



HOW TO PREPARE FOR TOTAL HIP REPLACEMENT

Date of Surgery:

Location: HSS – 535 East 70th Street, New York, NY, 10021

Medical Clearance:

You may be required to see an HSS primary physician for a medical evaluation prior to your surgery. If you are required, we will schedule you for this appointment.

Pre-Admission Testing:

The hospital may require you to undergo perioperative testing prior to your surgery. This includes labs (complete blood count, complete blood chemistries, prothrombin and partial thromboplastin), urinalysis, a 12-lead electrocardiogram (EKG) and/or chest radiograph. Depending on the type of surgery and your medical history you may be required to complete additional testing. The type and screen lab results expire after 28 days so we will schedule you for your Pre-Admission Testing within 28 days of your surgery.

Consent Form:

You are also required to thoroughly read and sign a consent form prior to your surgery. If you have any questions feel free to call us before signing this form. When you have completed reading and understanding the form, sign your name at the bottom of the form. If the person having surgery is under the age of 18 years old, their parent or legal guardian must complete this form for them.

INFORMATION ON TOTAL HIP REPLACEMENT

The hip joint is a ball-and-socket joint. The ball component is attached to the top of the femur (long bone of the thigh). The acetabulum (socket) is part of the pelvis. The ball rotating in the socket permits you to move your leg in all planes of motion. A THR (Total Hip Replacement) involves removing the damaged bone and cartilage and replacing the entire hip joint with implants (prostheses) to restore the natural function of the hip. During the THR surgery, your surgeon will shave down the damaged bone area and fix implants over the ends of the bone so that they glide smoothly against one another. These implants are generally made of metal, ceramic and/or plastic and each implant is selected for the individual to provide maximum compatibility. There are several ways your surgeon may fasten the components during the procedure; bone cement may be used or fixation may occur as the bone grows on and into the implant surface.

You will need to discuss with your surgeon the best bearing surface for you as well as the agreed upon hip surgery.

Risks

Infection: At HSS our infection rates are the lowest in the country and serious infections leading to permanent injury are very rare. However, infection can occur after any surgery despite the highest level of precaution. Infections can develop shortly following surgery related to bacteria entering the wound. Infections can also develop at a later time related to the introduction of a prosthetic device into the body. Infection after a THR can require the need for additional surgery, the need for oral and/or IV antibiotics, and some infections can result in necessary removal of the implant.

Dislocation: When the femoral head (ball) of the hip joint is pushed out of the acetabulum (socket), a dislocation occurs. Dislocations are painful and can cause tears or strains in adjacent blood vessels, nerves, muscles, ligaments and/or other soft tissues. Serious complications associated with a hip dislocation include avascular necrosis (bone death) and sciatic nerve damage.

Nerve injury: Even in a properly performed THR, injury to the nerves can occur. Most commonly the femoral cutaneous and sciatic nerves are at risk during a THR. These injuries can occur because the nerves are either stretched during the multidirectional movement and rotation of the hip joint during surgery or cut during this exposure. The nerves can also be affected by standard intra-operative bleeding or typical intra-operative manipulation. Most nerve injuries from THR are temporary and resolve although permanent injury to the nerve can occur. Because nerves involve sensation as well as muscle power, nerve injury can produce numbness in the leg or foot as well as weakness or paralysis of the lower extremity.

Persistent pain: Pain can last many months but it is often improved from the pre-operative pain levels.

Need for revision: THR implants are mechanical parts. Despite advances that have resulted in long life expectancy of the implant, implants experience wear even when properly placed and used. If an implant wears out or “fails”, it may require removal or revision surgery.

Fracture of bone: This may occur during insertion of the prosthetic implants. Also, a loose THR component can move against the surrounding hip bone, compounding the loss of bone. If bone loss is severe enough, a spontaneous fracture (break) in the bone can occur.

Phlebitis and clot: Although patients are given anti-coagulation medications after surgery, blood clots or phlebitis can still occur. Blood clots can migrate to the lungs and have the potential of being life threatening. Certain factors including smoking, obesity, and estrogen may increase the risk of blood clot formation.

Stiffness/heterotopic bone formation: Stiffness can persist, often due to surgical scarring. In rare instances, a non-surgical manipulation is required to reduce scarring. Heterotopic bone formation is a condition in which the body mistakenly forms bone in an area where there is normally muscle; treatment may be required to prevent this new bone from interfering with joint movement.

Vascular injury: Major blood vessels pass by the area of the hip joint. These vessels run very close to the hip region and although very rare, there is a risk of damage to these blood vessels.

Need for transfusion/blood loss: An intraoperative or postoperative blood transfusion may be required in the event of unanticipated blood loss. Minor changes in the body’s immune system,

including mild symptoms, such as a fever, chills, or hives may be experienced with a blood transfusion which typically requires little or no treatment.

Wound/skin complications: Skin issues may result from a sustained intraoperative positioning for an extended period of time and may affect the surgical wound healing process. Complications associated with open wounds may include infection, cellulitis, overgrowth of scar tissue, bleeding, sepsis and necrosis (tissue death).

Component positioning: Due to variability of a patient's anatomy and variability in guides used in the surgical placement of the prosthesis, less than optimal positioning of the THR component may occur.

CRPS (chronic regional pain syndrome): In some instances, although rare, it is possible for patients to develop severe burning pain with changes in the skin without an obvious cause that would explain the pain. The incidence of CRPS is unpredictable and can result from any trauma, including surgery. Patients subsequently require pain management services by a pain management physician. If left untreated, muscle weakness and contractures may develop.

Leg length discrepancy: It is important that the THR is stable (will not dislocate or come out of position). In order to prevent dislocation, your surgeon may adjust the tension between the new ball-and-socket joint by placing larger or longer implants in the bone. Exactly how the THR implants are placed and the size of the THR implants will determine the length of the leg after the THR surgery. Slight leg length differences may occur after a THR, with lengthening being more noticeable to patients.

Pain Management: While we do our best to control pain while minimizing exposure to opioid pain medications, your surgery may require their use. Even at Low dose, these medicines have risk, including the risk of addiction.

Benefits:

It has been explained to me and I fully understand that there are possible benefits associated With THR surgery. However, it has been explained to me and I fully understand that there is no certainty that I will receive these benefits. No guarantee has been made to me about the

outcome of this surgery. The benefits include, but are not limited to:

- Preventing or reducing pain
- Preventing or reducing physical disability
- Enhancing social adaptation
- Better quality of life

Alternatives:

The alternatives to this surgery, including no surgical treatment at all, have been explained to me. The advantages and disadvantages of each of the alternatives have been explained to me. I have decided to proceed with THR surgery. The alternatives include, but are not limited to:

- On-going physical therapy

- Use of ambulation assistive devices and orthotics
- Pain management
- No surgery

I have read and been provided with a copy of this information sheet regarding **TOTAL HIP REPLACEMENT** surgery. I have been given the opportunity to ask any questions I may have regarding this procedure, including its risks, benefits, and alternatives.

It has been explained to me and I fully understand that there are possible benefits associated with surgery. However, it has been explained to me and I fully understand that there is no certainty that I will receive these benefits. No guarantee has been made to me about the outcome of this surgery.

The alternatives to this surgery, including no surgical treatment at all, have been explained to me. The advantages and disadvantages of each of the alternatives have been explained to me. I have decided to proceed with surgery.

I know that during the operation unexpected conditions may require additional or different procedures than those described to me. Since at the time I may be under anesthesia or otherwise unable to give consent, I give permission and ask that the physician performing this operation and his assistants or designees, perform procedures which the physician thinks are necessary and desirable, including, but not limited to procedures involving surgery. This permission includes treating all conditions that the physician thinks require treatment, even if the condition was not known when the operation began.

I understand that drugs and devices may occasionally be utilized in my care and treatment for purposes other than the medical uses specifically approved by the Food and Drug Administration (FDA). Once a drug or device is approved by the FDA, physicians commonly will use such drug or device for purposes other than those approved by the FDA (called "off-label" use). I acknowledge that there may be unknown risks and that the long-term effects and risks of such off-label use may not be known. I will be given the opportunity to ask questions. I am willing to accept the potential risks of using drugs and devices off-label.

I understand that transfusion of blood and blood products may be necessary in case of intra-operative or post-operative bleeding.