Patient information and consent to Hip arthroscopy and treatment of Femoroacetabular Impingement (FAI)

Key messages for patients

- Please read your admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the Surgical Care Practitioner on telephone number 01223245151 bleep 1562093 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If you are having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience and training.

All information we hold about you is stored according to the Data Protection Act 1998.
About Hip arthroscopy and treatment of Femoroacetabular Impingement (FAI)

This operation involves a keyhole examination of the hip joint, which is a ball and socket joint, with a telescope. It is mainly done to diagnose and treat a condition called femoroacetabular impingement (FAI). This condition involves extra bone formation on the edge of the femoral head (ball) or the acetabulum (socket). The reason for this is not yet clear. This bony lump can then irritate the acetabular labrum (cartilage of the hip) and the articular cartilage (gristle) each time the hip flexes causing a tear, which may cause hip arthritis.

During hip arthroscopy this bony lump on the femoral head or the acetabulum is shaved off and the labrum is either repaired or trimmed. This should improve the pain and restore better function of the hip.

Intended benefits

The procedure should improve the pain in the hip and restore mobility.

Who will perform my procedure?

This procedure will be performed by the consultant or the senior registrar under close supervision of the consultant who is specialised in this procedure.

Before your procedure

Most patients attend a pre-admission clinic, when you will meet the consultant, registrar or surgical care practitioner. At this clinic, we will ask for details of your medical history and perform any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free to discuss any concerns you may have at any time.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of anaesthesia. We explain the different types of anaesthesia or sedation we may use at the end of this leaflet. You will see an anaesthetist before your procedure.

Most people who have this type of procedure will need to stay in hospital for one day. You need to be ‘nil by mouth’ from midnight before the surgery.
Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary an electric hair clipper with a single-use disposable head will be used on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

During the hip arthroscopy

- Arthroscopic surgery of the hip is usually performed under a general anaesthetic with an additional regional anaesthetic that numbs the hip and thigh.
- The instrument used during an arthroscopy is called an arthroscope (a telescope), which is connected to a television screen.
- You will be positioned on a special table, which allows so as to allow the ball of the hip joint to be pulled away from the socket in a controlled fashion by about a centimetre. The arthroscope is then inserted through a small incision (10mm) on the side of your hip. This allows the surgeon to access a clear image of the inside of the hip joint and assess the extent of any damage.
- Once the extent of the damage has been determined, further small incisions may be made to allow various special instruments to be inserted into the joint to trim and repair the damaged areas.
- At the end of the operation, the hip joint is washed out and the incisions are closed with stitches.

After the procedure
Once your surgery is completed you will usually be transferred to the recovery ward where you will be looked after by specially trained nurses, under the direction of your anaesthetist. The nurses will monitor you closely until the effects of any general anaesthetic have adequately worn off and you are conscious. They will monitor your heart rate, blood pressure and oxygen levels too. You may be given oxygen via a facemask, fluids via your drip and appropriate pain relief until you are comfortable enough to return to your ward.

Eating and drinking. After this procedure, you should not have anything to eat or drink until advised - this is usually after about two to three hours.

Getting about after the procedure. We will help you to become mobile as soon as possible after the procedure. This helps to improve your recovery and reduces the risk of certain complications. The physiotherapist will visit you on the morning after the surgery and guide you in mobilisation. You may need a pair of crutches depending on the procedure carried out during the arthroscopy.
Leaving hospital. Generally most people who have had this operation will be able to leave hospital the next day. However, the actual time that you stay in hospital will depend on your general health, how quickly you are recovering from the procedure and your doctor's opinion.

Resuming normal activities including work. Usually you can resume normal activities after you are discharged home. Your doctor will advise you on how quickly you can resume more vigorous activity.

Special measures after the procedure: We will give you further information about any special measures you need to take after the procedure. We will also give you information about things to watch out for that might be early signs of problems (eg infection).

Check-ups and results: Before you leave hospital, we will give you an appointment for an outpatient clinic for the results of your surgery. At this time, we can check your progress and discuss any further treatment.

Significant, unavoidable or frequently occurring risks of this procedure

The risks of complications with hip arthroscopy are less than two percent. However with any surgery there are possible complications such as: pain, bleeding inside the hip, infection, numbness around genitalia, incomplete resolution of symptoms and the need for further surgery.

Rare complications are: neurological problems, hip dislocation, blood clot in the leg and/or lung, instrument breakage, articular cartilage damage, avascular necrosis, fracture of the hip.

Alternative procedures that are available

This condition is not life threatening and there are alternative treatments such as physiotherapy, which can be tried. There is no conclusive evidence to date regarding the association of FAI with arthritis. There is no serious harm from waiting longer before you consider surgery.

An alternative to this surgery is a decision not to have surgery. We will discuss with you the implications of deciding not to have surgery.

Information and support

Please ask us for hip arthroscopy patient information leaflets.

Sources of specific information about hip arthroscopy can be downloaded from the below website: www.nice.org.uk and www.nhs.uk.

Hip arthroscopy and treatment of FAI, CF474, V2, March 2017
Anaesthesia

Anaesthesia means ‘loss of sensation’. General anaesthesia is often used for hip arthroscopy.

Before your operation

Before your operation you will meet an anaesthetist who will discuss with you the most appropriate type of anaesthetic for your operation, and pain relief after your surgery. To help this decision, he/she will need to know about:

- your general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs you use
- whether you smoke
- whether you have had any abnormal reactions to any drugs or have any allergies
- your teeth, whether you wear dentures, or have caps or crowns.

Your anaesthetist may need to listen to your heart and lungs, ask you to open your mouth and move your neck and will review your test results.

Pre-medication

You may be prescribed a ‘premed’ before your operation. This is a drug or combination of drugs which may be used to make you sleepy and relaxed before surgery, provide pain relief and reduce the risk of you being sick. The drugs may have effects specific for the procedure that you are going to have or for any medical conditions that you may have. Not all patients will be given a premed or will require one and the anaesthetist will often use drugs in the operating theatre to produce the same effects.

Moving to the operating room or theatre

You will usually change into a gown before your operation and we will take you to the operating suite. When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached to you, such as a blood pressure cuff, heart monitor (ECG) and a monitor to check your oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with children; as the child goes unconscious, the parent will be asked to leave.
**General anaesthesia**

During general anaesthesia you are put into a state of unconsciousness and you will be unaware of anything during your operation. Your anaesthetist achieves this by giving you a combination of drugs.

While you are unconscious and unaware your anaesthetist remains with you at all times. He or she monitors your condition and administers the right amount of anaesthetic drugs to maintain you at the correct level of unconsciousness for the period of the surgery. Your anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your need for fluid or blood replacement.

General anaesthesia is combined with either local anaesthetic infiltration around hip joint during surgery or injection around the nerves carrying sensation from hip joint. This is done to help with the pain after surgery and is done while you are still under general anaesthetic. Your anaesthetist will explain to you the risks and benefits of each.

**What will I feel like afterwards?**

How you will feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Most people will feel fine after their operation. Some people may feel dizzy, sick or have general aches and pains. Others may experience some blurred vision, drowsiness, a sore throat, headache or breathing difficulties.

You may have fewer of these effects after local or regional anaesthesia although when the effects of the anaesthesia wear off you may need pain relieving medicines.

**What are the risks of anaesthesia?**

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to you as an individual will depend on whether you have any other illness, personal factors (such as smoking or being overweight) or surgery which is complicated, long or performed in an emergency.

**Very common (1 in 10 people) and common side effects (1 in 100 people)**

- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Bladder problems
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache

Hip arthroscopy and treatment of FAI, CF474, V2, March 2017
Pain during injection of drugs
Bruising and soreness
Confusion or memory loss

**Uncommon side effects and complications (1 in 1000 people)**
Chest infection
Muscle pains
Slow breathing (depressed respiration)
Damage to teeth
An existing medical condition getting worse
Awareness (becoming conscious during your operation)

**Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications**
Damage to the eyes
Heart attack or stroke
Serious allergy to drugs
Nerve damage
Death
Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
**Information about important questions on the consent form**

1. **Creutzfeldt Jakob Disease (‘CJD’)**

   We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2. **Photography, Audio or Visual Recordings**

   As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3. **Students in training**

   Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4. **Use of Tissue**

   As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

   If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & Dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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Consent Form

Hip arthroscopy +/- labral debridement/repair +/- acetabular recession +/- excision of cam lesion

A  Patient’s side  left / right or N/A

Consultant or other responsible health professional

Name and job title:  

[] Any special needs of the patient (e.g. help with communication)?

Please use ‘Procedure completed’ stamp here on completion:

B  Statement of health professional (details of treatment, risks and benefits)

1  I confirm I am a health professional with an appropriate knowledge of the proposed procedure, as specified in the hospital’s consent policy. I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure (please state)

Pain relief and better mobility

b) the possible risks involved. Addenbrooke’s always ensures any risks are minimised. However all procedures carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

Infection, Deep vein Thrombosis, Pulmonary Embolism, Neurovascular Injury, Bleeding, Pain, Incomplete resolution of symptoms, Hip dislocation, Articular cartilage injury, Fracture, Fluid Extravasation, Avascular necrosis, Instrument breakage

c) what the treatment or procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
**Consent Form**

**Hip arthroscopy +/- labral debridement/repair +/- acetabular recession +/- excision of cam lesion**

2. The following information leaflet has been provided:
   Hip arthroscopy

Version, reference and date: CF474, version 2, March 2017

or [ ] I have offered the patient information about the procedure but this has been declined.

3. This procedure will involve:
   - [ ] General and/or regional anaesthesia
   - [ ] Local anaesthesia
   - [ ] Sedation
   - [ ] None

Signed (Health professional): ________________________________ Date: mm/dd/yyyy

Name (PRINT): ________________________________ Time (24hr): hh:mm

Designation: ________________________________ Contact/bleep no: ________________________________

C. Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding. **Important:** please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1. **Creutzfeldt Jakob disease (CJD)**
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   [ ] Yes [ ] No

2. **Photography, Audio or Visual Recording**
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   [ ] Yes [ ] No

   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   [ ] Yes [ ] No

3. **Students in training**
   I agree to the involvement of medical and other students as part of their formal training.
   [ ] Yes [ ] No
4 Use of Tissue

a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research.

☐ Yes ☐ No

b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records.

☐ Yes ☐ No

I have listed below any procedures that I do not wish to be carried out without further discussion.


I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................................................. Date: __/__/YYYY

Name of patient (PRINT): .............................................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.

Signed: .................................................................................. Date: __/__/YYYY

Relationship to patient: ..............................................................

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

Signed (Witness): ..................................................................... Date: __/__/YYYY

Name of witness (PRINT): ...........................................................

Address: ....................................................................................

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital
Consent Form

Hip arthroscopy +/- labral debridement/repair +/- acetabular recession +/- excision of cam lesion

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ............................................... Date: ............../........./.......

Name (PRINT): .................................................................................. Job title: ..............................................................

Please initial to confirm all sections have been completed:

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ............................................... Date: ............../........./.......

Name (PRINT): ..............................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ............................................... Date: ............../........./.......

Signed (Health professional): ............................................... Date: ............../........./.......

Name (PRINT): .............................................................. Job title: ..............................................................