



PATIENT CONSENT FORM - TOTAL HIP REPLACEMENT.

PATIENT NAME: _____

SIDE: _____

PROCEDURE: The hip joint is a “ball and socket joint”. It is a very important joint as it allows a great deal of movement but is also weight-bearing. As a result of this, it is often prone to “wearing away”. This is a simplified reason as to why arthritis occurs. Arthritis can be a very painful disorder which may slow down your mobility/ walking or even stop you from sleeping. A hip replacement is an operation which replaces the severely damaged hip bone with an artificial ball and socket that does the function of the natural joint. It may reduce the pain and help in walking and sleeping.

ALTERNATIVE PROCEDURE: Total hip replacements are usually performed on patients suffering from severe arthritis (although there are other reasons). Most patients are above the age of 55yrs. Other alternatives include – Losing weight, stopping strenuous exercises or work, physiotherapy and gentle exercises, medicines, such as anti-inflammatory drugs, using a stick or a crutch. Some of the above are not appropriate if you want to regain as much physical activity as possible, but you should discuss all possibilities with your surgeon.

RISKS

As with all procedures, this carries some risks and complications.

COMMON: (2-5%)

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery). Although not a problem themselves, a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism– PE) See later. This is a very serious condition which affects your breathing. Your doctor may give you medication through a needle to try and limit this risk of DVTs from forming. We will also ask you to wear stockings on your legs and foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: this is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove it.

Pain: the hip will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, or sometimes, for no obvious reason.

Prosthesis wear/ loosening : Modern operating techniques and new implants, mean that most hip replacements last over 15 years. In some cases, this is significantly less. The reason is often unknown. Implants can wear from overuse. There is still debate as to which material is the strongest. The reason for loosening is also unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision surgery.

Altered leg length: the leg which has been operated upon, may appear shorter or longer than the other. This rarely requires a further operation to correct the difference or shoe implants.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery.

Sometimes this is not possible, and an operation is required, followed by application of a hip brace or rarely if the hip keeps dislocating, a revision operation may be necessary.

LESS COMMON: (1-2%)

Infection: You will be given antibiotics just before and after the operation and procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

RARE: (<1%)

Altered wound healing: the wound may become red, thickened and painful keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve Damage: efforts are made to prevent this, however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg.

Bone Damage: the thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation, either at time or at a later operation.

Blood vessel damage: the vessels around the hip may rarely be damaged. This may require further surgery by the vascular surgeons.

Pulmonary Embolism: A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Death: this rare complication can occur from any of the above complications

Confirmation of consent :

I, the undersigned _____ (full name please),
ID number: _____ acting for myself,
(or in my capacity as _____ to the patient named above),
hereby consent to the surgical and other management of my current illness/illnesses and instruct my orthopaedic surgeon Dr. _____ to perform a total hip replacement procedure on me.

I have read/ understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I agree/disagree to the use of a blood transfusion should I require it. (delete which option is not appropriate)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. I consent to such alteration of the scope of the operation. I recognise that there are also other possible very remote potential complications of medical treatment.

I am legally entitled to give consent for surgery.

Signature of person giving consent: _____ Date: _____

Signature of witness: _____ Date: _____

Dr. Leith Stewart · Dr. Clive White · Dr. John May

8th Floor, Claremont Hospital, Main Road (off Wilderness Rd), Claremont, Cape Town, 7708
Tel: 021 683 6037 / 021 671 5651

Email: info@thehipandkneesurgeons.co.za