




FAMILY NAME:			 Maidstone and Tunbridge Wells NHS Trust
Given name:			
Preferred name:			
Title:	Gender:		
NHS number:		Orthopaedic – Total Hip Replacement Consent Form	
Hospital number:			
Date of birth: __/__/____			
<i>Complete above in full or affix patient label</i>			
Location:			

Operation:	Total Hip Replacement
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PROCEDURE: The hip joint is a ball and socket joint. It allows a great deal of movement and weight-bearing. As a result of this it is prone to wearing away. This is a simplified reason as to why arthritis occurs. Arthritis can be a very painful disorder which may reduce your mobility and stop you from sleeping.

A hip replacement is an operation which replaces the severely damaged hip joint with an artificial ball and socket that does the function of the natural joint. It should reduce the pain and help with walking and sleeping.

You will be visited by your surgeon before the operation. If you have any questions make a note of them as this might be a good time to ask them. The surgeon will mark your leg with a marker pen. This is to make sure the correct leg is operated on.

The anaesthetist will see you before your operation. The anaesthetic given in theatres is likely to be a spinal anaesthetic. This means the area to be operated on is completely numb. Usually you will be offered sedation however occasionally this may not be possible because of other medical conditions you may have. Spinal anaesthetic has been used for joint replacements globally for decades, although remains a worry for many patients. There are many advantages of a spinal anaesthetic over a general anaesthetic. These include patient safety and significant continued pain relief after the surgery. Occasionally for medical reasons we use a general anaesthetic, where you are asleep. You will discuss this and the risks of the anaesthetic with the anaesthetist.

You will be positioned on the opposite side to the one being operated on. The actual surgery usually takes about an hour although you will be in the theatre complex for longer to allow time for the anaesthetic and recovery.

The location of the incision is on the side of your upper thigh curving towards your buttock. The length of the incision depends upon the surgeon and your leg. It is usually between 10 and 20 cm.

A cut is made through the fat and muscles which cover the hip. The top of the thigh bone (femur) which forms the neck and ball is cut away. A replacement stem and ball is then placed in the remaining thigh bone. The socket part of the hip joint is also drilled smooth. The surgeon removes the arthritic bone and makes a smooth base for the new cup. In some cases, surgeons use bone cement to hold the stem and/or the cup in position. There are different types of materials of implant to use. These can be made of different types of metals, polyethylene (like a plastic) or very tough ceramic.

Operation: Total Hip Replacement

When satisfied with the position of the implants, the surgeon will close the wound. A drain may rarely be used. This allows any collections of blood or fluid to drain out. The drain is removed painlessly on the ward within a day.

The incision is usually closed with an absorbable suture that does not need removal.

When you wake up, if you have had a spinal anaesthetic, you will be pain free. This pain relief lasts several hours. If you have had a general anaesthetic you will feel sore around the hip, this is normal. You will be encouraged to start walking as soon as possible with the aid of the nurses and physiotherapists.

An X-ray and a blood test will be taken the next day. Most patients are in hospital a total of one or two nights.

The first two to four weeks after surgery are difficult for the majority of patients. People that work are off work an average of ten weeks. Most drivers are able to return to driving at four to six weeks.

ALTERNATIVE PROCEDURES:

There is no absolute requirement for you to have a hip replacement, it is usually a decision you make with your surgeon based on your quality of life. If your surgeon offers you a hip replacement the decision to proceed with the operation is yours alone and you may cancel the operation at any time before the anaesthetic if you wish. Total hip replacements are usually performed on patients suffering from severe arthritis (although there are other reasons).

Alternative treatments for hip pain include:

- Life style modification: Weight Loss.
Avoiding or modifying strenuous exercises or work.
Physiotherapy and exercises.
- Medication Pain killers and anti-inflammatory drugs e.g. ibuprofen.
- Walking aids such as a stick or a crutch.

RISKS:

Hip replacement is a routinely done operation but is not minor surgery. All surgical procedures have associated risks and complications.

COMMON: (2-5%)

Blood clots: A DVT (deep vein thrombosis) is a blood clot in a vein. These may present as a red, painful and swollen leg. The risks of a DVT are increased after any surgery and especially lower limb surgery. A DVT can travel through the blood vessels to the lungs causing a pulmonary embolism or PE. This is a serious condition which affects your breathing. The hospital doctors will give you five weeks of medication to reduce the risk of DVTs from forming unless you are already on blood thinning medication. When you are in hospital and in bed we use foot or calf compression pumps to keep blood circulating around the leg. Walking and getting moving is one of the best ways to prevent DVTs from forming.

Bleeding: This is usually minor and can be stopped during the operation. However, large amounts of bleeding may need a blood transfusion and/or a return to theatre to stop the bleeding and remove the collection of blood. Many patients suffer significant bruising down the leg following surgery.

Operation: Total Hip Replacement

Pain: The hip will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, and sometimes, for no obvious reason.

Prosthesis wear and loosening: Modern operating techniques and implants mean that most hip replacements last over 15 years. In some cases however this may be significantly less. The reason is often unknown. Younger patients appear to wear their hip out faster. Implants can wear from use. The reason for loosening may also be unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision (redo) surgery.

Altered leg length: The leg which has been operated upon may feel longer or, less likely, shorter than the other. Leg length differences are best confirmed directly from your postoperative x-ray. This rarely requires a further operation to correct the difference or shoe implants.

Joint dislocation: If this occurs, the joint can usually be put back into place without the need to open the hip. Sometimes this is not possible, and an operation is required. Application of a hip brace or leg splint may be recommended. Rarely if the hip keeps dislocating, a revision operation may be necessary. Dislocation is more common in people with stiff spines due to arthritis or previous spinal surgery.

Urinary retention: This complication particularly affects gentlemen with prostate enlargement. Many patients struggle to pass urine after surgery. Occasionally this requires a temporary catheter (tube) to be passed into the bladder. Rarely patients continue to struggle passing urine and need to be discharged with a urinary catheter.

Post-operative delirium; Some patients become confused after surgery. This is usually short term but rarely can persist. This complication is more frequent in patients with pre-existing dementia. It is also associated with; older age, diabetes, kidney disease, blood transfusions, and sedation.

LESS COMMON: (1-2%)

Infection: Infection of the hip replacement is a serious complication and may require the surgery to be redone. We take many precautions to avoid infection. You will be given antibiotics just before and after the operation and the procedure will also be performed in a theatre used only for clean surgery with sterile equipment. Please follow the advice you are given in pre-assessment clinic regarding showering before the operation, changing bed linen and nightwear. Foot hygiene before the surgery is also important. Despite precautions there are still infections (1 to 2½%). This is often treated with antibiotics, but an operation to wash out the joint may be necessary. In rare cases, the implants may need to be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

Heterotrophic ossification: in this condition the patient forms extra bone around the hip joint after surgery which may lead to stiffness. Although this can occur quite frequently most patients are unaware of it. Rarely surgery is needed.

RARE: (<1%)

Altered wound healing: The scar may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar when it has healed can help.

Operation: Total Hip Replacement

Nerve Damage: Efforts are made to prevent this, however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation and muscle power along the leg. In particular, there may be damage to the Sciatic nerve, this may cause temporary or permanent weakness and altered sensation of the leg, ankle and foot.

Bone Damage: The thigh bone and rarely the pelvis may break when the metal replacement is inserted. This may require fixation, either at time of surgery or at a later date.

Blood vessel damage: The vessels around the hip may rarely be damaged. This may require further surgery by vascular surgeons.

Pulmonary Embolism (PE): A PE is usually a consequence of a DVT. It is a blood clot that travels to and lodges in the lungs and can make breathing very difficult. A PE can be fatal.

Death: This rare complication can occur from any of the above complications. The risk is increased by underlying medical conditions and advancing age.

Confirmation of consent:

I have read and understand the procedure, risks and complications. I have asked any questions and raised any immediate concerns I might have. I understand another surgeon other than my consultant may perform the operation (although they will have adequate training/ supervision).

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

Signature:.....

Print name:.....

Date:.....

2nd Confirmation (to be signed on the day of surgery if above signed before)

Signature:..... Date:.....

Name of Surgeon:..... Position:.....

Signature:.....