

Mark S. Sanders MD FACS Pre-Surgical Total Hip Replacement Information

All surgery carries risks. This document has been compiled to educate patients on the risks/complications of **Hip** Replacements. At the Sanders Clinic we recognize these risks and take preemptive action to minimize their occurrence.

THE MOST IMPORTANT RISK FACTOR FOR POST OPERATIVE COMPLICATIONS IS ENTIRELY UNDER THE PATIENT'S CONTROL. THESE PROCEDURES CAN NOT BE SUCESSFULLY DONE ON THOSE THAT CONTINUE TO USE TOBACCO OF ANY FORM.

- 1. Nerve or Vessel injury.** These are uncommon complications. Avoidance of these problems is best accomplished by careful surgical technique. Immediate recognition and repair of an injured structure is indicated in such cases. Sometimes temporary interruptions of nerve function occur secondary to swelling around the nerve. These resolve with time.
- 2. Thrombosis/embolism.** These complications can occur with greater frequency and are best avoided. It has been shown that their occurrence is reduced when spinal anesthesia is used. Furthermore use of compression stockings, foot pumps and mechanical venous compression is our routine. Certain patients with greater risk will be placed on blood thinning medication. All patients must discontinue the use of tobacco and all patients must be up walking no later than the day after their procedure.
- 3. Disturbed wound healing.** This problem is preemptively dealt with by assuring that patients are on a high protein diet with adequate caloric intake. Avoiding certain anticoagulants in the early period leads to less accumulation of blood in the wound.
- 4. Hematoma.** This is blood that accumulates in the wound and may require a return trip to the operating room for evacuation. We strive to prevent this by careful surgical technique, making sure that the operative field is dry when we start to close the wound, and utilization of Tranexamic acid at the time of surgery, which is a medicine that decreases bleeding.
- 5. Loosening of the prosthesis.** This complication occurs after a long period when repetitive and excessive impacts cause the bone-cement-prosthesis interface to fail. It is characterized by late pain. In as much as Dr. Sanders does not regularly install prostheses in younger more active patients, and senior citizens are typically not involved in high impact activities, this is not a common event, but is likely in younger and more active people.

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Patient Name:

Patient Initials

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- 6. Assisted weight bearing for several weeks postoperatively and the need for range of motion exercises.** After surgery two handed support with a walker or crutches is necessary for no less than six weeks. All surgical procedures are associated with stiffness in the part, and attention must be paid from the day of surgery to obtaining and maintaining full motion of the hip. You will have a prescription for physical therapy.
- 7. Fractures and Dislocations.** After hip replacement, patients are not immune from further injuries. Dislocations can occur in the early postoperative period by inappropriate positioning of the limb. Late fractures of the femur are best prevented by avoiding high risk activities and even simple falls in the elderly. While these are not common, when they occur they require operative fixation. Dr. Sanders utilizes reliable and time tested hip prosthesis with the latest instrumentation. These advances have made these problems far less common than in the distant past.
- 8. Medical Complications.** Surgery always carries risk of complications remote to the operated part. At the Sanders clinic, we do not regularly do hip replacements on young people. Older people may have heart, circulatory, pulmonary, kidney, arterial, venous, and diabetic problems. Our total hip replacement patients typically are seen before surgery by an internal medicine doctor and if necessary a cardiologist; each patient will have vascular testing of the surgical extremity. Spinal anesthesia reduces the incidence of medical complications, but despite our best efforts, they still occur.

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Patient Name:

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9. We must work together to reduce the risk of Infection.

Early or late infection. This is a very serious event that formerly occurred in less than 1% of patients when antibiotics are given before surgery. In recent years with the development of superbugs that evolved because of excessive and relatively indiscriminate use of antibiotics, the incidence of infection has risen to 4%. We can reduce by preoperatively culturing the nose of a patient looking for Staphylococcus bacteria and utilization of antibiotics at surgery that cover for both the ordinary and resistant Staph species.. Those patients who harbor these bacteria in the nose can be pretreated with nasal antibiotic ointment. Furthermore, regular care of the surgical wound by showering with Hibiclens soap, and then placement of Triple Antibiotic ointment will keep the wound from being colonized. Treatment of a deep infection involves surgical removal of the prosthesis, replacement of the prosthesis with a temporary spacer, intravenous antibiotics for no less than six weeks, and then replacement of new total hip prosthesis. Patients with hip prostheses must inform all their physicians before invasive medical or dental procedures are performed so those practitioners can have the option to prescribe an appropriate antibiotic in advance of that procedure.

I have read, understand and agree with all the instructions provided by Dr. Sanders and the SandersClinic staff to reduce the potential risks for infection. I will report any associated signs and symptoms to Dr. Sanders.

I am aware of and understand the surgical procedure I have consented to have performed by Dr. Sanders.

I have been instructed on and understand the potential complications of having this surgery.

I agree to completely avoid any and all tobacco products from this day forward

Date

Patient signature

Witness

The patient may be given a copy of this document upon request. The original is to remain in the patient's medical record.

Patient Name: