

SURGICAL CONSENT FOR REVISION TOTAL HIP REPLACEMENT

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

RIGHT/LEFT Revision Total Hip Replacement.

For(diagnosis):

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

General Risks of Procedure: These include:

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

Common Risks (2-5%)

i) Deep Vein Thrombosis Blood clots in the leg vein are the most common complication. 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.

ii) Bleeding & Blood Loss: This can either be an acute problem requiring a blood transfusion or a return to theatre if severe. Occasionally a collection of blood occurs in the hip which requires further surgery to drain or it can effect wound healing.

iii) Infection Wound or joint Infection may require antibiotics or further surgery and can leave you with a poor result. Infection can present some years after surgery if the infection spreads from the blood stream eg. From a tooth abscess. In worst case scenario you may need another operation to remove the infected hip.

iv) Dislocation of the prosthesis occurs in a small percentage of cases. You may need further surgery to try and correct this problem.

Rare Risks (<1%)

ii) Fracture of the femur or acetabulum is uncommon but can occur during revision hip replacement surgery. If a fracture does occur further surgery may be required to fix the fracture.

iii) Residual Pain or Stiffness can occur. In most cases of hip replacement surgery you will have significant improvement in your pain and mobility. In the majority of cases you will have no pain and your hip will feel normal. However there are rare cases where patients do have unexplained hip pain. It is not uncommon for the patient's unrealistic expectations of the hip replacement procedure to be the main reason for the ongoing pain complaints. It can be due in a small number of patients to a metal sensitivity. In this scenario a revision hip replacement procedure is often required.

iv) The length of the leg may be changed by the surgery. Getting the exact leg length can sometimes be very difficult. Some leg length difference may be unavoidable. Sometimes the leg will be deliberately lengthened in order to stabilize the hip and improve muscle function.

v) Injuries to the nerves or arteries of the leg are a very rare complication. With a nerve injury you can be left with permanent weakness & numbness in the leg.

vi) Fat embolism: Fat from the bone marrow can get into the circulation and cause lung or neurological complications. This may require intensive care support.

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 First Stage Revision Total Hip Replacement and you understand what it fully means to you.

Please read carefully the following statements about this procedure that **Dr 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)

Please initial the following statements.

X..... understand why it is necessary to have a revision hip replacement.

X..... understand the potential benefits, risks and possible complications of this procedure.

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 revision total hip replacement.

Patient
signature:.....

Dr Simon F Journeaux
signature:.....