

CONSENT FOR HIP ARTHROSCOPY

I, **Dr Simon Journeaux** have discussed with the patient to undergo the following procedure:

LEFT/RIGHT HIP ARTHROSCOPY

For (diagnosis):

I have discussed the following issues, risks with the patient.

General Risks of Procedure: These include:

- a) Deep vein thrombosis occasionally affecting the lung.
- b) Lung infection – requiring antibiotics and physiotherapy.
- c) Increased risk in obese people of wound infection, chest infection, heart & lung complications.
- d) Increased risk in smokers of wound and chest complications, heart & lung complications, and thrombosis.
- e) Heart attack.
- f) Small risk of death.

Common Risks of Procedure (1-5%):

- i) **Infection** – The wound may become red, painful and hot. There may also be a discharge of fluid. These are signs of infection and can usually be treated by antibiotics. Very rarely, the infection may spread to the knee joint itself requiring further surgery and or intravenous antibiotics.
- ii) **Swelling:** The hip area may fill with fluid or rarer blood. This usually resolves on its own however may occasionally require a second operation or draining of the fluid.

Rare Risks of Procedure (< 1%):

- i) **Persistent Pain:** The symptoms may persist despite the procedure.
- ii) **Damage to structures within or around the hip:** this may or may not cause ongoing problems.
- iii) **Breakage of Instruments** during the surgery. This may need the joint to be opened to have them removed. This is a very rare complication.
- iv) **Abnormal pain response** to surgery with worsening of pain and disability. It is not uncommon for the patient's unrealistic expectations of the procedure to be the main problem of ongoing pain complaints.
- v) **Abnormal Scar:** In some people, healing of the wound may be abnormal and the wound can become thickened and red and the scar can become painful.

- vi) **Wound numbness:** The skin around the knee may be temporarily or more permanently numb due to damage of small superficial nerves.
- vii) **Blood Clots:** in the leg vein are the most common complication. It may present as a red, painful, swollen leg. Thrombosis prevention in my practice includes regional anaesthesia, early mobilization, foot pumps in combination with a chemical injection. Occasionally a clot can break off and travel to the lung – a cause of sudden death after surgery.

PATIENT CONSENT

I acknowledge that Dr Simon Journeaux has explained my medical condition and the proposed procedure to me. I understand the risks of the procedure and the likely outcomes both good and bad. The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and what will happen to me if I do not go ahead with the procedure.

It is very important that you feel you have been fully informed about all the issues and risks relating to a Hip arthroscopy and you understand what it fully means to you.

Please read carefully the following statements about a Hip arthroscopy that **Dr Simon Journeaux** has advised for you to have and place an initial beside each one if you agree. If you do not understand or have any further questions please ask **Dr Journeaux** to explain them further.

I agree to the above procedure being performed. I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with having this procedure. I also agree to any other unplanned procedure(s) being performed if they are necessary for my well being and they cannot be discussed with me at the time as I am under the influence of an anaesthetic and/or other drugs.

I (patient's name) _____ of, (address)

- X..... **understand why it is necessary to have a hip arthroscopy.**
- X..... **understand the potential benefits, risks and possible complications of hip arthroscopy.**
- X..... **understand the alternative forms of treatment that are available, including not having the procedure, and why having this procedure is the most appropriate for me.**
- X..... **have had all my concerns about the procedure explained.**
- X..... **feel informed about having a hip arthroscopy.**

Patient signature:.....

Dr Simon F Journeaux signature:.....