REQUEST FOR DR. JOHN EGGERS, MD, PhD, TO PERFORM MY TOTAL HIP REPLACEMENT

PLEASE RETURN THIS FORM WITHIN ONE WEEK OF SCHEDULING SURGERY TO KEEP YOUR SURGICAL DATE

I, _____, am requesting Dr. Eggers to perform a total hip

replacement on my RIGHT vs LEFT (please circle one) hip through a POSTERIOR vs ANTERIOR (please

circle one) approach.

Your signature confirms that you have read this form in its entirety and wish to proceed with surgery that you have requested Dr. John Eggers, MD, PhD to perform. As we have discussed, the total hip replacement has been developed to aid patients with severe arthritis and/or destruction of their hip joint. The operation that will be performed on your hip is called a Total Hip. The total hip replacement is not necessary for vital organ survival such as a stent for a blocked coronary (heart) artery. The total hip is intended to reduce pain and improve quality of life. Hence, it is an elective procedure (will still go through insurance for coverage) and not vital to survival.

I certify I have help at home after surgery. Rehab or skilled nursing is NOT an option after surgery. This is an outpatient procedure as indicated by insurance. You will not be in the hospital or surgery center longer than 23 hours. If you cannot do these things, it is your responsibility to notify us as you are not at a place to be having an elective surgery.

The total hip replacement consists of replacing the hip joint surfaces. The socket of the hip will be replaced by a plastic or ceramic surface backed by a metal, porous coated shell. The ball of the hip will be replaced by a metal or ceramic ball which is supported by a stem placed within the marrow cavity of the upper thigh bone. The ball will move within the socket.

The femur prosthesis and socket component will usually be fixed without cement. The implants are covered with what is called a porous coating. This coating allows bone to grow into the prosthesis and fix it into place. There is a rare chance that the bone will not grow into the implants. The prosthesis may then cause pain and require conversion to another uncemented or cemented component. If the components grow in as expected, we anticipate that it will outlast a standard cemented hip replacement and give many years of improved function. The socket will typically be fixed with screw(s) to the pelvis to hold the cup into place while bone grows into the cup.

As in any operative procedure, a number of complications could develop. In order for you to make an intelligent decision regarding an operation, it is important that you be informed of

possible complications. One of the most serious problems in regards to the function of the hip is infection. The operation will be performed in a properly prepared room, and the surgical team will be meticulously prepared in order to protect you from any bacteria which could cause an infection. Antibiotics will also be administered. Preoperative optimization with nutrition and supplements have been reviewed and implored to minimize this risk as well. However, despite all precautions, infection could still occur. If the infection is severe and not controlled by antibiotics, the joint components may require removal. Often, the total hip replacement can be reinserted at a later date if the hip is free from infection. It is likewise possible that the parts which we have inserted into your hip could, in the future, loosen up from excessive wear and use. This may require further surgery in order to replace part or all of the components. It is possible that new bone may form around the new hip replacement. In very rare instances, this "extra newly formed" bone may severely limit m[1]otion and may need to be removed.

It is possible that a leg-length discrepancy may occur after this operation. Multiple analyses will be used to try and make your legs equal in length during surgery. However, on rare occasion, the leg must be made slightly longer in order to gain stability of the hip, or the hip may be shortened if there is too much tension in the soft tissues. This is uncommon. More commonly, your leg will feel heavy and may feel longer or shorter than the other leg after surgery. This is normal and typically resolves, but can take months to years. As you regain strength, this feeling will commonly resolve. Do not use a shoe lift unless approved by your surgeon or his PA. It is possible that the total hip ball may pop out of the socket (dislocate) in the future. This is rare since the hip is thoroughly checked at the time of surgery, but excessive bending and twisting could force it out. This would require a relocation of the hip in the operating room. It is possible that a nerve may be stretched at the time of surgery causing weakness or numbness in the leg or foot. This usually, but not always, resolves with time. Likewise, injury to blood vessels or fractures can occur during surgery. This is very rare as well. The operation could result in blood clots. This is a potential complication following any surgery, particularly when the operation is done in the lower extremities. This could produce what is known as a thrombosis. In some cases, a clot may break off in the vein and be carried by the blood stream to the lung (pulmonary embolism), resulting in severe chest pains, shortness of breath, and possibly death. Surgery and anticoagulants (blood thinners) may then be required. In extremely rare cases, pulmonary embolism can cause death; therefore, it is critical to follow directions on taking blood thinners after surgery to minimize this risk.

During the operation, Dr. Eggers will have assistants so that the operation will run smoothly and efficiently. Dr. Eggers will perform your procedure with assistants who will aid in the surgery and may complete the superficial closure. Every effort will be made to obtain a successful result with as much motion as possible in your hip. Your cooperation with exercising and rehabilitation after the operation will help immensely. There is no guarantee that the surgery will relieve all of your pains or allow you complete motion of the hip, but a substantial improvement is expected. Your lack of motion prior to surgery can increase difficulty with regaining motion and also induce pain in muscles that now move much further than they have for some time. The muscles, ligaments,

[1] Initials: _____

bursa, tendons, and capsule that cross the hip joint share the same nerves as the joint itself. These structures are not replaced at the time of surgery. Hence, multiple other pain generators could exist and will require specific direction and rehab therapy to optimize them; however, there may be some residual pain. Furthermore, adjacent joints can cause pain as well as can the back, all of which may require additional treatment after your joint replacement surgery. Joint replacement surgery requires a team approach between Dr. Eggers and you for an optimal outcome.

Occasionally, unforeseen conditions could arise in the course of the operation that, in Dr. Eggers's judgment, may require an additional surgical procedure or procedures different from those that have been discussed. Your surgeon respectfully requests your authorization to allow such procedures to be performed if they should become necessary under any circumstances.

The literature has reported some instances where, even years after a total joint replacement, a patient has developed an infection in the joint that has been replaced. This could occur as a spreading of infection from a source such as an infected tooth, an acute gallbladder attack, a urinary tract infection, or any other type of severe infection in your system. This is not typical, but you should be aware of this fact. If you should, even months or years after the operation, be affected by severe infection, treatments as described previously may become necessary.

The surgery is a significant stress on the body and can cause significant injury to other organs secondary to the strain of surgery and anesthesia. The most commonly affected organs involved are the kidneys, heart and lungs. If you see a cardiologist, you will need to provide clearance from the cardiologist. This is neces[2]sary for you to obtain. If you do not obtain such clearances, then your surgery may be cancelled, or if your procedure does occur without these clearances, then you are assuming the increased risks to your cardiovascular system and any associated complications. If your surgery proceeds forward, regardless of clearances, you assume the risk of cardiac, pulmonary and all other health complications, regardless of clearances, which are more aptly considered being optimized for surgery, not risk-free. If you have obstructive sleep apnea (OSA) or other pulmonary issues, it is your responsibility to ensure you are appropriately treated for this. If you are not appropriately treated for OSA or other pulmonary complications, this will significantly increase your risk for perioperative medical complications, infection, and wound healing. You are assuming these increased risks and understand this is your choice should you not be treated for this. If you are unsure if you have sleep apnea or other medical conditions that increase risks for perioperative medical complications, then it is advised you see your primary care physician for a thorough evaluation.

Although all of these complications and any other not mentioned here are rare, it is important that you know about them in order to make an informed decision. Your surgery is an elective surgery, and all surgeries have risks. You are requesting Dr. Eggers to perform your surgery, understanding that it is intended to improve your quality of life, however, this is not guaranteed.

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[2] Initials: _____

You must be informed of the major risks involved in any operation. That is the reason why this document is being included in your operative consent. It is not meant to frighten or upset you, but to point out the facts as they exist. If you have any further questions concerning your total hip surgery, please do not hesitate to contact our office and we will be happy to discuss these with you.

Disclosure Statement for the following medical facilities:

North Kansas City Hospital, OHKC ASC, Outpatient Total Joint Center, Creekwood Surgical Center, Northland ASC. We are happy to schedule you for your upcoming surgery at your preference.

Your physician sits on boards that make advisory decisions to the hospital and may additionally have an ownership interest in some of the above. An interest in these facilities enables Dr. Eggers to have a voice in the administration and medical policy of this health care institution. This involvement helps to ensure the quality of care that is provided for their patients.

In no way does any advisory board position or ownership have any determination upon where you have surgery. Every institute has special unique characteristics that create an optimal environment specific to each patient. The decision for your surgical intervention location is ultimately your decision.

I understand that video recordings, photographs, and imaging (including X-rays and surgical images of bone) may be taken before, during, or after my orthopedic procedure for the following purposes: Medical documentation for my clinical record, Education and training of medical professionals (e.g., students, residents, fellows), research and quality improvement as approved by applicable review boards, Professional presentations or publications, Public education, marketing, outreach, and promotional materials, including websites, social media, brochures, and other public platforms. Types of Media Covered by This Release include but are not limited to video of me walking, including images where my face and body may be clearly identifiable, photographs of my X-rays and surgical images of bone, which may or may not include identifying information

I understand and agree that the above materials may be used as described above, including for marketing and public purposes.

____ - Place an X here if you opt OUT of wanting any of the above used as indicated for pictures or videos.

Principal Care Management (PCM) services are recommended for you with a diagnosis of arthritis and have failed conservative management. You have requested surgical intervention with a joint replacement. We have und[3]ergone shared decision-making to undergo a total joint arthroplasty procedure, that you have requested I perform on you.. PCM services provided to you include, but not limited to structured recording of patient health information within our electronic medical record system, access and continuity of care to qualified practitioners and/or

[3] Initials: _____ **Date:** _____

clinical staff, comprehensive care management and planning to optimize pre-surgical needs, choice of an appropriate surgical facility, preoperative education, and instruction of peri-operative needs as outlined above. You express understanding and awareness of PCM services, including but not limited to potential costsharing responsibilities; only one practitioner can furnish and bill for PCM services during a calendar month, and you can stop these services at any time. You understand and have verbally consented to accept PCM services and has been provided a copy of a written explanation of this service today.

Please sign this consent form and return it to Dr. Eggers within a week to keep your scheduled surgical date.

Patient Signature and Printed Name:

_____

Date: _____