

YOU WILL BE ASKED TO SIGN THIS SHEET ON THE DAY OF SURGERY, THIS IS FOR YOU TO READ AHEAD OF TIME FOR YOUR INFORMATION AND UNDERSTANDING

Hip Replacement

The most basic description of hip replacement surgery is that arthritic bone is removed and replaced with man-made parts made of metal, high molecular weight polyethylene (plastic) and sometimes ceramic, to recreate the joint. The procedure overall is highly successful, but it is a significant surgical intervention that has risk, and your physician can make no guarantee as to the result that might be obtained.

The hospital will have you sign a consent form. This additional consent form is intended to supply you with more specific information about the risks during and after surgery. Because not everything is predictable, this contains some risks of the procedure, but cannot be all-inclusive of every risk possible.

The risks of surgery include, but are not limited to: bleeding with the need for transfusion, infection possibly requiring multiple repeat operations, nerve or vessel damage causing extremity weakness, numbness or tingling, decreased range of motion of the extremity, dislocation requiring treatment, failure or loosening of the implant possibly requiring repeat surgery, chronic pain or hypersensitivity in the extremity, chronic extremity swelling, loss of the limb, reaction to materials in the implants, limb length discrepancy, heterotopic bone formation, fracture about the implant during or after surgery requiring treatment, deep venous thrombosis (blood clots), pulmonary embolism, stroke, heart or lung problems, and death.

Various alternative treatments to surgery exist. These include activity modifications, walking aids such as canes, walkers and wheelchairs, therapy, and medicines.

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In your preoperative packet or available on Dr Gondusky's website, you can find a sheet titled: "Patient Information: Consulting Agreements and Financial Interests." This describes how your surgeon has been active in his career with research and development of new implants and improved surgical instruments and techniques. As part of his work, he has worked under contract with orthopedic companies, providing consulting services to them, as well as instructional lectures on implants and surgical techniques for other physicians. In return for his time and expertise, he has been paid a consulting fee, and may receive royalties for products he has helped develop (but not on any products used on his own patients). In addition, as a partner of outpatient surgical facilities, he has a financial interest in the ambulatory surgical centers at which he operates.

I certify that I have read or had read to me the contents of this form. I understand the risks and alternatives to surgery. I understand the "Patient Information: Consulting Agreements and Financial Interests" form. I have had the opportunity to ask questions and all of my questions have been answered.

SIGNED: _____
(Signed by patient or person legally authorized to consent for patient)

DATE: _____ TIME: _____

WITNESS: _____