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**PLEASE RETURN THIS FORM WHEN YOU RETURN FOR YOUR PRE-OPERATIVE VISIT AT
RECONSTRUCTIVE ORTHOPEDICS**

**TOTAL HIP REPLACEMENT
PATIENT CONSENT AND RELEASE FORM**

By signing at the bottom of this form, you are consenting to a total hip replacement on your _____ hip. Your signature confirms that you have read it in its entirety and agree to proceed with surgery.

As we have discussed, the total hip replacement has been developed to aid patients with severe arthritis and destruction of their hip joint. The operation that will be performed on your hip is called a Total Hip. The first hip replacements were performed in the early 1960's. The materials have been used for many years and they have lasted for a substantial amount of time with minimal wear. Long-term follow-up has shown there to be excellent results with a low rate of failure. The operation consists of replacing the hip joint surfaces. The socket of the hip will be replaced by a plastic or ceramic surface backed by a metal, porous coated shell. The ball of the hip will be replaced by a metal or ceramic ball which is supported by a stem placed within the marrow cavity of the upper thigh bone. The ball will move within the socket.

The femur prosthesis and socket component will usually be fixed without cement. The implants are covered with what is called a porous coating. This coating allows bone to grow into the prosthesis and fix it into place. There is a rare chance that the bone will not grow into the implants. The prosthesis may then cause pain and require conversion to another uncemented or cemented component. If the components "take" as expected, we anticipate that it will outlast a standard cemented hip replacement and give many years of pain-free function. The socket will typically be fixed with screws to the pelvis. These screws are contained within the pelvic bone and not felt by the patient.

As in any operative procedure, a number of complications could develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of possible complications. The most serious problem in regards to the function of the hip is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total hip replacement can be reinserted at a later date if the hip is free from infection.

It is likewise possible that the parts which we have inserted into your hip could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components. It is possible that new bone may form around the new hip replacement. In very rare instances, this bone may severely limit motion and may need to be removed.

It is possible that a leg-length discrepancy may occur after this operation. Every effort will be made to make your legs equal in length during surgery. However, on rare occasion, the leg must be made slightly longer in order to gain stability of the hip. This is uncommon. Your leg will feel heavy and may feel longer or shorter than the other leg after surgery for up to three months. **This is normal and temporary.** As you regain strength, this feeling will go away. Do not use a lift unless approved by your surgeon or his PA. It is possible that the total hip ball may pop out

of the socket (dislocate) in the future. This is rare since the hip is thoroughly checked at the time of surgery, but excessive bending and twisting could force it out. This would require a relocation of the hip in the operating room.

It is possible that a nerve may be stretched at the time of surgery causing weakness or numbness in the leg or foot. This usually, but not always, resolves with time. Likewise, injury to blood vessels or fractures can occur during surgery. This is very rare and unlikely to happen.

The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains and shortness of breath. Surgery and anticoagulants (blood thinners) may then be required. In **extremely rare** cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery.

During the operation, your surgeon will have an assistant so that the operation will run smoothly and efficiently. However, your surgeon will perform your procedure. Every effort will be made to obtain a successful result with as much motion as possible in your hip. Your cooperation with exercising and rehabilitation after the operation will help immensely. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the hip, but a substantial improvement is expected.

Occasionally, unforeseen conditions could arise in the course of the operation that, in your surgeon's judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed if they should become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical, but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

If you are having a robotic-assisted procedure, you will have 3 small pins placed in the hip bone that will be removed at the end of the procedure. There is a very small chance of a fracture that could occur during or after the procedure that would require surgical fixation. There is an even smaller chance that some portion of the hardware could be retained after the procedure.

Every effort will be made to prevent all complications. Although they are not very common, it is important that you know about them in order to make an informed decision. You must be informed of the major risks involved in any operation. That is the reason why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist. If you have any further questions concerning your total hip surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Please sign this consent form and return it to Reconstructive Orthopedics at your pre-op appointment.

Patient Signature

Date

Witness Signature

Date

ADDENDUM TO OPERATIVE CONSENT FORM

PHYSICIAN OBSERVER CONSENT

From time to time your surgeon may permit an observing fellow physician to accompany him for your surgical procedure. The purpose of this additional physician observer being present during your surgery is to allow your surgeon to provide technical hands-on training to fellow orthopedic surgeons interested in your procedure. The physician observer will be present during your surgery and will be included within the surgical field of operation. **At no time will any other surgeon except your surgeon and his surgical assistant perform any of your surgery.**

The physician observer will be permitted to scrub and enter the operating room for your procedure.

The physician observer will view your procedure.

The physician observer may be asked, for training purposes, only, and at the specific request of your surgeon, to touch or feel specific areas within the operating field in order to achieve an understanding of how that portion of the procedure is being performed.

By your signature at the bottom of this form, you are consenting to allow a physician observer to be present in the operating room during your procedure. You understand that the physician observer may be asked by your surgeon to touch or feel specific areas within the operative field for training purposes only. You also understand that no one but your surgeon and his assistant will perform the actual surgical procedure.

If you have any questions or concerns regarding the presence of a physician observer, please do not hesitate to speak with your surgeon as soon as possible.

Patient Signature

Date of Signature

Witness Signature

Date of Signature