

Name:		
Date of Rirth		

Total Hip Replacement

Operation:		
Side:		

A total hip arthroplasty is the removal of damaged areas of bone from the hip joint and replacement with an artificial ball and socket joint. The head of the femur (thighbone), which is shaped like a ball, is replaced with an artificial ball and stem. The stem fits into the thighbone and bone cement is usually used to fix the stem in place. The socket, which is part of the pelvis and shaped like a small bowl, is replaced with an artificial cup.

There are risks and complications with any surgical procedure. They include but are not limited to the following.

General Risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Asprin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke could occur due to the strain on the heart.
- Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.
- Death as a result of this procedure is possible.

- Blood clots can form in the legs. Drugs and compression stockings are usually used to help prevent this. The clots can break off and travel to the lungs and can cause death.
- Infection after hip replacement. This may require further surgery and possibly the new hip to be removed.
- A urinary catheter may be required and can get infected.
- The bowel may become paralysed after the surgery (ileus) causing pain, bloating, nausea and vomiting. This will require further treatment.
- The hip joint can dislocate. The hip can usually be put back in without surgery. A brace may be worn for some weeks. Recurrent dislocation may require further surgery.
- The joint may break during surgery. A second operation will be required to repair the break.
- The nerves around the hip joint may be injured during the surgery. This causes pain, and/ or paralysis, which can cause permanent disability.
- The artificial joint may loosen which can happen over time.
- The leg length may be different to the nonoperated side. Further treatment will be required to correct the length.
- Possible bleeding into the wound after the surgery. This may be painful and require surgical drainage, or become infected, needing antibiotics. A large bleed can compress the nerves around the hip.
- The wound may not heal properly and can become red, thickened and painful. This can be disfiguring.
- There is a risk that the leg may have to be amputated due to poor blood supply or infection.
- Infection can spread to the artificial hip joint from other areas in the body. To prevent this, you will need antibiotics before other procedures and dental work.
- The artificial hip joint may fail. Further surgery will be required to correct the cause of the failure.

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Name:		 	
Date of Birth:			

There are risks associated with all anaesthetic types (including general, spinal or regional). These risks are relative to each patient's past medical and family history. Your anaesthetist will discuss the specifics of your anaesthetic with you prior to surgery.

I agree that I have discussed the risks and benefits of the aforementioned procedure and have had a chance to discuss the treatment options available to me with Dr John Roe.

I request to have the procedure.

Patient:	
Name:	
Signature:	
Date:	
Patient Carer	or Advocate:
Name:	
Relationship:	
Signature:	
Date:	
Surgeon:	Dr John Roe
Signature:	
Date:	