

Informed Consent for Hip Hemi-Arthroplasty

Name:	Age (in years):	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
UHID No./Registration No.:		
Interpreter Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consultant's Name:	

Medical Condition
 The doctor has explained that I/my child/myhave the following medical condition:

 and I/my child/my.....have been explained and advised to undergo the following treatment/procedure:

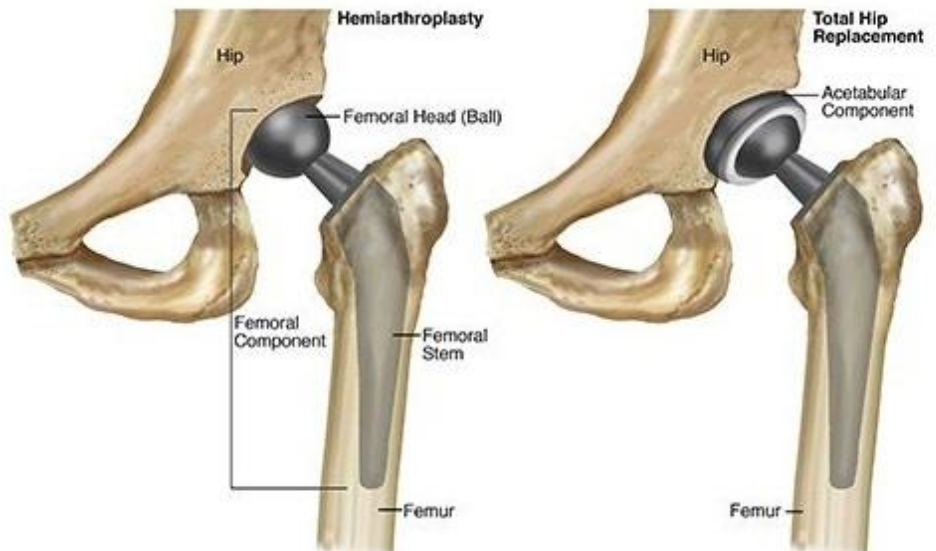
 I authorise Dr. and his/her associates to perform the above treatment/ procedure.
 The doctor should document the site and/or side where relevant to the procedure:.....

Introduction

The hip joint is an important 'ball and socket' joint in your body. It provides support to the upper body when standing, running and walking. The head of the thighbone or femur fits into the socket of the pelvic bone to form the hip joint.

A hemi arthroplasty is performed to replace the femoral head. If the socket also needs to be replaced, you will need a total hip replacement (THR). The surgeon will perform the operation under general anaesthesia. The surgeon will make an incision (cut) on the side of the thigh near the hip. Once the hip joint is visible, the surgeon will remove the femoral head from the acetabulum and detach it from the rest of the femur as well.

The inside of the femur will be hollowed out and a metal stem will be placed snugly inside the femur. A metallic prosthetic or artificial femoral head will be placed securely on the stem. This may be attached to another head that is lined with polyethylene (plastic). This is called a bipolar prosthesis (a head within a head). The surgeon will sew up the incision and apply dressings over it. And if required, the surgeon will place a drain to drain any minimal bleeding.



Consent for Blood Transfusion

Please see Blood Transfusion Consent Form. This will give you information about the type of the blood products, benefits and risks of blood transfusion. If you have any concern(s), please discuss with your doctor.

Consent for Anaesthesia

Please see Anaesthesia Consent Form. This will give you information about the type of the anaesthesia, its benefits and general risks. If you have any concern(s), please discuss with your anaesthetist(s).

Benefits (To be documented by doctor)	Alternatives (To be documented by doctor)

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General and Specific Risks (To be documented by doctor)	Patient Specific Risks (To be documented by doctor)
<ul style="list-style-type: none"> • Blood clots can form in the legs. Drugs and compression stockings are usually used to help prevent this. The clots can break off and travel to the lungs and can cause death. • Infection after hip replacement. This may require further surgery and possibly the new hip to be removed. • The bowel may be paralysed or blocked after surgery. This may cause a build-up of fluid in the bowel with bloating and vomiting. This may need further treatment. • The hip joint can dislocate. The hip can usually be put back in without surgery. by wearing a hip brace for some weeks. • The femur may break during surgery. A second operation will be required to repair it. • The nerves around the hip joint may be injured during the surgery. This can cause pain and/ or paralysis, which can cause permanent disability. • The artificial joint may loosen which can happen over time. • Altered leg length: Equal leg length following surgery is always attempted. But some variation is common. Usually this is not noticeable but on rare occasions, the heel and the sole of one or the other of the shoe may need to be raised or further operation can be performed to correct this. • Possible bleeding into the wound after the surgery. This may be painful and require surgical drainage or can get infected, needing antibiotics. • The wound may not heal properly and can become red, thickened and painful. This can be disfiguring. 	<ul style="list-style-type: none"> • Infection can spread to the artificial hip joint from other areas in the body. To prevent this, you will need antibiotics before other procedures and dental work. • The hip joint may fail within five years of surgery. Further surgery will be required to correct the cause of the failure • Bleeding could occur and may require a return to the operating room. Bleeding is more common in case taking blood thinning drugs. • Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy. • In obese people, there is an increased risk of wound infection, chest infection, heart and lung complications and thrombosis. • Cardiac arrest or stroke could occur due to the strain on the heart. • Deep vein thrombosis (DVT) causing pain and swelling. • Death • Others, if any specify:
<p>Specific Notes Related to Procedure (Strike out if not required)</p>	<p>Precise Action Points Understood by the Patient/Substitute Decision Maker (To be documented by patient/substitute decision maker in his/her language)</p>

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Patient's Authorisation

- The doctor has explained my medical condition and proposed operation. I am now aware of the intended benefits, possible risks and complications, and available alternatives to the said operation.
 - The doctor has explained other relevant/alternate treatment options and their associated risks. The doctor has also explained the risks of not having the procedure. I have been given the choice to take a second opinion.
 - I am also aware that results of any operation can vary from patient to patient and I declare that no guarantees have been made to me regarding success of this operation.
 - I am aware that while majority of patients have an uneventful operation and recovery, few cases may be associated with complications. I am aware of the common risks and complications associated with this operation listed above and understand that it is not possible to list all possible risks and complications of any operation.
 - I also understand that sometimes a planned operation may need to be postponed or cancelled if my clinical condition worsens or due to any unforeseen technical reason.
 - I understand that if medical exigencies demand, further or alternative operative/procedural measures may need to be carried out, and in such case there may be difference in the planned and actual operation.
 - I understand that the treatment/procedure may include blood/blood product transfusion (for which a separate consent shall be obtained).
 - The doctor has explained the requirement for anaesthesia for this procedure and I understand the risks associated with anaesthesia, including the risks specific to me (for which a separate consent shall be taken).
 - I am also aware of the expected course after the operation and the care to be provided and understand that sometimes admission to intensive care unit and/or extension of duration of hospitalisation may be required and/or there may be requirement of extra medicines or treatments, thereby leading to increase in the treatment expenses, depending upon the body's response to the treatment/procedure.
 - I am now also aware that during the course of this operation the doctor will be assisted by medical and paramedical team and that the doctor may seek consultation/assistance from relevant specialists if the need arises.
 - I authorise the hospital for the disposal of any tissue or body part that may be removed from my body in the appropriate manner during and for the purpose of conducting this operation.
- I agree to observing, photography (still/video/televising) of the procedure (including relevant portions of my body) including my diagnosis/reports (pathology, radiology etc) for academic/medical/medico-legal purposes/scientific publications, provided my identity is not revealed/disclosed by such acts. Yes No
 - For purposes of advancing medical education, I consent to the admittance of observers to the operating room. Yes No

Patient Name:		Signature:		Date and Time:
Substitute Decision Maker Name:	Relationship:	Reason (patient is unable to give consent because):	Signature:	Date and Time:
Witness Name:	Relationship:		Signature:	Date and Time:
Interpreter Name:	Translation given in:		Signature:	Date and Time:

Declaration by the Doctor

I have explained to the patient / authorised representatives the medical condition, need for the procedure, its alternatives and benefits/risks, likely consequences if those risks occur and the significant risks and problems specific to this patient including the risks of not undergoing the procedure. I have given the patient/ authorised representatives an opportunity to ask questions about any of the above matters and raise any other concerns. I have answered all their queries to the best of my knowledge.

Name and Signature of the Doctor with Reg No:	Date and Time:
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