

Consent for Hip Replacement Surgery.

This form was created by Danton S. Dungy, MD for patient informed consent. It is provided as a courtesy and should not be misunderstood as legal advice.

I, _____, have requested that Danton S. Dungy, MD perform _____ hip replacement surgery for the ***benefit of pain reduction***. This is one of the most successful surgeries available according to patient satisfaction and outcome. The ***alternatives include*** behavior modification such as weight loss and activity restriction, medications, injections, and assistive devices such as canes, walkers, crutches and wheel chairs.

The risk of surgery can be very serious and possibly fatal. Any surgery can cause stress that puts me at risk for heart attack and stroke. Each patient is unique and the potential outcomes are as different as each patient. My new hip will never be as good as my original hip was when I was younger, without pain.

Although ***complications are*** uncommon, Dr. Dungy and his team will practice preventive measures in an attempt to do no harm. I understand that every possible complication related to surgery cannot be covered in a few minutes on a few sheets of paper; thus, this document contains many of the most common issues of concern to patients, but is in no way inclusive of all possible complications. The following paragraphs will also outline the preventive measures undertaken to protect me.

The most serious complication is ***death***. Beyond the very rare anesthesia complication, the direct surgical risk of death is related to a venous thromboembolic event (VTE), also called a deep vein thrombosis (DVT) or ***blood clot***. Undergoing major orthopedic surgery, such as another replacement, I am at increased risk for a DVT, which is a clogging of the leg veins that bring blood back to my heart and lungs. Blood clots can cause either temporary or chronic limb swelling. Worst of all, the DVT could break loose in the vein and travel to my lungs causing a pulmonary embolism, and possibly death. These complications may require the insertion of a vein "filter" by a vascular specialist and/or the prolonged usage of blood thinners.

The most effective way to prevent a blood clot is for me to get up and be mobile after surgery. The more I sit around the more at risk I am for a VTE. I will have special "squeezy boots" applied to help keep the blood flowing when I'm not up with the physical therapist or doing my exercises. I will also be given a daily blood thinner for approximately 4 weeks. This may either be a pill or possibly even a self-administered injection.

Another serious complication is the possibility of ***infection***. Infection in an artificial joint replacement is the most serious complication you can live through. Infection would require additional surgery for removal of the implants because bacteria on artificial implants cannot be treated with antibiotics alone. Once the implants were removed, I would be given prolonged IV antibiotics. Very rarely an untreatable infection could result in ***amputation***. To decrease the risk of infection I will be asked to cleanse my

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skin with special antiseptics prior to surgery, the procedure will be performed in a surgical suite with special airflow and filters. Intravenous (IV) antibiotics will be given during surgery and continued intermittently for 24 hours and the team will wear special surgical attire. Although rare, infection can set-in years after surgery; therefore, preventive antibiotics may be needed under certain circumstances from time to time.

Other risks include **nerve injury** and/or **blood vessel damage**. The major blood vessels in my leg are in the groin region, and the surgery will be done either through an incision on the side toward the buttocks or in the front very near the blood vessels. If a so-called “anterior approach” is used, there is an increased risk for a permanently numb thigh. This does not affect muscle strength, nor motion of my new hip. If I have had prior surgery, Dr. Dungy may choose to use or incorporate my prior scar(s) into the new wound. Equally, with prior scars, I’m at a slight risk for **skin/wound problems** that could require an additional surgery. The prevention of blood vessel and nerve damage is best addressed through surgical training, experience and preoperative planning. Even if no blood vessels are seriously damaged there is a small chance for significant **blood loss** from bleeding bone which may necessitate **blood transfusions**. I can request that Dr. Dungy arrange for me to pre-donate my own blood.

There could be **broken bones** during surgery. The hip implants are “wedged” into place 95% of the time, while bone cement is used in about 5% of patients who have very thin and weak bone. If the “wedged” implant is too small it will loosen prematurely. Equally, if it is too big, it has the potential to break my bones. If this were to occur I understand that Dr. Dungy would fix them accordingly. This may mean the use of metal plates, screws or wires. Often these implants are permanent.

The **implants could wear out, break or even loosen** over time. Nine out of ten patients are doing well at ten years. This number drops to about eight out of ten at fifteen years. These statistics are based on data and implants used over 15 years ago and most surgeons believe that the newer implants are designed better to last longer. However, there is always a chance for additional surgery. Because these implants are not as durable as my normal pre-arthritis hip, I realize that I have restrictions regarding activity. More specifically, I will avoid running and other high-impact activity.

Swelling is very common during the healing process. Ice and cold packs are the most helpful during recovery to decrease this swelling. Once surgery is completed, the rehabilitation is often challenging, but it is ultimately up to me to be motivated and do well. Physical therapy may be needed in the outpatient setting.

Noises and other **unknown bearing surface (ball and socket) issues** are not uncommon with artificial hip pieces rubbing together. Hip replacements are made of very high-tech materials, these include alloy metals, titanium, and ceramic to name a few. There are advantages and disadvantages to each of these products. Briefly, the classic hip replacement is a metal ball with a metal socket and a medical grade plastic liner between the two acting as a smooth cushioning surface. However, the **plastic can potentially wear out**, just like the tires on a car. Because of this, other materials (such

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as ceramic and hard on hard surfaces like cobalt chrome - often referred to as metal on metal) are being used in an attempt to prolong the life-expectancy of these implants. Each of these surfaces is more resistant to wear than the plastic in laboratory models; however, not without potential other complications such as breakage (**ceramic could shatter**), **squeaking** (commonly heard with ceramic or metal), or an **increase in blood levels of metal ions** (seen with the metal on metal implants). In short, the orthopedic knowledge-base is constantly growing as more implants are being used and the future is unclear regarding long-term follow-up with these newer implants.

My pre-arthritis hip was limber and allowed for a considerable amount of motion. However, to do surgery on my hip, some of the stabilizing soft tissues (muscles, tendons, and ligaments) must be “opened” or manipulated so the new hip can be inserted. Newer technology and implants have made the current artificial hips more stable now than ever, but there is still a risk of **dislocation or instability**. This occurs when the ball “slips” out of the socket. It is painful and temporarily I would not be able to walk. It would require an ambulance trip to the Emergency Room for medication and a procedure to put the hip back into place. To avoid this potential complication, I understand that certain motions will be restricted post-operatively and they may apply for the rest of my life.

Because the surgery removes the arthritic ball and socket, Dr. Dungy will have to recreate my normal hip mechanics as best as possible. Sometime a **leg length difference** may occur. If there is any difference, it tends to be that my operative leg is longer. I understand that the goal is for a stable hip with decreased pain. Sometimes equal leg lengths must be compromised for this stability. Robotics, navigation or computer-assisted surgery may be used to help assure that the implants are placed into an optimal position.

Lastly, there is a possibility of other non-surgical medical issues that can arise during recovery. Two of the most serious medical conditions include **heart attack and stroke**; however, more commonly **constipation** can occur with the use of pain medication and I understand that a stool softener will be provided during the hospitalization and I should continue it at home as long as I need pain medication. A few patients can have **confusion**, usually temporarily, because of these potent medications. Most patients have discontinued pain medication two to four weeks post-operatively. Equally, if I’m using pain medication prior to surgery, I understand that it will be more challenging to control my pain after surgery.

All of these complications increase dramatically with other pre-existing medical problems. For Dr. Dungy and his team to provide me with the best care possible, I have disclosed my health condition(s) that may affect my outcome. **I have** had or currently have:

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(PLEASE CIRCLE ALL THAT APPLY)

- Cardiac/Heart** (pacemaker, stent, heart attack, angioplasty, defibrillator etc.)
 - Diabetes**
 - Blood Thinner Medication** (plavix, coumadin, etc.)
 - Infection** (prior in the knee, dental, or other)⁴
 - Immunocompromised health** (rheumatoid, chemotherapy, renal failure)
 - Smoker/Tobacco Use**
 - Narcotic Medication Usage** (prior or current)
 - Obesity/Weight Issues**
- OR**
- NONE OF THE ABOVE**

I have read this document and initialed each page accordingly after a thorough review. I have had all of my questions answered regarding hip replacement surgery. Equally, I have been given an opportunity to discuss with Dr. Dungy any medical terms that I do not understand. I am requesting that we proceed with surgical intervention. I also authorize Dr. Dungy and/or his staff to send me my surgical packet via email with only my name in the email.

Patient Signature

Date

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Date_____