

## OPERATION CONSENT FOR TOTAL HIP REPLACEMENT

I have requested, after a discussion with Dr Ross Crawford, to undergo a total hip replacement. It has been explained that hip replacement is an elective procedure (ie I choose to undergo the operation to treat my pain and disability). I understand that there are both operative and non-operative alternatives to total hip replacement. Non-operative treatments include medication, physiotherapy, and/or a walking stick. The operative alternatives (which may not all be appropriate in my situation) include osteotomy of the femur (realigning the femur by cutting and plating), a shelf procedure (which involves taking bone from the pelvis and placing it above the hip joint), an acetabular osteotomy (a technique which involves cutting and plating the pelvis) and arthrodesis (stiffening of the hip). I elect a THR over these alternatives. All my questions concerning the procedure have been answered to my satisfaction. I understand that a total hip replacement is a major procedure, and that 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.

- Every operation carries a 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 the 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:

Date:

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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 lead to the components being removed. A long period of hospitalisation and antibiotics may be required to treat the infection. Infection occurs in around 1% of hip replacements.
- ❑ Dislocation of the components may occur in around 2-3% of patients following a 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 but at times the hip must be reopened to achieve a 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).
- ❑ I understand that failure of total hip replacements can occur due to many causes, the most common are mechanical loosening (by far the most common reason), infection, fracture and dislocation. Failure for whatever reason may lead to me requiring revision surgery. The approximate risk (ie average risk across all patients of a 10% failure rate by 10 years) has been explained to me and I accept this level of risk. I understand that the risk of failure is markedly increased in patients under 60 years of age. Any concerns I have with regards to my individual situation have been addressed.
- ❑ My components will both be cemented. Dr 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 information contained in this form.

Signature:

Date: