



CONSENT FORM FOR HIP REPLACEMENT

Med Rec. No.....

Surname:.....

Forename:

DOB:.....

AFFIX LABEL HERE

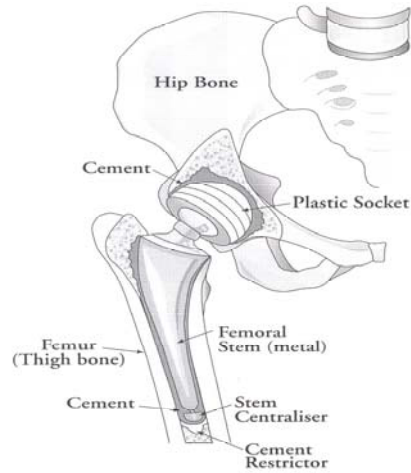
PROPOSED TREATMENT

The doctor has explained that I, *(name of patient)*, have the following conditionand that a **hip replacement** on the side/s is proposed:

This means replacing a painful hip joint with an artificial ball and socket joint. There are many different types of hip replacement. My surgeon will choose the best type of replacement joint for me.

Under a general anaesthetic, a catheter is placed in the bladder; this will be removed 1-2 days after the operation. A cut is made over the hip joint. The muscles are separated. The 'ball' of the thigh bone is lifted away from its cup in the pelvis, cut off and replaced with the artificial ball, made of metal or ceramic. The ball is attached to a metal stem and this is fixed into the thigh bone.

The natural socket in the pelvis is prepared and the artificial socket inserted. Both parts of the new joint are strongly bonded to the normal bone either using a special grouting cement or by bone growing into the roughened surfaces of the implant. The ball is then placed back in the socket and the muscles and ligaments repaired. One or more small plastic drains may be used to reduce fluid collections and the skin wound is closed.



RISKS

These are the commoner risks. There may be other unusual risks that have not been listed here. Please ask your orthopaedic surgeon if you have any general or specific concerns.

I understand there are risks associated with any **anaesthetic** (see separate Anaesthetic Consent Form). I may have side effects from any of the drugs used. The commoner side effects include light-headedness, nausea, skin rash and constipation.

I understand the procedure has the following **specific risks and limitations**:

- I may develop a clot in my legs (deep vein thrombosis), causing pain and swelling. Part of this may come loose and travel to my lungs (pulmonary embolus). This may make me short of breath and occasionally may even cause death.
- Rarely, my wound may become infected, with redness, swelling and discharge. I may need antibiotics to treat this or I may have to return to theatre for the joint to be washed out. If the new joint becomes permanently infected, it may have to be removed or replaced with a new artificial hip joint.
- Many months or years later, the join between the hip replacement and the bone may weaken, causing the joint to become loose or shift position. This may need to be repaired surgically. There may be increased wear of the surfaces of the new joint, causing softening of the bone, loosening of the hip replacement. This can cause dislocation, pain or reduced movement in the joint.
- My skin wound may only heal slowly or incompletely, requiring dressings to heal it.
- I may notice some difference in leg length afterwards. This is usually minor and not noticeable, but occasionally may be noticeable enough to need adjustments to my shoe to make up for it.
- My hip may not move as well as a normal hip after the operation. Sometimes bone can form in the muscles around the hip and limit movement.
- The new joint may dislocate (the ball may come out of the socket) and have to be put back into place. This occasionally happens more than once and may mean another operation to reposition part of the hip joint.
- I may bleed during or after the operation, sometimes requiring a blood transfusion.
- Either my thigh bone or my pelvic bone may break during the operation or afterwards and may require repair at a separate operation.

RISKS CONTINUED OVERLEAF →

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RISKS CONTINUED:

- I may develop an infection in my urine, requiring antibiotics.
- Nearby blood vessels or nerves may be damaged during the operation. If possible, this will be repaired, but some nerve damage may not be repairable. Most such nerve injuries resolve or improve with time but there may be some continuing pain, numbness or weakness, which can last for months or even be permanent.
- I may have a limp after the operation, which may be permanent. I may need to use a crutch or walking stick to compensate.

INDIVIDUAL RISKS

I understand the following are possible significant **risks and complications specific to my personal circumstances**, that I have considered in deciding to have this operation:

.....
.....

DECLARATION BY PATIENT

- I acknowledge the orthopaedic surgeon has informed me about the procedure, alternative treatments and answered my specific queries and concerns about this matter.
- I acknowledge that I have discussed with the surgeon any significant risks and complications **specific to my personal circumstances** that I have considered in deciding to have this operation.
- I agree to **any other additional procedures** considered necessary in the judgement of my orthopaedic surgeon during this operation.
- I consent to a **blood transfusion**, if needed (*patient to circle and initial choice*) **YES** **NO**
- I agree to the disposal by the hospital authorities of any tissues that may be removed during the procedure. I understand that some tissues or samples may be kept as part of my hospital records.
- I understand that a doctor other than the specialist orthopaedic surgeon may perform the procedure.
- I have been given no guarantee this operation will be successful.
- I have received a copy of this form to take home with me.
- If a needlestick/sharps injury occurs to staff during any operation I give my permission for blood to be taken and tested for HIV and other blood borne disorders. I understand I will be advised and counselled as soon as practicable after the operation if this has been necessary.

Signature of patient _____ **Date** _____

If the patient is an adult and unable to give consent, a proxy form must be completed and attached

DECLARATION BY DOCTOR

- I declare that I have explained the nature and consequences of the operation to be performed, and discussed the risks that particularly concern the patient.
- I have given the patient an opportunity to ask questions and I have answered these.

Doctor's signature _____

Doctor's name _____ **Date** _____
(please print)

INTERPRETER'S DECLARATION - I confirm I have accurately interpreted the contents of this form and the related conversations between the patient and the doctor

Interpreter's Signature _____ **Date** _____