

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.

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<p>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.</p> <p>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.</p> <p>Blood vessel damage: The vessels around the hip may rarely be damaged. This may require further surgery by vascular surgeons.</p> <p>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.</p> <p>Death: This rare complication can occur from any of the above complications. The risk is increased by underlying medical conditions and advancing age.</p>	

<p>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).</p> <p>I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure</p> <p>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.</p> <p>Signature:.....</p> <p>Print name:.....</p> <p>Date:.....</p> <p>2nd Confirmation (to be signed on the day of surgery if above signed before)</p> <p>Signature:..... Date:.....</p>

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