

OPERATION CONSENT FOR REVISION TOTAL HIP REPLACEMENT

I have requested, after a discussion with Professor Ross Crawford, to undergo a revision total hip replacement. It has been explained to me that a revision total hip replacement is an elective procedure (ie. I choose to undergo the operation to treat my pain and disability). I understand that there is a non-operative alternative to a revision total hip replacement. Non-operative treatment would include medication, physiotherapy and/or walking aids. The operative alternative (which may not be appropriate in my situation) is a removal of all the components (known as a Girdlestone procedure).

All my questions concerning the procedure have been answered to my satisfaction. I understand that a revision total hip replacement is a major procedure and though successful in the majority of cases can be unsuccessful in individual cases. In particular I have read and understood each of the risks outlined below and have indicated this by ticking the box beside each comment and/or signing and dating the bottom of each page.

- Every operation carries the risk of death or disability as a result of requiring an anaesthetic. Whilst this risk is low I accept that the risk exists.
- Intra-operatively (ie during the operation) complications attributable to the surgical approach may occur. This includes damage to nerves and major blood vessels. An area of numbness around the scar is likely to be always present.
- As a result of blood loss during or after the operation a blood transfusion may be necessary. It has been explained to me that a blood transfusion carries a risk of infection (including hepatitis and HIV) and of a reaction to the blood. I accept the risk of blood transfusion and agree to receive blood if it is determined to be medically necessary.
- Whilst every effort will be made to make my legs of equal length I accept that it is not always possible to achieve this. It has been explained that at times the operated leg must be left longer to improve the stability of the hip and decrease the risk of dislocation. If my other leg is long or short (due to arthritis or previous disease, injury or surgery) I understand why my legs will be of a different length at the completion of surgery.

Signature:

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- Infection can occur with any operation and is a particular concern following total hip replacement. I understand that by undergoing a hip replacement I run a small risk of infection. An infection may involve me requiring further surgery and may lead to the components being removed. A long period of hospitalisation and antibiotics may be required to treat infection. Infection occurs in around 1% of hip replacements.
- Dislocation of the components may occur in over 10% of patients undergoing a revision total hip replacement. I understand this to mean that the femoral component comes out of the socket (the acetabular component) and will lead to my leg being shortened and painful. An operation will be required to relocate the components. I understand that this can usually be done without having to reopen the hip (ie it will be done closed) but at times the hip must be reopened to achieve reduction. Multiple dislocations (2 or more) may require me to have a re-operation that may involve changing 1 or both components (ie a revision total hip replacement).
- As part of the revision total hip replacement being performed I understand that bone graft maybe required. This bone graft will be sourced from a Bone Bank and will have been treated according to their guidelines. Bone graft is a foreign material and like blood transfusion carries a risk of infection and a reaction. These risks are low but I appreciate that the risks of problems cannot be completely eliminated.
- I understand that failure of revision total hip replacements is higher than with primary total hip replacements. The most common cause for failure will be mechanical loosening. Other problems include infection, fracture and dislocation. Further failure for whatever reason may lead to me requiring further revision surgery. The risk of me requiring further surgery has been explained and I accept this level of risk.

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- ❑ I accept that revision surgery is a difficult procedure. It has been explained that the exact form of reconstruction of my hip may not be able to be determined until intra-operatively. I consent to Professor Crawford reconstructing my hip in the manner he believes is most appropriate and understand this maybe modified due to intra-operative complications.
- ❑ My components will both be cemented. Professor Crawford has explained his choice of implants and I am happy that these implants are appropriate for my surgery.
- ❑ I understand that this list of risks and complications is not complete but I have expressed all my concerns and these have been answered to my satisfaction. I accept that not all people are satisfied with the outcome of hip replacement and in some instances the operation can lead to me being more disabled than prior to surgery.
- ❑ I agree that my operative data be collated and stored at TPCH.
- ❑ I understand all the information contained in this form.

Signature:

Date: