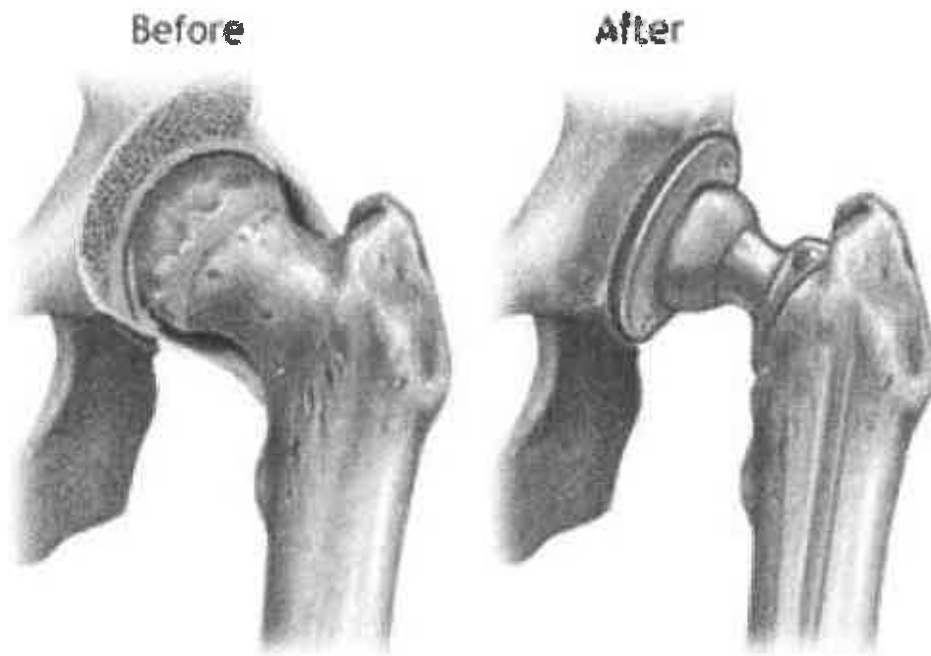


# Total Hip Arthroplasty



## **Total Hip Replacement**

### **Patient Information/ Consent Form**

#### **General Information**

This information is being given to you to help you make an informed decision about having total joint replacement surgery.

As a patient, you have the right to be informed about the risk and potential complications of the proposed surgical procedure so that you may make the decision whether or not to undergo the procedure. This disclosure is not meant to frighten or alarm you; it is, rather, an effort to make you better informed so that you may give or withhold your consent to the procedure.

What you are being asked to sign with this form, is a confirmation that we have discussed your proposed operation and alternative treatments; that you have arrived at the decision of your own free will.

#### **The Procedure**

Total hip arthroplasty is an implant procedure performed under anesthesia. The operation takes about 2 hours and involves removal of diseased portions of the hip and socket. The damaged bone and tissue are replaced with components called implants. Before these components can be implanted, some bone must be removed from the femur (thigh bone) and acetabulum (socket) to ensure the implant will fit properly. Different types of implants are used, depending on the degree of destruction and stability of the joint. To strengthen weakened muscles and soft tissue surrounding and supporting the new joint, a program of exercise and physical therapy is prescribed. To obtain maximum benefit for your new hip, you must make a serious commitment to continue an exercise program once you've returned home. As with any surgical procedure, there are significant risks that patients will want to discuss carefully and thoughtfully with their surgeon. The Total hip replacement procedure has been personally explained to me by Dr. David Morawski

The following points, among others, have been specifically discussed and made clear:

1. I have been informed and I understand the purpose and the nature of the implant surgery procedure. I understand what is necessary to accomplish the placement of the implant in my hip
2. My doctor has carefully examined my hip. Alternatives to this treatment have been explained. I have tried or considered these methods, but desire an implant to help restore mobility and to minimize discomfort.
3. I have further been informed of the possible risks and complications involved with surgery, drugs and anesthesia. Such complications include pain, scarring, swelling, infection, and discoloration. Numbness, vascular or neurological problems may occur. The exact nature and duration of problems may not be determinable, and may be irreversible. Also possible are inflammation of a vein, cardiovascular problems, injury to surrounding tissue, bone fractures, delayed healing, allergic reactions to drugs or medications, even death. In those cases where bone cement is used to secure implants in place, adverse reactions including deep and surgical wound infection and temporary lowering of blood pressure may occur.
1. My doctor has explained to me that there is no method to accurately predict range of motion, relief of discomfort, or the bone healing capabilities in each patient following the placement of the implant. In addition, my doctor has explained to me that equal leg

lengths after surgery cannot be guaranteed. Intraoperative x-rays and joint stability, however, will be utilized to help obtain proper adjustment of leg lengths.

2. It has been explained that in some instances implants wear out, loosen, or fail and must be removed. I have been informed and understand that the practice of surgery is not an exact science and there are no guarantees or assurances as to the outcome or results of treatment or surgery can be made.
3. I also understand that the success of the implant depends on my tolerance to the implant, and my resistance to infection, neither of which can be determined prior to the insertion of the implant. I understand that the implants cannot be guaranteed to last for any specific amount of time. Should the implant wear out, loosen, or fail, they will need to be removed, and I understand the possibility of secondary surgical procedures. Secondary surgical procedures often are more complicated than original implantations, and therefore, the results of a secondary surgery may not be as successful as a primary surgery.
4. No guarantee or assurance has been given to me that the proposed treatment will be curative and/or successful to my complete satisfaction. I understand that the primary purpose of this joint replacement is to alleviate pain, and that due to individual patient differences there exists a risk of failure, relapse, selective re-treatment or surgery, or worsening of my present condition despite the care provided.
5. I understand that following surgery I will be expected to comply with certain restrictions and with a prescribed physical therapy routine. Further, I understand that my doctor may recommend permanent restrictions or limitations on certain types of activities that are particularly stressful to total joint replacements, and to prevent dislocation. I agree to follow my doctor's home care instructions, I understand that regular follow-up care is necessary to the success of the procedure, and that my cooperation in reporting to the office when appointed is essential to avoid or reduce chances of problems that might occur.
6. I understand that certain anesthetic risks, which could involve serious bodily injury, are inherent in any procedure that requires a spinal or a general anesthetic, and I agree with the type of anesthesia chosen for me by my doctor.
7. To my knowledge, I have given my accurate report of my physical and mental health history. I have also reported any prior allergic or unusual reactions to anesthesia, drugs, food, insect bites, anesthetics, pollen, dust, any blood or body diseases, skin reactions, abnormal bleeding or any other conditions related to my health.
8. If any unforeseen conditions arise in the course of the operation calling for the doctor's judgement or the procedures in addition to or different from those now contemplated, I request and authorize the doctor to do whatever he may deem advisable.
9. Although it is impossible for my doctor to inform me of every conceivable complication that may occur as a result of the surgery, I have been informed of the most likely complications or problems that might occur during the operation and healing process and *I understand them*. I hereby authorize **Dr. David Morawski** and any other agents or employees of his professional association and such assistance may be selected by any of them to perform a **Total Hip Arthroplasty** as a treatment for osteoarthritis of the **hip**.

*I certify that I had an opportunity to read and fully understand the terms and words within the above consent to the operation and the explanation referred to or made, and that all blanks or statements requiring insertion or completion were filled out and inapplicable paragraphs, if any, were stricken before I signed. I also state that I read and write English.*

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Patient, Parent, or Guardian

Date

I have fully explained to the patient, \_\_\_\_\_, the nature and purpose of the procedures described above and such risks as are involved in their performance. I have asked the patient if any questions have arisen regarding the procedures, and I have answered these questions to the best of my ability.

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Physician Signature

Date

*Charlèl Fountain MD*

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Witness Signature

Date

### **Total Hip Replacement: Patient Self -Test**

1. TRUE/FALSE Total hip replacement is a surgical procedure designed, as much as possible, to improve mobility and relieve pain.
2. TRUE/FALSE The type of reconstruction technique chosen depends on many factors including a patient's general health, physical and mental condition.
3. TRUE/FALSE A reconstructed hip will be identical in function and appearance to a natural hip.
4. TRUE/FALSE A total hip prosthesis consists of two components: a cup-like acetabular implant, and a femoral implant
5. TRUE/FALSE The new implant can be seated in the hip without the removal of any bone.
6. TRUE/FALSE Total hip replacement procedures are performed under anesthesia, and depending on the type of procedure performed, generally last about two hours.
7. TRUE/FALSE Numerous precautions are taken by your doctor and the medical device manufacturer, however, patients may experience fractures, dislocation, wear, prosthetic loosening or failure over time.
8. TRUE/FALSE There is no way to minimize the potential of infection and/ or vascular problems associated with this procedure.
9. TRUE/FALSE As with any surgical procedure, unforeseen complications may occur, these include the normal pain, discomfort, and scarring of surgery itself.
10. TRUE/FALSE While rare, bleeding, clot formation, neurological, vascular, cardiovascular, drug or anesthetic complications or even death may occur.
11. TRUE/FALSE Joint replacement surgery is the only treatment option for arthritic patients.
12. TRUE/FALSE On balance, most implants are generally well tolerated with good to excellent results expected.
13. (See next page to check your answers)

1. True

2. True
3. False- While an artificial hip is never the same as a healthy hip, pain free motion can usually be quickly attained following surgery.
4. True
5. False- Before new components can be implanted, some bone must be removed to ensure they fit properly. Very accurate cuts are made in the femur and in the socket of the pelvis. Once the diseased bone has been removed, it is replaced with the new implant.
6. True
7. True
8. False- The potential of infection and/or vascular problems are minimized through antibiotic therapy, anticoagulant therapy, special support stockings, and through an active post surgical physical therapy program.
9. True
10. True
11. False- Each year millions of Americans undergo total joint arthroplasty. The procedure is one of the most consistently successful therapeutic measures performed today. When conservative treatments no longer provide relief from pain and discomfort, or problems become severe enough to interfere with daily living activities, total joint replacement becomes an option. For patients who are healthy and properly motivated, joint replacement arthroplasty may have significant personal benefits.
12. True- however, like all mechanical devices, a hip replacement will wear out given sufficient time and may wear faster under certain conditions including: malalignment, abnormal or excessive stress, accident or injury, misuse or abuse, loosening, infection, obesity, or disease.

**A copy of this form will be placed in your medical records at this office. Should you have any remaining questions about your surgery, please ask.**

Please note any specific questions you may wish to have answered regarding this procedure:

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Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_