	QUALITY MANAGEMENT DOCUMENTS	Document No: HD-FR-823
	INFORMED CONSENT FORM FOR TOTAL HIP ARTHROPLASTY SURGERY	Publication Date :25.10.2024 Revision No:00 Revision Date: Page No:1/3

Patient Name-Surname :

Date of Birth:

Date :

Protocol No:

INFORMATION ON DIAGNOSIS AND TREATMENT:

It is the replacement of the hip joint due to calcification, impaired blood supply, fracture or any pathological cause by placing a prosthesis together with the cup bone. It involves surgically removing the diseased joint and replacing it with a metal joint that is inserted into the head of the femur (femur) and the bone of the socket (acetabulum) that meets it. This is known as a hip replacement. Some surgeries may also require the use of additional implants if necessary.


After the decision for surgery is taken, the patient is hospitalized and tests are performed. Concomitant diseases (diabetes, hypertension, heart problems, etc.) are evaluated and the opinions of the relevant departments are requested if necessary. In patients, according to the preoperative evaluation, it is performed with lumbar anesthesia, block anesthesia or general anesthesia with the recommendation of the anesthesiologist. The anesthesiologist may request post-op intensive care according to the patient's condition. In such cases, since our department does not have its own intensive care unit, other departments are consulted and an intensive care unit is tried to be provided urgently. When there is no intensive care place, the surgery may be delayed because the anesthesia department cannot take the patient. We are not responsible for such delays.

In the operation, the fractured femoral head and neck are removed, the socket is prepared and the prosthesis is placed. The prosthesis consists of several parts. These parts are composed of materials such as metal and plastic, and which material will be used is decided by considering criteria such as the patient's age, bone condition and activity. Hip prosthesis can be applied using a filler called bone cement or without cement. The risk of intraoperative sudden cardiac arrest and respiratory arrest is higher in cemented cases than in uncemented prostheses. However, cement is preferred in terms of strength and reliability of the prosthesis in elderly and malignant or osteoporotic people. Finally, the good aspect of total hip prosthesis is that postoperative patients can immediately stand up and walk and start rehabilitation.

Alternatives:

Alternative treatments depend on the age of the patient, the diagnosis of the patient, the pathology in the hip joint, the type of fracture, the localization of the fracture, the time elapsed since the fracture, the bone quality, whether there is a pathological fracture or not, and the general condition of the patient.

- Total hip replacement
- Canular screw
- Short im nail
- Dhs plaque
- Femoral proximal plate
- Long im nail

	QUALITY MANAGEMENT DOCUMENTS	Document No: HD-FR-823 Publication Date :25.10.2024
	INFORMED CONSENT FORM FOR TOTAL HIP ARTHROPLASTY SURGERY	Revision No:00 Revision Date: Page No:2/3

Risks:

- Blood clots can form in the legs. Medicines and compressive bandages are often used to prevent this. These clots can break off and travel to the lungs, which can be fatal.
- Wound site infection may develop. This may require antibiotics, a new operation and possibly removal of the new knee joint and, in rare cases, possible amputation of the leg. Usually, depending on the severity of the infection, the prosthesis is removed and a new prosthesis is applied in a second session. The interval between the two operations is at least 2 months. In the meantime, antibiotics should be used for a long time.
- The hip joint may be dislocated (dislocated). This may require a new operation.
The bones around the joint may break during the operation and a cast or a second operation may be needed to repair this.
- The artificial joint may loosen or wear out over time. In this case, the prosthesis may need to be surgically removed and a new one applied.
- The surgical incision may cause numbness, which may be permanent or temporary.
Damage to the nerves around the hip may occur. This may be permanent or temporary. It may require further surgery.
- Damage to the blood vessels around the hip. In this case, surgery to repair the blood vessels may be needed and sometimes the leg is amputated.
- Nerve damage can cause burning pain and difficulty lifting the leg. A nerve block may be needed to relieve pain and mobilize the leg.
- Stiffening of the hip may develop after surgery, causing difficulty in walking, sitting and pain with movement. It requires manipulation and possibly repeat surgery.
- In some people, wound healing may be abnormal and the wound may become thick, red and painful.
- In later years, an infection from elsewhere in the body (urinary tract infection, dental abscess, etc.) may spread to the prosthesis through the bloodstream. In this case, the denture may need to be removed. To prevent this, you will need antibiotics before other procedures and dental interventions.
- Fracture of the femur and the bone of the corresponding socket.
- Death from hip replacement is very rare, but the risk is always present.
- Despite the surgery, you may continue to have symptoms in your hip that you had before the surgery.
- Joint stiffness (limitation of movement). This may be permanent or temporary.
- You may develop an abnormal pain response to the surgical procedure, resulting in increased pain..

General risks and complications:

Allergic Reactions: In rare cases, allergic reactions to the tapes, suture material or topical preparations used have been reported. More serious systemic reactions may develop with medications used during or prescribed after the surgical procedure. Allergic reactions may require additional treatment.

Anesthesia: Both local and general anesthesia carry risks. All surgical anesthesia and sedation procedures have the possibility of complications ranging from the simplest to fatal.

Unsatisfactory Results: You may be disappointed with the results of your surgical procedure. You may develop unsatisfactory surgical scarring. There may be pain following surgery. Additional surgery may be required to improve the results.

All the above-mentioned risks are significantly increased in patients who smoke, are overweight, have diabetes, high blood pressure and previous heart disease.

Special Conditions

Allergy / Medicines Used: I informed my doctor about all my known allergies. I also informed my doctor about the prescription drugs, over-the-counter drugs, herbal medicines, dietary additives, illegal drugs, alcohol and narcotics/drugs I use. The effects of the use of these substances before and after surgery were explained to me by my doctor and recommendations were made.

Tobacco and Tobacco Products: I was told that smoking tobacco and tobacco products (cigarettes, hookahs, cigars, pipes, etc.) before or after my surgery may prolong my recovery. I understand that if I use any of these substances, I am at greater risk of wound healing problems.

Consent Verification:

I have read and understood the contents of the informed consent form and my doctor has answered all my questions. I am making a decision of my own free will. I know that I have the right to refuse this intervention or to withdraw at any time.

Date / Time : /

Name-surname of patient and/or legal representative:

Signature:

Name-surname of the physician carrying out procedure:

Signature :