

Bloomsbury Medical Center
Bloomsbury Hospital Group

Portfolio of Consent

Left total hip arthroplasty

Consent Status: Consented

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Patient Information & Treatment Provider

Patient

Mr. John Doe

Gender: Male

ID: H123985

DOB 11/04/1957

Age: 64 Years 2 Months

Proposed procedure or course of treatment

Left total hip arthroplasty

Consent requested by

Dr. Harvey Cushing

Designation

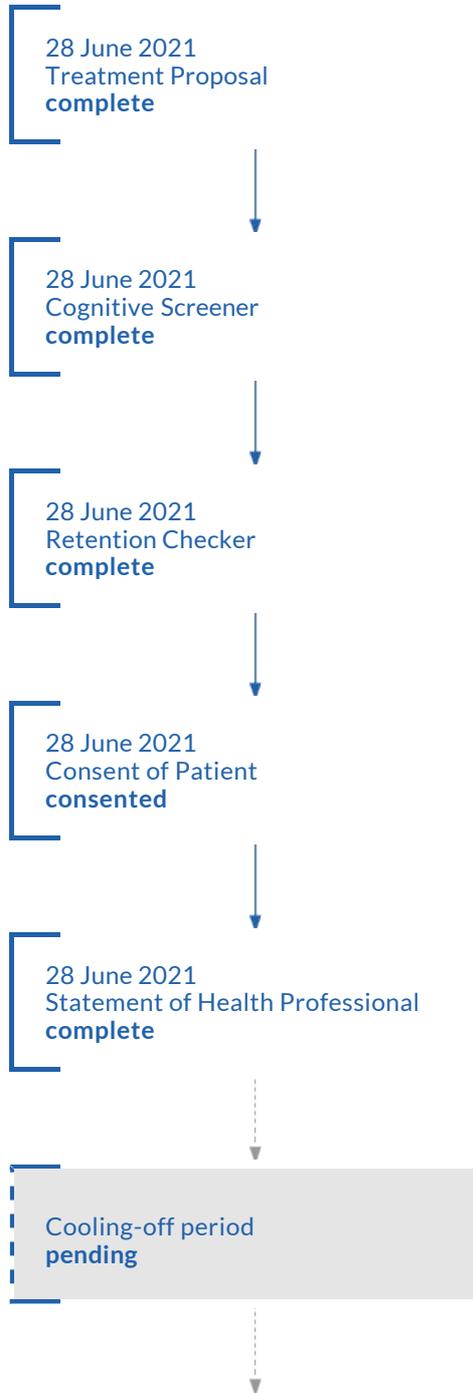
Consultant

Treatment Provider

Dr. Harvey Cushing, Bloomsbury Medical Centre

Consent Journey

Proposed procedure or course of treatment
Left total hip arthroplasty



Proposed procedure or course of treatment

What is consent and what you should think about before giving it?

Explanation provided by Dr. Harvey Cushing

Giving consent means giving your permission or allowing the surgeons to perform this operation.

Please watch this short video explaining the things you should think about before giving your consent to any treatment.

Click [HERE](http://www.explainmyhealth.care/video-howtogiveconsent06122) to watch the video: www.explainmyhealth.care/video-howtogiveconsent06122

Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Your diagnosis

Explanation provided by Dr. Harvey Cushing

Hip osteoarthritis is wear & tear arthritis of the hip joint. Over time the cartilage on the surface of the bones wears down as it is used. Pain killers and physical therapy may relieve some of the symptoms. However, if left untreated the cartilage does not repair itself. If the pain or lack of mobility are limiting your life – then hip replacement surgery should be considered as an option.

A hip replacement operation is considered when other treatments for osteoarthritis are no longer effective.

Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

About Hip Replacement Surgery

Explanation provided by Dr. Harvey Cushing

Click [HERE](http://www.explainmyhealth.care/knee/ba6ff654-9c65-40f6-bfe8-01484ff6e6f5) to watch the video: www.explainmyhealth.care/knee/ba6ff654-9c65-40f6-bfe8-01484ff6e6f5

We recommend that you watch the video at least twice on different days to ensure you have had a chance to think about the proposed operation fully. Even after completing the process on this online platform, you will be able to come back and look at them again if you want to.

A hip replacement is an operation which replaces the damaged hip bone with an artificial ball and socket joint.

After an anesthetic you will lie on your side. Your skin will be cleaned with antiseptic fluid and clean towels (drapes) will be wrapped around the hip.

The surgeon will make a cut (incision). The exact location of the incision depends on your surgeon's technique. The length of the incision also depends upon the surgeon and your leg.

The top of the thigh bone (femur) which forms the neck and the ball will be cut away. A replacement stem and ball can then be placed in the remaining thigh bone.

The socket part of the hip joint will also be drilled smooth. The surgeon will try and remove as much damaged bone and make a smooth base for the new "cup".

In some cases, surgeons will use a special bone cement to hold the stem and/ or the cup in position. The implants can be made of different types of metals, polyethylene (a tough medical plastic) or very tough ceramic.

When satisfied with the position, the surgeon will close the wound. A drain may be used. This allows any blood or fluid to drain out. The drain can be removed painlessly on the ward within a day or two.

The skin will then be closed. Some surgeons use stitches, while others prefer metal clips (skin staples). Both methods are equally successful and depend on surgeon preference.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

The potential benefits

The potential benefits of this operation

Explanation provided by Dr. Harvey Cushing

The aims of the operation are to relieve the pain from your hip and to enable you to carry out your normal activities more comfortably.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

The possible risks involved

Common surgical risks (2-5% chance)

Explanation provided by Dr. Harvey Cushing

The risks listed on the next few pages occur more commonly.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Thromboses and Emboli

Explanation provided by Dr. Harvey Cushing

Blood clots in the leg veins (deep vein thrombosis) or on the lungs (pulmonary embolus) can occur after any major surgery. The simplest way to reduce the risk of blood clots is early exercise, walking and drinking plenty of fluids. While in hospital you will also be prescribed a daily tablet or injection of blood thinners.

When you are discharged, you will usually be given blood-thinning medication to take every day for several weeks along with wearing compression stockings on your legs.

If a clot occurs, despite these measures, you may need to be admitted to hospital to receive additional doses of blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Bleeding

Explanation provided by Dr. Harvey Cushing

You must inform your consultant if you are taking tablets used to 'thin the blood', such as warfarin, aspirin, rivaroxaban or clopidogrel (use the **'Send my team a message'** button at the top of this page).

This risk is generally low and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove it.

Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Not understood or not accepted by Mr. John Doe at 13:29 on 28 Jun 2021

Accepted and understood by Mr. John Doe at 13:29 on 28 Jun 2021

Pain

Explanation provided by Dr. Harvey Cushing

The hip will be sore after the operation. If you are in pain, it is important to tell the nurses or doctors so that painkillers can be given. Pain will improve with time. Rarely, pain will be a long-term problem. This may be due to altered leg length or any of the other complications listed below. Sometimes, there is no identifiable cause for it.

Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Hip stiffness or limp

Explanation provided by Dr. Harvey Cushing

The muscles and other deeper tissues affected by the hip replacement take several months to heal and can feel stiff. This is most noticeable when you take the first few steps after sitting for a while. Over time you will notice this less and less and after the first few months, you should find you have enough movement in your hip to carry out all your normal daily activities. It is common to experience difficulty when reaching down to your feet, for example to put on socks and cut toe nails, but aids and adaptations are available to help.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Hip dislocation

Explanation provided by Dr. Harvey Cushing

A dislocation occurs when the ball comes out of the new hip socket. This most commonly happens in the first six to eight weeks after surgery when the tissues around the new joint are healing.

If this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a hip brace or rarely if the hip keeps dislocating, a further operation may be necessary.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Leg length difference

Explanation provided by Dr. Harvey Cushing

The surgeon will always aim to make your legs equal length after surgery and in the vast majority of cases it is possible to achieve this. Small differences may not cause any problems but if the difference is significant it can be corrected by using a shoe insert or heel-raise.

Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Not understood or not accepted by Mr. John Doe at 13:29 on 28 Jun 2021

Accepted and understood by Mr. John Doe at 13:29 on 28 Jun 2021

Ectopic bone or heterotopic ossification (extra bone formation)

Explanation provided by Dr. Harvey Cushing

The body may form new bone in the tissues around the hip in response to the trauma of the operation. This tends to occur only in the immediate recovery phase but can occasionally lead to long term stiffness of the joint. The bone formation is not cancerous and can be removed later-on if it causes significant symptoms.

Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Leg swelling

Explanation provided by Dr. Harvey Cushing

It is normal for a hip to swell following surgery and often this can affect the whole leg because the normal muscle pump in your leg is temporarily disturbed. This can be accompanied by bruising around the hip in the days after the surgery and, occasionally, this bruising will extend down the leg, sometimes into the foot. Standing for long periods can aggravate it and is best avoided initially.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Less common surgical risks (1-2%)

Explanation provided by Dr. Harvey Cushing

The risks listed on the next few pages occur less commonly.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Superficial wound infection or wound problems

Explanation provided by Dr. Harvey Cushing

You will be given antibiotics just before and after the operation and it will be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2½%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Deep infection or prosthetic joint infection

Explanation provided by Dr. Harvey Cushing

A deep infection of the joint most often starts when bacteria gain access to the tissues at the time of surgery and every effort is made to reduce the risk of this happening. Operations are carried out in clean theatres and sterile clothing is worn by the surgical team. You will be given preventative antibiotics at the time of surgery.

Despite all the precautions taken, infections can still occur at any stage in the life of a hip. An early deep infection (within the first six weeks) may sometimes be cured by washing the joint out during an operation, followed by a course of antibiotics. Sometimes it is necessary to remove the new hip, treat the infection with a long course of antibiotics and then replace the hip again at a later date which may require a single revision surgery or more than one.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Rare surgical risks (less than 1%)

Explanation provided by Dr. Harvey Cushing

The risks listed on the next few pages occur rarely. However, they can be very serious and life changing if they happen.



Accepted and understood by Mr. John Doe at 13:27 on 28 Jun 2021

Nerve damage

Explanation provided by Dr. Harvey Cushing

The skin over the outer side of the hip can feel numb for at least 12 months after your surgery and this is normal. Very rarely, one of the main nerves that run past the hip is compromised by the surgery and stops working. This can cause a foot-drop, or paralysis of other muscles in the leg or numbness affecting part or all of the leg. Although the nerve often recovers over a period of months the paralysis, pain or numbness can persist.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Blood vessel injury

Explanation provided by Dr. Harvey Cushing

Damage to major blood vessels is very rare, but can occur. This can cause extra bleeding and bruising and often requires surgery to repair the damage.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Fractures

Explanation provided by Dr. Harvey Cushing

Very rarely fractures (breaks) of the bone can occur during the operation. These are almost always identified during surgery or on the check x-ray in the following days. Occasionally this requires a further operation or the surgeon may simply slow down your activities for several weeks to allow the fracture to heal.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Pulmonary Embolism

Explanation provided by Dr. Harvey Cushing

A pulmonary embolism (PE) is a consequence of a deep venous thrombosis (DVT). It is a blood clot that spreads to the lungs and can make breathing difficult. A Pulmonary embolism can be fatal and, therefore, prompt recognition and treatment in the form of long term blood thinning medications may be required.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Cement Reaction

Explanation provided by Dr. Harvey Cushing

Very rarely the cement used to bond the implants to the bone can seep into the bloodstream. This can travel to the lungs and/or cause a systemic cementation reaction. The severity of this can vary from needing supplementary oxygen to being life-threatening.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Serious medical or anaesthetic risks

Explanation provided by Dr. Harvey Cushing

Stroke, heart attack or other medical or anaesthetic problems. These can occur from the anaesthetic or as a direct result of the operation.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Death

Explanation provided by Dr. Harvey Cushing

This rare complication can occur from any of the above complications or as a result of brain damage or stroke; or general anesthetic fatal complications which have been reported in 1 out of 100,000 cases.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Alternative treatments

Have you considered all available options?

Explanation provided by Dr. Harvey Cushing

You need to be aware that there are a number of alternative treatments for this condition. They may not be suitable in your individual circumstances. However, you should properly consider these and discuss them with your surgical team before reaching a decision regarding the proposed procedure.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Pain Killers

Explanation provided by Dr. Harvey Cushing

Taking pain killing medication may be enough to allow you to be comfortable and cope with the pain.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Physical therapy

Explanation provided by Dr. Harvey Cushing

Exercises to maintain the flexibility and strength of your legs, the use of a walking stick and weight loss can enable many people to manage the symptoms effectively without needing an operation.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Do nothing

Explanation provided by Dr. Harvey Cushing

You do not have to have any treatment at all. Some people recover without any treatment. You should carefully discuss whether you have a chance of this happening with your surgical team.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Extra procedures that might become necessary during the operation

Blood transfusion

Explanation provided by Dr. Harvey Cushing

You may need a blood transfusion if there is a lot of bleeding. If you have a religious or other reason why you may not want this – please inform your surgical team (use the **'Send my team a message'** button at the top of this page).



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Immediate life-saving surgery

Explanation provided by Dr. Harvey Cushing

If any of the rare but serious complications occur, you may need to have immediate surgery before we have a chance to wake you up and discuss it with you. This will only be done if the surgical team feel there is an imminent risk to your life or limbs.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Anesthesia

Your healthcare team will advise you of the safest option in your case

Explanation provided by Dr. Harvey Cushing

Your healthcare team will advise you of the safest anesthetic option in your case. The two commonest are a spinal or general anaesthetic.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Spinal Anesthesia

Explanation provided by Dr. Harvey Cushing

A spinal anesthetic is routinely used in a hip replacement operation and has the following possible risks and side effects.

Common side effects (risk of 1 in 10 to 1 in 100)

- Low blood pressure which can make you feel sick or dizzy. This can be treated by giving you fluid through a drip or drugs to raise your blood pressure.
- Itching- this is common if morphine-like drugs are given in the spinal anaesthetic. It can be easily treated if you let the nurses know you are experiencing it.
- Temporary headache. This can be treated with simple painkillers
- Difficulty passing urine after the catheter is removed following surgery (urinary retention). This may require a catheter to be re fitted temporarily into your bladder

Rare side effects (risk of 1 in 10,000)

Nerve damage can result in loss of sensation, pins and needles or muscle weakness. If it occurs it usually gets better in days or several weeks. Permanent nerve damage is even rarer and has about the same chance of occurring as major complications of general anaesthesia.

Very rare side effects (risk of 1 in 100,000)

Death is a rare complication of all types of anaesthetics and usually happens as a result of four or five complications arising together.

There are probably about five deaths for every million anaesthetics given each year.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

General Anesthesia

Explanation provided by Dr. Harvey Cushing

General anesthesia is a state of controlled unconsciousness. During a general anesthetic, medicines are used to send you to sleep, so you're unaware of surgery and do not move or feel pain while it's carried out.

General anesthesia is essential for some surgical procedures where it may be safer or more comfortable for you to be unconscious. It's usually used for long operations or those that would otherwise be very painful.

General anesthetics can affect your memory, concentration and reflexes for a day or two, so it's important for a responsible adult to stay with you for at least 24 hours after your operation, if you're allowed to go home. You'll also be advised to avoid driving, drinking alcohol and signing any legal documents for 24 to 48 hours.

Side effects

General anesthetics have some common side effects. Your anesthesiologist should discuss these with you before your surgery.

Most side effects occur immediately after your operation and do not last long. Possible side effects include:

- feeling sick and vomiting – this usually occurs immediately, although some people may continue to feel sick for up to a day
- shivering and feeling cold – this may last a few minutes or hours
- confusion and memory loss – this is more common in elderly people or those with existing memory problems; it's usually temporary, but occasionally can be longer lasting
- bladder problems – you may have difficulty passing urine
- dizziness – you will be given fluids to treat this
- bruising and soreness – this may develop in the area where you were injected or had a drip fitted; it usually heals without treatment
- sore throat – during your operation, a tube may be inserted either into your mouth or down your throat to help you breathe; afterwards, this can cause a sore throat
- damage to the mouth or teeth – a small proportion of people may have small cuts to their lips or tongue from the tube, and some may have damage to their teeth; you should tell your anaesthetist about any dental work you have had done

Complications and risks

A number of more serious complications are associated with general anesthetics, but these are rare.

Possible serious complications and risks include:

- a serious allergic reaction to the anaesthetic (anaphylaxis)
- waking up during your operation – the amount of anesthetic given will be continuously monitored to help ensure this does not happen
- death – this is very rare, occurring in around 1 in every 100,000 cases

Serious problems are more likely to occur if you're having major or emergency surgery, you have any other illnesses, you smoke, or you're overweight.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021



Further Information

What to expect after surgery and going home

Explanation provided by Dr. Harvey Cushing

Post-operative care

Day 0 - Day of Surgery

At the end of surgery, you will remain on the recovery ward for one to two hours under the care of a specially trained recovery nurse who will monitor your progress and make sure that pain is well controlled. You may find several items in place to help your recovery. An oxygen mask over your mouth and nose helps your

breathing. Sometimes a tube will have been placed in your bladder (urinary catheter). This is usually in place only for a short time and makes passing urine easier after the operation.

You will then return to the orthopedic ward. Only one or two close family members or friends should visit you at this time. You will be aware of calf pumps on both lower legs. These will help maintain good circulation in the legs and help to prevent blood clots forming in your legs.

If you have your operation early in the morning, the physical therapists will visit you later in the day to help you out of bed and take a short walk.

Pain Management

You may experience some discomfort or pain following surgery.

You will be given regular painkillers so you are able to exercise and move your new hip. Scoring your pain from 1 to 10 can help you and the nurses decide which painkillers are most suitable:

- Mild pain (1 - 3)
- Moderate pain (4 - 6)
- Severe pain (7 - 10)

Please remember to let the doctors and nurses know if your pain score is four (moderate) or above or if the pain stops you doing your exercises.

If the pain is significant, pain killers may be given to you through a drip into your arm. This is called PCA (Patient Controlled Analgesia). You will be given more information about this if it is used. You can also be referred to the pain specialist team if your pain is difficult to manage.

Some painkillers can cause side effects including:

- Drowsiness

- Nausea or sickness
- Indigestion and 'heartburn'
- Constipation

Day 1 - After Surgery

The intravenous 'drip' and catheter can be removed as soon as you are drinking regularly. You will have an x-ray of your hip. The clinical team will confirm with you the day and time of your discharge home.

You will be encouraged by the physical therapists and nurses to move and become more active through the day. You can sit in a chair and walk using a walking aid such as crutches or a walking frame to begin with.

Day 2 and 3

Your wound and general health will be checked by the nurses.

By now you should be feeling stronger and be able to move from the bed and chair and walk to and from the bathroom yourself with the help of a walking aid. You will be encouraged to get dressed and sit in a chair for longer periods.

Before you are discharged home, the physical therapists will show you how to climb a flight of stairs safely.

Day 12 - 14:

Wound review and trimming of stitches or removal of clips.

If you have absorbable sutures, you will be advised by the ward nurse whether you need to make an appointment with your surgeon's practice nurse to have a wound check or when you can take off the dressing yourself. You may shower 48 hours after surgery if you are careful but you must avoid getting the dressing too wet. Most dressings used are 'splash-proof', but if water gets underneath, it will need to be changed. A simple, dry dressing from a pharmacy is sufficient to use. Bathing should be avoided for two weeks.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

How will my treatment be affected by Coronavirus (COVID-19)?

How will my treatment be affected by Coronavirus (COVID-19)?

Explanation provided by Dr. Harvey Cushing

Please watch the video below to learn how your treatment may be affected by the pandemic.

Click [HERE](http://www.explainmyhealth.care/video-covid-19risks040121) to watch the video: www.explainmyhealth.care/video-covid-19risks040121

Our hospital is doing everything we can to continue to provide surgery and inpatient care at this time. However, the Coronavirus (COVID-19) pandemic has placed significant demands on the entire health system and will continue to do so for many months as we recover from its impact. We want to make you aware that your care at this time may be affected, and to ask you to agree to follow the measures we have put in place for your safety and that of our other patients.

The next 3 points explain how your care may be affected.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Risk of contracting COVID-19

Explanation provided by Dr. Harvey Cushing

In addition to the normal risks and benefits of any treatment it is important that you are made aware of specific risks during the Coronavirus pandemic. The hospital has put in place measures to protect all our patients from the risk of COVID-19, before, during and after the procedure or treatment.

Coming into hospital will require you to come into contact with staff who could unknowingly be carrying Coronavirus. Equally, you could be infected and not yet be showing symptoms. It is important that you understand that you may already be carrying Coronavirus when you come in for your treatment. There is even a small chance of this if you have been tested and the result is negative.

If coronavirus infection occurs whilst in hospital, this could make your recovery more difficult, or increase your risk of serious illness, or death. Although we are still gathering evidence about this, there are reports stating that if you have an operation with Coronavirus in your system (even without symptoms) there is a significant risk that you could become ill enough with COVID-19 to need a ventilator on an intensive care unit. If you were to need urgent clinical care during your stay with us, the hospital will do its utmost to continue to protect you from COVID-19 exposure through delivering your care in 'COVID protected' areas only, but this will not always be possible in some hospital areas for severely ill patients.

As such, we ask you to take our requests seriously, and to commit to following the measures we have put in place in order to protect you and other patients.



Accepted and understood by Mr. John Doe at 13:28 on 28 Jun 2021

Consent of Patient

Consent Checklist

- I understand the treatment or procedure explained to me.
- I understand what the treatment or procedure is likely to involve.
- I understand the benefits of the treatment or procedure.
- I understand the risks of the treatment or procedure.
- I understand alternative treatments (including no treatment).
- I understand any extra procedures or treatments that might become necessary when asleep.
- All my questions have been answered to my satisfaction and understanding..

I confirm that the risks, benefits and alternatives of this treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding. I agree to the procedure or treatment.

If the patient is unable to sign but has indicated his/her consent, a witness should sign below

Mr. John Doe
e-signed at 13:30 on 28/06/2021



Wet signature if required

Statement Of Health Professional

Consent Checklist

- I have explained the treatment or procedure to the patient, parent or guardian.
- I have explained what the treatment or procedure is likely to involve
- I have explained the benefits of the treatment or procedure
- I have explained the risks of the treatment or procedure
- I have explained alternative treatments (including no treatment)
- I have explained any extra procedures or treatments that might become necessary
- The patient, parent or guardian has demonstrated retention of the information
- The patient, parent or guardian has weighed up the information
- The patient, parent or guardian has communicated their decision

Dr. Harvey Cushing

e-signed at 13:37 on 28/06/2021



Wet signature if required

Appendix - Instant Messaging

A timeline of all instant messages sent between the treatment provider and patient

Mr. John Doe at 13:30 on 28 June 2021 commented

I am taking clopidogrel for my heart condition. Should I stop it? I'm worried.

Read by Dr. Harvey Cushing at 13:31 on 28 June 2021

Dr. Harvey Cushing at 13:32 on 28 June 2021 commented

Thank you for pointing that out. There is a risk of significant bleeding if taking this medication while having this surgery. I have checked your chart - and can confirm it will be safe to stop after taking your dose tomorrow evening. We will give you detailed advice on when and how to start it after your surgery.

Read by Mr. John Doe at 13:32 on 28 June 2021

Mr. John Doe at 13:33 on 28 June 2021 commented

Thank you Doctor. Am I at extra risk of heart problems during the anesthesia if I'm not taking that drug?

Read by Dr. Harvey Cushing at 13:33 on 28 June 2021

Dr. Harvey Cushing at 13:36 on 28 June 2021 commented

There is a slightly increased risk of clots forming within your cardiac stent. However, we can manage this by giving you other 'blood thinning' injections the day after your surgery. Overall, the risk of heart problems is significantly smaller than the risk of bleeding issues if we were to continue that medication. Given that your hip pain and mobility issues are severe - I think it is sensible to proceed with the surgery and get you mobile and active as soon as possible.

Please let me know if you have any further questions or concerns.



Read by Mr. John Doe at 13:36 on 28 June 2021

 Accepted and understood by Mr. John Doe

End

This document must be uploaded to the corresponding electronic patient record and/ or securely filed in the patient's notes.