

**DECLARATION ABOUT APPROVAL OF OPERATION**  
**Operation of hip-joint total endoprosthesis, patient information**

I undersigned ....., address:..... hereby declare as follows:

1. I certify that I was acquainted by Dr \_\_\_\_\_ as follows.
2. I agree that the following **operation, intervention** is performed on me:

**Purpose of the procedure:**

Pain relief and improvement of the ambulant ability of the patient after the implantation of the prosthesis into the painful hip-joint and limited in movement by the wear of the hip-joint (arthrosis genus).

**Procedure technique:**

Depending on the age, the activity of the patient, the X-ray results and the bone strength prosthesis implantation without bone cement and cemented can occur. In case of cemented prosthesis implantation the loading of the member is possible 1-2 days after the operation, while in case of prosthesis without cement some weeks of relieving can be necessary. In problem-free case generally 5-7 days after the operation the patient can leave the hospital, the removal of the seams shall be performed on the 9-10<sup>th</sup> day.

The prosthesis implantation is mainly performed in spinal narcosis, rarely in anaesthesia. We apply antibiotic and thrombosis-prophylaxis to prevent both most often complications (see par. 3). During the operation and on the subsequent days blood giving is and can be required. Further regular performance of the gymnastic at home and partial release with an aid shall be required by the first control examination, which is carried out 6 weeks after the operation ambulatory. 42 days after the operation thrombosis-prophylaxis shall be applied, which the patient can give in by himself.

**Eventual risks of the procedure:**

Rarely thrombosis, inclusion of a blood-clot in the lung vein (pulmonary embolism), haematoma, wound healing disorders and wound infection and the luxation of the prosthesis can occur. In some part of these cases still during the hospitalization repeated operational exploration can be required. In some cases thigh or pelvic fracture, vein and nerve damage and the damage of the hipbone organs can arise. During the prosthesis implantation the implantation of individual components depends on the anatomy of the hip-joint, for this reason after the operation a difference of the member length can occur and remain respectively. Later sterile or infected looseness of the prosthesis can arise. The exchange of the prosthesis can be performed in one step for the previous and in two steps for the latter case. In certain cases we are forced to remove the prosthesis, but this case also results a pain-free, moveable, but less loadable joint with member shortening. Cretification around the joint and also prosthesis breakage can occur. Some part of these cases requires also repeated operational intervention. The complications can generally be treated with success.

**Eventual risks of the omission of the procedure:**

Further increase of the hip pain, augmentation of the movement limitation, further deterioration of the life quality. If later prosthesis shall be implanted, the chance for the establishment of complications can increase and the success of the operation can reduce.

3. I declare, that I have **received appropriate information** about the nature and purpose of the operation, intervention and treatment, the expectable advantages and the related risks, the possibility of the complications, which can arise despite the mandatory precaution and other possible methods of the treatment of my disease. I was acquainted, what kind of health damage can be the consequence of the omission of the intervention.
4. I **agree** with the modifications during the operational, **which can result in emergency during operation** (e.g. deviation from the planned operation).
5. I acknowledge, that the tissues, organs removed during my operation and the intervention and treatment performed on me shall be forwarded to biopsy and histopathologic examination, further I agree upon their eventual further use.
6. I agree that pictures or video records are made about the course of the operation, intervention and treatment respectively, provided that my person shall not be recognized.
7. I know about the fact that also medical personnel is trained in the healing institute and for this reason I

**agree**, that not only physicians, but **medical students and other medical professionals** can participate – in the presence and under the supervision of responsible persons - in my treatment, who are also obliged to secrecy.

8. I acknowledge that for the **workmanlike care as required for my health condition** my operation or the intervention to be performed on me shall be carried out by a physician appointed and managed by the managing chief physician or his deputy considering the provisions of the Medical Decree.
9. I have found the information received sufficient, I ask for further information in the event, if the change of my condition requires further examinations and interventions respectively.

*In case despite the detailed information by the physician I reject the operation, intervention and treatment, I undertake responsibility for the consequences and I exempt the physicians, who I did not accept the recommended medical intervention from, from responsibility. For this reason I do not lay any claim against them and the institute respectively.*

Date:

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sign of the informing physician

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sign of the patient, legal representative or

belonging

authorized