

Birmingham Hip Resurfacing Arthroplasty Consent Form

The Birmingham hip resurfacing arthroplasty is relatively new technology. It has been done in England since 1997. Although the results there have been very good, there is no long term follow up on this procedure.

With any metal on metal joint articulation, wear on the metal surfaces produces increased cobalt and chromium levels in the blood and urine. These metal ions are trace elements which are normally found in the human body. However the levels following metal on metal arthroplasties are significantly elevated. There is currently no evidence that these elevated levels produce any harm to the human body. The long term effects are not fully known. This type of articulating surface should not be used if you have significant kidney disease or poor kidney function.

All total hip replacements have a risk of dislocation. The risk with resurfacing arthroplasty is lower than conventional replacement, but it still is a 1%-2% risk. Recurrent dislocation could lead to revision surgery.

There is a 1%-2% risk of fracture of the femoral neck (upper femur). Most patients are allowed to progress their weight bearing as tolerated and are usually off crutches or a walker by 2-3 weeks. If I feel that I have weakened your upper femur during the surgery, I may ask that you be partial weight bearing on crutches for 4-6 weeks.

There are very limited options for adjusting your leg length. If you are short on the affected leg pre operatively, I will not be able to lengthen your leg. Significant shortening can be better accommodated with conventional replacement.

There is a very small risk of injury to the sciatic nerve during surgery. The nerve is positioned very close to the hip. This could result in numbness or permanent weakness in you leg.

There is a small risk of blood clots in the legs (thrombophlebitis or DVT) with any hip surgery. Occasionally, the blood clot can travel to your lungs (pulmonary embolus). In very rare instances this can be fatal. You will be treated with heparin shots for 10 days following surgery to reduce this risk. If you have a history of previous blood clots, it may be necessary for your blood to be thinned for a longer period of time. Please advise Dr. Rector of any history of previous blood clots or phlebitis.

Narcotic pain medicines frequently produce constipation. Use them as little as possible to minimize this problem. Stool softeners and other treatments will be available in the hospital to minimize this problem.

I have read and understand this information. I have had an opportunity to ask Dr. Rector any questions which I have.

_____ Patient _____ Date