers possible)</i>	<input type="checkbox"/> Lavage <input type="checkbox"/> Synovectomy <input type="checkbox"/> Total prosthesis replacement <input type="checkbox"/> Partial prosthesis replacement <input type="checkbox"/> Inlay replacement <input type="checkbox"/> Patella implantation/-replacement <input type="checkbox"/> Prosthesis removal <input type="checkbox"/> Spacer implantation <input type="checkbox"/> Joint stiffening (Arthrodesis) <input type="checkbox"/> Amputation <input type="checkbox"/> Fistula/ Sinus tract removal <input type="checkbox"/> Negative pressure wound therapy/ Vacuum assisted closure (VAC) <input type="checkbox"/> Open reduction of a joint dislocation <input type="checkbox"/> Closed reduction of a joint dislocation <input type="checkbox"/> Other _____ <input type="checkbox"/> I don't know
2.1) Did you have a joint infection at your right/left knee/hip joint since XX.XX.XXXX?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
2.2) If <u>yes</u>, when has it been diagnosed? <i>(Year and month are sufficient)</i>	<div>DD MM YYYY</div>
2.3) If <u>yes</u>, how has it been diagnosed? <i>(Multiple answers possible)</i>	<input type="checkbox"/> Joint aspiration <input type="checkbox"/> Intraoperative sample/microbial culture <input type="checkbox"/> Blood analysis <input type="checkbox"/> Symptoms <input type="checkbox"/> Wound healing disorder <input type="checkbox"/> Fistula/ Sinus tract <input type="checkbox"/> Scintigraphy <input type="checkbox"/> Radiology (X-Ray, MRI, CT,...) <input type="checkbox"/> Other _____ <input type="checkbox"/> I don't know
3.1) Has the patient passed away?	<input type="checkbox"/> Yes

	<input type="checkbox"/> No			
3.2) If <u>yes</u>, when?	<table border="1"> <tr> <td>DD</td> <td>MM</td> <td>YYYY</td> </tr> </table>	DD	MM	YYYY
DD	MM	YYYY		
4.1) Is there anything else that you want to tell us? (Optional)				

Figure S3. Patient questionnaire sent to national patients.

Patienten-Fragebogen

Zutreffendes bitte mit einem X ankreuzen. Sollte es Probleme beim Beantworten einer Frage geben, dann kontaktieren Sie mich bitte unter XXXX / gregor.dersch@gmail.com oder kreuzen Sie als Antwort "weiß ich nicht" an.

1.1) Bei Ihnen wurde am XX.XX.XXXX am rechten/linken Kniegelenk/Hüftgelenk ein Prothesenwechsel durchgeführt. Wurden Sie seitdem nochmals an dieser Stelle operiert?	<input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> weiß ich nicht									
1.2) Wenn <u>ja</u>, wann war das? (Mehrere Nennungen möglich)	<table border="1"> <tr> <td>TT</td> <td>MM</td> <td>JJJJ</td> </tr> </table> <table border="1"> <tr> <td>TT</td> <td>MM</td> <td>JJJJ</td> </tr> </table> <table border="1"> <tr> <td>TT</td> <td>MM</td> <td>JJJJ</td> </tr> </table>	TT	MM	JJJJ	TT	MM	JJJJ	TT	MM	JJJJ
TT	MM	JJJJ								
TT	MM	JJJJ								
TT	MM	JJJJ								
1.3) Wenn <u>ja</u>, was wurde bei dieser/diesen Reoperation(en) durchgeführt? (Gegebenenfalls mehreres ankreuzen)	<input type="checkbox"/> Spülung <input type="checkbox"/> Synovektomie <input type="checkbox"/> Vollprothesenwechsel <input type="checkbox"/> Teilprothesenwechsel <input type="checkbox"/> Inlaywechsel <input type="checkbox"/> Patellaimplantation/-wechsel <input type="checkbox"/> Prothesenentfernung <input type="checkbox"/> Spacerimplantation <input type="checkbox"/> Gelenksversteifung (Athrodese) <input type="checkbox"/> Amputation <input type="checkbox"/> Fistelexzision (Fistelentfernung) <input type="checkbox"/> Anlegen eines VAC-Verbandes <input type="checkbox"/> Repositionierung mit Hautschnitt <input type="checkbox"/> Repositionierung ohne Hautschnitt <input type="checkbox"/> anderes _____									

	<input type="checkbox"/> weiß ich nicht			
2.1) Hatten Sie seit dem XX.XX.XXXX eine Gelenksinfektion am rechten/linken Kniegelenk/Hüftgelenk?	<input type="checkbox"/> ja <input type="checkbox"/> nein <input type="checkbox"/> weiß ich nicht			
2.2) Wenn ja, wann wurde diese festgestellt? (Angabe des Jahres und des Monats reicht aus)	<table border="1"> <tr> <td>TT</td> <td>MM</td> <td>JJJJ</td> </tr> </table>	TT	MM	JJJJ
TT	MM	JJJJ		
2.3) Wenn ja, wie wurde diese festgestellt? (Gegebenenfalls mehrere ankreuzen)	<input type="checkbox"/> Gelenkspunktion <input type="checkbox"/> intraoperativer Abstrich <input type="checkbox"/> Blutabnahme/Labor <input type="checkbox"/> klinisch/Beschwerden/Symptome <input type="checkbox"/> Wundheilungsstörung <input type="checkbox"/> Fistel <input type="checkbox"/> Szintigraphie <input type="checkbox"/> radiologisches Verfahren(Röntgen, MRT, CT,...) <input type="checkbox"/> anderes _____ <input type="checkbox"/> weiß ich nicht			
3.1) Ist der/die Patient/-in verstorben?	<input type="checkbox"/> ja <input type="checkbox"/> nein			
3.2) Wenn ja, wann?	<table border="1"> <tr> <td>TT</td> <td>MM</td> <td>JJJJ</td> </tr> </table>	TT	MM	JJJJ
TT	MM	JJJJ		
4.1) Gibt es sonst noch etwas, das Sie uns mitteilen möchten? (Optional)				

Table S1. Identified microbial pathogens in 70 index revisions and 6 reinfections.

Microorganisms	Index Revisions (n = 70)	Reinfections (n = 6)
Monomicrobial infections	32 (45.7%)	3 (50%)
<i>Candida albicans</i>	1 (1.4%)	
<i>Candida glabrata</i>		1 (16.7%)
<i>Propionibacterium acnes</i>	2 (2.9%)	
<i>Propionibacterium avidum</i>	1 (1.4%)	
<i>Staphylococcus aureus</i>	1 (1.4%)	1 (16.7%)
<i>Staphylococcus epidermidis</i>	16 (22.9%)	
<i>Staphylococcus capitis</i>	1 (1.4%)	
<i>Staphylococcus lugdunensis</i>	1 (1.4%)	
Coagulase-negative <i>Staphylococcus</i> sp., unspecified	2 (2.9%)	
Group F <i>Streptococcus</i> sp.	1 (1.4%)	

<i>Streptococcus parasanguis</i>	1 (1.4%)	
<i>Streptococcus</i> sp., unspecified	1 (1.4%)	
<i>Enterococcus faecium</i>	1 (1.4%)	1 (16.7%)
<i>Escherichia coli</i>	1 (1.4%)	
<i>Pseudomonas aeruginosa</i>	2 (2.9%)	
Polymicrobial infections	38 (54.3%)	2 (33.3%)
<i>Propionibacterium acnes</i> + <i>S. epidermidis</i>	2 (2.9%)	
<i>Propionibacterium</i> sp. + <i>S. epidermidis</i>	2 (2.9%)	
<i>Propionibacterium acnes</i> + <i>S. capitis</i>	1 (1.4%)	
<i>Propionibacterium</i> sp. + <i>S. hominis</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>S. caprae</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>S. warneri</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>S. epidermidis</i> + mixed growth of CoNS	1 (1.4%)	
<i>S. aureus</i> + <i>S. epidermidis</i>	2 (2.9%)	
<i>S. aureus</i> + <i>S. hominis</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>S. aureus</i> + Viridans group <i>Streptococcus</i> sp. + <i>S. epidermidis</i>	1 (1.4%)	
<i>Streptococcus agalactiae</i> + <i>S. capitis</i>	1 (1.4%)	
<i>Streptococcus thermophilus</i> + Viridans group <i>Streptococcus</i> sp. + mixed growth of CoNS	1 (1.4%)	
<i>Enterococcus faecalis</i> + <i>S. aureus</i> + <i>S. haemolyticus</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>Enterococcus faecalis</i> + CoNS	1 (1.4%)	
<i>Enterococcus</i> sp. + <i>S. warneri</i> + CoNS	1 (1.4%)	
<i>Enterococcus</i> sp. + <i>S. capitis</i> + CoNS	1 (1.4%)	
<i>Finegoldia magna</i> + <i>Gemella morbillorum</i> + <i>Propionibacterium acnes</i> + <i>S. warneri</i>	1 (1.4%)	
<i>Finegoldia magna</i> + CoNS	1 (1.4%)	
<i>Peptostreptococcus</i> sp. + <i>S. epidermidis</i>	1 (1.4%)	
<i>Anaerococcus prevotii</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>Micrococcus luteus</i> + <i>Propionibacterium acnes</i> + <i>S. hominis</i> + CoNS	1 (1.4%)	
<i>Micrococcus luteus</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>Micrococcus</i> sp. + <i>S. epidermidis</i>	1 (1.4%)	
<i>Micrococcus</i> sp. + <i>S. lugdunensis</i>	1 (1.4%)	
<i>Brevibacterium casei</i> + <i>Aerococcus viridans</i>	1 (1.4%)	
<i>Corynebacterium macginleyi</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>Corynebacterium mucifaciens</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>Corynebacterium striatum</i> + <i>Peptococcus</i> sp. + <i>S. epidermidis</i>	1 (1.4%)	
<i>Corynebacterium</i> sp. + <i>S. epidermidis</i> + CoNS	1 (1.4%)	
<i>Bacillus</i> sp. + Group B <i>Streptococcus</i> sp.	1 (1.4%)	
<i>Bacillus</i> sp. + unspecified species	1 (1.4%)	
<i>Fusobacterium</i> sp. + <i>Enterococcus</i> sp. + <i>Peptostreptococcus anaerobius</i>	1 (1.4%)	
<i>Proteus vulgaris</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>Klebsiella pneumoniae</i> + <i>Corynebacterium</i> sp. + <i>Propionibacterium acnes</i> + unspecified anaerobe + <i>S. epidermidis</i> + CoNS	1 (1.4%)	
<i>Ralstonia picketti</i> + Group B <i>Streptococcus</i> sp. + <i>S. aureus</i> + <i>S. epidermidis</i>	1 (1.4%)	
<i>S. haemolyticus</i> + <i>S. epidermidis</i>		1 (16.7%)
<i>Ralstonia insidiosa</i> + <i>S. epidermidis</i>		1 (16.7%)
Missing culture		1 (16.7%)

Abbreviations: S., *Staphylococcus*; CoNS, coagulase-negative *Staphylococcus* sp. (unspecified).

Detected species are depicted once per patient.