

Total Hip Replacement Surgery Patient Consent and Release Form

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.

By signing the bottom of this form, I, _____,
have consented Danton S Dungy, MD to perform a **right / left** (circle one) total hip
replacement surgery.

According to patient satisfaction and outcomes, this is one of the most successful surgeries available. Despite the **benefit of pain reduction**, it is important to understand that your new hip will never work in the exact same function as your native hip, without pain. Prior to proceeding with surgery, the **alternatives** should also be considered, including: behavior modification such as weight loss and activity restrictions; medications; injections; braces; and assistive devices such as canes, walkers, crutches, and wheelchairs.

Dr. Dungy does not guarantee nor imply a guarantee for specific surgical results. All results are subject to the individualities of the patient and the normal variability of procedural results. While every attempt has been made to outline all possible risks and complications, this consent may not be an exhaustive list.

As we have discussed, any operative procedure may result in a number of complications. Although uncommon, Dr. Dungy and his surgical team will practice preventative measures in an attempt to do no harm. Occasionally, unexpected conditions could arise during the surgery that, in Dr. Dungy's judgment, may require additional surgery. Therefore, your authorization is requested to allow such procedures to be performed, if necessary. This document will outline the most common issues of concern to patients, though it is in no way inclusive of all possible complications. Further, the following paragraphs will outline any preventive measures that may be undertaken to protect you:

The administration of anesthesia can involve serious risks. I hereby authorize, consent and request the anesthesiologist to administer any anesthetics deemed necessary for my procedure. I understand that I will have an opportunity to discuss the risks, options, and benefits of anesthesia with the anesthesiologist on the day of my surgery.

Although rare, the most serious complication is **death**. Beyond this, another possible complication is related to a venous thromboembolic event (VTE), which is a clogging of the veins that bring blood back to the heart and lungs. This is more commonly known as a blood clot. Blood clots can cause either temporary or chronic limb swelling. In some cases, the deep vein thrombosis (DVT) can break loose in the vein and travel to the lungs, causing a pulmonary embolism (PE). These complications may require the insertion of a vein "filter" by a vascular specialist and/or the prolonged usage of blood thinners.

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The most effective way to prevent a blood clot is to get up and be mobile after surgery. Sitting for extended periods of time will increase the risk of DVT. To counteract this, you will be involved in post-operative physical therapy to help with exercises, balance/coordination, and range of motion. This does not guarantee that you will experience a complete relief of pain, but a significant amount of improvement is expected.

Another serious complication is the possibility of **infection**. This would require additional surgery for the removal of the implants because bacteria on artificial implants cannot be treated with antibiotics alone.

In this case, once the implants are removed, you would be given prolonged antibiotics. Very rarely, an untreatable infection could result in **amputation**. To decrease the risk of infection, you will be asked to cleanse the 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, post-operatively. Although rare, there is also a possibility that infection may set-in several years after surgery. Therefore, preventative antibiotics may be needed under certain circumstances.

Extremely rare cases may result in **nerve injury** and/or **blood vessel damage**. The major blood vessels in your leg are located 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. Doing so will not have any effect on the range of motion or the strength of the new hip.

Another surgical risk is **blood vessel injury**. In patients who have had prior surgery, Dr. Dungy may choose to incorporate the prior scar into the new wound. Equally, with prior scars, patients are at a slight increased risk for **skin/wound problems** that could require an additional surgery. This would include the assistance of a plastic surgery specialist, as skin grafting and/or muscle transfer may be necessary.

There is a small chance for significant **blood loss**. During surgery, there will be a minimal amount of blood loss.

Another surgical risk is **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 or 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 the bones. If this were to occur, Dr. Dungy would fix them accordingly. This may entail the use of metal plates, screws, or wires, which are often permanent.

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Likewise, it is possible that the **implants can wear out, break, or even loosen** over time. Post-operatively, nine out of ten patients are reportedly doing well at 10 years. At the 15-year mark, eight out of ten patients are doing well post-operatively. These statistics are based on data and implants used over 15 years ago and most surgeons believe that the newer implants are designed to last even longer. Because these implants are not as durable as your pre-arthritis hip, activity restrictions including: no running and avoid high impact activities.

Once surgery is completed, the rehabilitation is often challenging, but it is ultimately under your control to be motivated for a better recovery.

Swelling is very common during the healing process and best treated with the application of ice and cold packs.

Noises and other **unknown bearing surface (ball and socket) issues** are common with artificial hip pieces rubbing together. Hip replacements are made of high-tech materials including: alloy metals, titanium, ceramic, etc. Thus, there are advantages and disadvantages to each of these products.

The classic hip replacement is a metal ball and a metal socket with a medical-grade plastic liner between the two, acting as a smooth, cushioning surface. However, in some cases, the plastic can potentially **wear out**, similar to tires on a car. Due to this, other materials such as ceramic and hard-on-hard metal surfaces (i.e. cobalt chrome) are used in an attempt to prolong the life expectancy of these implants. Despite this, there is still potential for other complications including: **breakage, squeaking, or an increase in blood level of metal ions**. In short, it is important to understand that the orthopedic knowledge base is constantly growing as more implants are being used, thus the future is unclear regarding long-term follow-up with these newer implants.

Generally speaking, your pre-arthritis hip is limber and allows for a considerable amount of motion. However, in order to do surgery, some of the stabilizing soft tissues (muscles, tendons, and ligaments) must be “opened” or manipulated for a proper insertion of the new hip. Newer technology and implants have made the current artificial hips more stable, but there is still a risk of **dislocation or instability**. This occurs when the ball “slips” out of the socket, resulting in pain and a temporary inability to walk. If this occurs, 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, you must understand that certain motions will be restricted post-operatively and sometimes, permanently. Further, it is also important to understand that the surgery cannot be done without this manipulation.

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As a result of removing your arthritic ball and socket, Dr. Dungy will need to recreate your normal hip mechanics as best as possible. In some cases, a **leg-length difference** may occur, which often results in the operative leg being longer in length. As we have discussed, the ultimate goal of this surgery is to gain a stable hip with decreased pain and sometimes, equal leg lengths must be compromised for this stability. Additionally, 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 risks during recovery (i.e. heart attack and stroke). More commonly and less serious is **constipation**. This can occur with the use of pain medications; therefore, a stool softener will be provided during the hospitalization and should be continued at home for as long as you need to be taking the pain medications. A few patients may also experience temporary **confusion** due to the potency of the medications. Most patients are able to discontinue the regimen three to six weeks, post-operatively. Equally, if you are using any pain medications prior to surgery, it is important to understand that it will be more challenging to control your pain thereafter.

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All of these complications increase dramatically with other pre-existing medical problems. For Dr. Dungy and his team to provide you with the best care possible, please disclose your health condition(s) that may affect the surgical outcome.

I have had or currently have:

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)
- Immunocompromised health** (rheumatoid, chemotherapy, renal failure)
- Smoker/Tobacco use**
- Narcotic Medication Usage** (prior or current)
- Obesity/Weight Issues**

OR

NONE OF THE ABOVE

With your signature at the bottom of this form, you affirm that you have read this document and initialed each page accordingly after a thorough review. By doing so, you are agreeing to proceed with surgical intervention. I also consent to Dr. Dungy taking photo(s) and/or video(s) during my surgery for educational purposes.

If you have any further questions or concerns regarding your total hip surgery or medical terms that you do not understand, please do not hesitate to contact our clinic.

Patient Signature

Date





Addendum Surgical Consent
(COVID-19 Awareness)

I am aware that Arizona Governor Doug Ducey has lifted the restrictions to perform elective surgeries in the state of Arizona as of May 1, 2020. I still provide consent to this surgery and understand that my surgeon cannot guarantee how the current COVID-19 situation may impact or influence my recovery. I understand that the typical risks associated with surgery may be affected by the current COVID-19 situation in unpredictable ways. Currently, there is more that we do not understand about this novel virus, than we do understand.

Given this situation, I have had an opportunity to ask and discuss my questions. Dr. Dungy has answered my questions to the best of his ability with the available knowledge at the time of signing this document. My options have been made clear to me: either proceed with surgery or not. Given the information available at the time of signing this form, through a shared decision-making process, Dr. Dungy and I both believe that the benefits of this surgery outweigh the potential risks.

Patient Signature

Date

Patient Name Printed

