Nadim Aslam
Consultant Sports and Reconstructive Knee and Hip Surgery

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Dear

You are scheduled for a **Total Hip Replacement at Spire South Bank Hospital.** The Bookings Office will contact you approximately 4 weeks in advance to confirm the full admission details. They will also arrange for you to attend a pre-admission health check appointment and to meet the physiotherapist at the Hospital, which takes approximately 1 hour.

This document summarizes the discussion that you and I had about the benefits and risks associated with this procedure. Please read this document carefully, then acknowledge your understanding and agreement by signing the last page. This will help ensure that you fully understand the implications of the decision to undergo this operation.

Please review the following points:

1) **Purpose of operation.**

The primary purpose of this procedure is relief of pain. Secondary purpose of this procedure is to enhance walking ability. Tertiary purpose is to restore anatomy as closely to normal as possible. The prosthesis is designed for walking, even brisk walking. It is not designed to allow running etc.

2) **Risks of operation.**

Risks pertinent to this operation include the following:

- ***Risk of anaesthesia***, general or spinal anaesthetic. You will have the opportunity to discuss this further with the anaesthetist.

- ***Risk of infection***. The infection risk is approximately 1 in 100. Superficial infection can be managed by antibiotics, and/or washout of the wound and surgical site. On occasion, the prosthesis will become infected. In this scenario, removal of the prosthesis, temporary placement of an antibiotic loaded spacer, and definitive placement of a new prosthesis after approximately 2 or 3 months would be necessary. This is a very grave complication, and is fortunately rather rare. Surgery to replace an infected prosthesis may need to be carried out in a university hospital. Extremely rarely, the infection cannot be controlled and a definitive prosthesis cannot be placed. This may lead to a 'flail hip', or even amputation. Death from uncontrolled infection is extremely rare, but possible. The risk of infection is increased in the presence of smoking, diabetes, rheumatoid arthritis, and other conditions affecting the immune system. Of note, late infection can also occur when bacteria circulate in the bloodstream.

- ***Injury to the neurovascular structures***. Important nerves and blood vessels are located around the surgical site. Great care is taken throughout the operation to avoid damage to these structures. However, on occasion damage to nerves can occur, possibly leading to numbness and/or weakness, possibly paralysis. This is very rare. Damage to the blood vessels is very rare as well. However, such injury could lead to rapid blood loss, and may lead to blood transfusion during surgery.

- ***Dislocation/leg length discrepancy***. In order to place the prosthesis, the soft tissues holding the hip in place will need to be disrupted. During the preoperative planning, great care is taken to re-create the original leg length. However, a final decision is made during surgery, when it is sometimes necessary to vary the leg length, to obtain sufficient tension in the muscles and soft tissues to create a stable hip. Even so, dislocation can occur, particularly in the first 3 months after the surgery (2-5%). You will be instructed by the physiotherapist to avoid certain positions which may readily lead to dislocation. Some precautions include placing a raised toilet seat, raising the bed height, chair height etc.. Usually, these precautions are no longer necessary after 3 months. The risk of dislocation is increased in the presence of disorders of neuromuscular control, such as Parkinson's disease, polio, and in the presence of heavy alcohol consumption.

- ***Deep venous thrombosis/pulmonary embolism*** and the need for anticoagulation. This operation can lead to development of a blood clot in the deep veins of the operated and/or non-operated leg. This impairs the circulation in the legs. Furthermore, parts of this blood clot can be released into the bloodstream; these can reach the heart and lungs and cause severe shortness of breath, even sudden death. In order to minimize this risk, you will be asked to start walking as soon as possible after the surgery. It is my preference to give 28 days of Clexane 40 mgs (injection into subcutaneous tissue) in routine cases and use pneumatic compression boots during the hospital stay. As well, if tolerated, the compression stockings that will be provided to you in the hospital should be worn for a total of 6 weeks. Under these circumstances, the risk of death from pulmonary embolism appears to be well below 1 in 1000. On occasion, this régime is modified based on other health concerns, which may necessitate assessment by a specialist in medicine. If a blood clot develops in the legs, this may lead to prolonged treatment with a blood thinner. If heart/lungs become involved, intensive care treatment may be required. These complications would ordinarily be treated by a medical consultant.

- ***Possibility of fracture***. This operation involves impaction of the component(s). This very rarely can lead to a fracture of the bone. This may require open reduction and internal fixation and /or revision hip replacement.

- ***Possibility of implant failure.*** The results for total hip replacement are encouraging with over 90% 10 year survival. There is a possibility all implants may loosen in the long term depending on various factors including demands placed on them. If this does occur the implant can be usually be revised.

- ***Possibility of a blood transfusion.*** This operation will lead to some blood loss. Usually, this is between 100 and 500 ml. Most often, blood transfusion is not necessary. However, sometimes blood transfusion is offered if you have symptoms of anaemia (headaches, weakness, tiredness), affecting progression of the rehabilitation program.

- ***Possibility of a urinary catheter.*** It is important to carefully monitor your fluid balance during the operative period. It may be necessary to catheterise patients during the surgery (with antibiotic prophylaxis).

3) Expected postoperative course.

- Mobilization after surgery is important to prevent complications, and to resume independent self-care as soon as possible. The degree of weight bearing that is allowed immediately after surgery is decided upon by the surgeon during surgery, depending on the achieved firmness of the fixation. With a non-cemented prosthesis, protected weight-bearing may be sometimes necessary for approximately 6

weeks. With a cemented implant weight bearing can be started immediately. The need to observe precautions for 3 months to avoid dislocation was discussed above.

- Hospital stay is dependent on achieving pain control through medication by mouth, as well as achieving safe, independent, mobilization. Depending on circumstances, this usually means 3 days of hospital stay. Dressing changes will be performed as necessary.

- Physiotherapy starts immediately after the operation while in hospital. This is continued in the outpatient department after discharge from hospital if necessary. Usually, arrangements for staple removal are made at the 2-week mark, in your local general practice, this to minimize the amount of traveling required.

- I explained that, initially, residual discomfort is common. This usually settles in approximately 6 months, occasionally a year. Rarely, this can persist. Through use of careful dissection we attempt to minimize residual pain from disrupted soft tissues. Patients undergoing a total hip replacement usually have a complete satisfaction rate of around 90%. Around 5-10% of patients are partially satisfied with overall improvement. Around 2-5 % of patients will not be satisfied and may have had complication(s).

- Further standard follow-up will be at 2 and 6 weeks.

If after reading this, you fully understand the issues and wish to proceed; your signature on this document will confirm the consent for surgery and blood transfusion. Please return this signed page to "Mr Aslam's Secretary" at Spire South Bank Hospital.

Patient signature	Date of signature

Yours sincerely

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Consultant Orthopaedic Surgeon
Adult Knee and Hip Specialist