



ÖZEL

Anadolu
Hastanesi

PATIENT CONSENT FORM - HIP RESURFACING.

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 resurfacing literally replaces the surfaces (which are worn away) and keeps the majority of your own bone (unlike a total hip replacement). The idea of the resurfacing is to reduce the pain and increase the amount of movement.

ALTERNATIVE PROCEDURE: there are alternatives to operations to minimise the pain and maintain mobility. These include taking painkillers (such as Ibuprofen), weight loss, physiotherapy, steroid injections and walking aids. These may not be appropriate for your case. There are also surgical options available other than resurfacing. These include a total hip replacement. Because you are young, your surgeon may think that a hip resurfacing is more appropriate. This procedure is thought to last longer and be more appropriate for your case.

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.

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 2½%). 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.



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RARE: (<1%)

Fracture near the implant: the top of the thigh bone may be broken where the peg of the implant (metal replacement) is positioned. This generally occurs within the first 6 weeks. If this occurs, the resurfaced head and neck of the thigh bone may have to be removed and replaced with a new stem and head.

Implant wear: Modern operating techniques and new implants mean the survival of the resurfacing continues to rise. However, the implants can still wear. The Cup can also become loose. Often there is no cause for this found other times it may be from infection. A revision operation may be necessary

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

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 hip resurfacing 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: _____