

## The DJO Best Practice Protocol for Hip Joint Replacement Surgery

Best Practice Protocol is the maximum combination of surgical skills, education, products and services delivered to each patient to maximize their results with joint reconstruction. This protocol gives each patient the information necessary to succeed in their recovery, be part of their recovery process, be better informed about their condition, gives them the latest tools to aid in this process.

We believe that all patients deserve the maximum when it comes to joint replacement surgery. Joint reconstruction is a big operation to undergo and takes active participation in the recovery and the therapy that is required for success. Many things tend to restrict services and influence patterns of care. We who participate in the DJO Best Practice Protocol, want to deliver as much as possible to our patients to get them back in the game as soon as possible. We believe that every little bit helps. This is the competitive edge. The edge our patients deserve to optimize their recovery. We are your teammates; your surgeon, DJO, your therapists, and you.

The DJO Best Practice Protocol Illustrates all of the things that patients today can take advantage of to speed up the recovery process, to improve comfort during the recovery, to maximize their results.

We still have many hurdles to overcome to get all of these measures to you. The largest is usually the restrictions that many insurers place on the patients. All attempts are made to have as much of your care completely covered by your plan. The responsibility is yours however to be familiar with the benefits of the insurance plan you signed up for. Your surgeon and DJO are constantly battling to get carriers, providers, and facilities to do the best possible job for our patients.

Your, Best Practice Protocol Menu of Services, will be illustrated below. It will present your options in your treatment protocol. Please review and discuss your needs with our office staff in order to get you back in the game as soon as possible.

### **Consult/Office Visit**


We discuss your options for treatment both surgical and non-surgical, which may include but are not limited to: physical therapy, anti-inflammatory medication, bracing, injection therapy, and surgery.

### **Conservative Treatment**

#### **Patient Education Material**


For additional reference please visit the following web sites:  
[www.vbjs.net](http://www.vbjs.net)

#### **Medication**



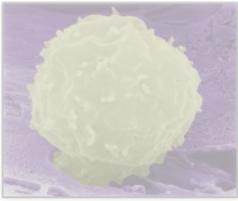
The medications of choice for arthritic conditions, are anti-inflammatory medications. You may or may not be able to have these prescribed, depending on your individual condition. Pain medication can be used but only in moderate amounts. We do not treat chronic pain, arthritis or pre and post surgical patients with continuous higher dose narcotic pain medication. Your medication needs will be managed as best as possible with pain medication during your treatment course. If you require long standing narcotic prescriptions, they will need to be prescribed by your family physician or a pain management specialist. Patients are expected to be on pain medication after these procedures and while in physical therapy working on their recovery.

#### **Injection Therapy**



Injection Therapy may be used as a temporary measure of comfort and function. These include hyaluronic acid type medications such as Synvisc, Suparz, Hylagan. It is our opinion that these medications work best in early arthritic patients. When arthritis is advanced, there is not enough cartilage left to absorb the medication to have its effect. At that point Cortisone like medications tend to be more effective for the temporary relief of symptoms. These injections can be given every 3 months as long as effective. The duration and the effectiveness is variable in patients. In hip joint patients this is usually accomplished under X-ray.

#### **Cartilage Transplant and Stem Cells**



At this time there are only very small indications for cartilage transplant. This is in cases of small isolated lesions in the very young patient in Knee arthritis. When arthritis or cartilage damage is moderate to severe, the only accepted treatment is joint replacement, partial or total. It is not applicable in Hip arthritis at this time.

## Physical Therapy



Physical therapy is recommended for almost all patients if they are able to tolerate it. The effects are beneficial for pre-operative strengthening, pre operative weight loss, pre operative range of motion, pain reduction. Please be aware that some insurance companies may have limits and or co-payment requirements for you. Please be familiar with the insurance benefits that you have elected to sign up for with your insurance carrier.



Physical Therapy Is Essential For Knee and Hip Replacement Patients After Surgery. It is the single most important factor in your recovery. Knee replacement surgery is the most painful surgery there is to recover from. We are well aware of what our patients go through. Aggressive therapy is the only road to a successful joint replacement result.

This is a surgery that requires your active participation. Scar tissue will usually mature in a matter of 9 weeks. At this time Hip precautions are usually lifted. More about this below, in Post Operative Care of your Knee Replacement.



**Pre Operative E-Stim** Studies show that this modality is a highly effective treatment and speeds up recovery. This may be helpful in patients with long standing problems to strengthen muscles that have atrophied or become weak secondary to disuse from painful joints. This modality may be prescribed by, the Doctor, Physician Assistant or utilized in Out Patient Physical Therapy. Depending on your insurance coverage, there may be an associated cost to you. Please be familiar with your insurance benefits that you have elected to sign up for with your insurance carrier.

## Ambulatory Device

Canes, crutches, walkers will be helpful in off loading painful joints and will be used when appropriate. They will be used after Joint replacement surgery.



## Scoters or motorized wheel chairs

These devices are not generally encouraged, as the goal of most orthopedic procedures is early ambulation. These devices are also very expensive and tend to be misrepresented in most advertising. They generally require authorization, which is frequently, time consuming and often denied by many insurance companies. When appropriate, these devices may be recommended. Our office can assist in this on occasion. Many times the patient seeking this type of equipment is served by their primary care doctor, as justification for them requires more than what our office may be able to provide. Depending on your insurance coverage, there may be a cost to you. Please be familiar with your

insurance benefits that you have elected to sign up for with your insurance carrier.

### **Before the Hospital:**

We ask our patients to use a prescription strength antibacterial soap to shower and full body scrub with for daily use, for 2 to 3 days prior to your surgery. Please pay attention to all areas, skin folds, creases, etc. We recommend Hibiclens Antibacterial soap. This can be obtained at most pharmacies. Your pharmacist can recommend an alternative if it is not available. Your personal hygiene, and or neglected areas may pose a significant risk factor for infection. This is a simple way to help decrease but unfortunately not eliminate this problem. On average 1% of joint replacements become infected in the United States. Treatment is sometimes difficult and complicated. Anything we can do to lessen the risk can help.



### **The Hip Implant**

Designed for long term success, early range of motion, and stability. This is not the only implant used by Dr. LaCognata, your implant choice will be dictated by your specific condition. Dr. LaCognata uses hip products that have the longest track record of success and minimal complications. He uses the latest bearing surface improvements like ceramic, vitamin e polyethylene, cross linked polyethylene and porous coated titanium.



### **Your Surgeon**

Your surgeon has been trained in the use of the products, implants and instruments used for best practice protocol. Our surgeons are committed to successful outcomes and look forward to providing you with our services. Dr. LaCognata implements the latest technology, in the operating room and out of it, to give you the most advanced service available. This includes Implant Design Technology, Computer Assisted Surgery, Minimally Invasive Techniques, Aggressive Therapy Modalities and Products, & Evidence Based Surgical Protocols. Dr. LaCognata is a consultant for several device manufacturers and thus has at his disposal the latest technique and technology to deliver to his patients when it is appropriate. Not all devices or techniques apply to all patients.



Dr. LaCognata has been a leader in the development, evaluation and use of various computer assisted surgery platforms. He uses computer assisted surgical devices and techniques where appropriate.





Dr. LaCognata also is involved in biomedical research and education here in the United States and in Europe. You may be asked to participate in clinical trials or post market studies. You are not automatically enrolled in any research without your knowledge or consent. No personal information either demographic or medical is ever released, sold, or given to anyone outside of this office. Any release of any personal and or medical information will require your release.

### Peri-operative Measures

#### **Cold Therapy:** Iceman to the rescue,

Cold therapy units are used in the hospital after your knee replacement. We find them of significant benefit in reducing pain and swelling after surgery. These units are also available for home use. If you are interested in home use of the cold therapy devices after your surgery, please ask your nurses and social worker at the hospital to help arrange for this before you leave the hospital. It becomes less likely after you leave the hospital that your insurance carrier will allow anyone to provide it to you. **Please be advised there may be an extra cost to you for this for at home use. Please be familiar with your insurance benefits that you have elected to sign up for with your insurance carrier.**

#### **In Hospital Physical Therapy Unit:**

Physical Therapy will begin on the same day as your surgery or post op day 1. Hip replacement patients in general are instructed to bear 50% weight starting immediately following surgery for the first 4-6 weeks. It is then generally increased as tolerated. This is changed on a patient to patient basis depending on the quality of the patients bone, the type of surgery, and other complicating issues.

## Before Your Surgery

### Surgical Clearance and Patient Optimization

Almost all patients need surgical clearance prior to their operation. You will be referred to your doctor for this with instructions from our office regarding pre-operative testing that needs to be accomplished prior to your surgery. Based on acceptable results and risk assessment from your regular doctor and or specialists your surgery can then be scheduled at the appropriate facility. Keep in mind that this can be a longer process than you anticipate. This is for your safety. In general surgery is scheduled between 4 to 6 weeks from when you begin this process. It may be longer depending on your medical conditions and inter-office communications, and insurance verification and authorization.

You should have all your pre-operative questions answered in the office. It is suggested you make another pre-operative appointment if needed. In most cases you will not see the surgeon the morning of your operation. Your surgical assistant will introduce themselves to you and get you back into the operating room where the surgeon will be. The surgeon will see or call your family, friend, or designated contact after the operation to advise them of your condition.



You will be asked to obtain an antibacterial soap and perform a thorough body scrub for several days before your surgery. It is in your best interest to comply in an attempt to decrease but not eliminate risk of infections. A clean home environment and clean clothing are also factors that influence infections and healing rates. Exposure to contaminants of any nature from outside elements increase risk of infections. Some previous infections also increase your risk for having a post-operative infection.

You will be instructed on local wound care while in the hospital. Once home you are permitted to shower, but not soak the incision. Use Hydrogen peroxide to clean the incision two to three times a day and after showering. Use a clean dry dressing to cover the incision if there is drainage. If there is no drainage it may be left open to air as long as you keep it clean. Do not let pets near your incision as there is always a risk of contamination and infection.

If you are overweight it is recommended that you lose as much weight as possible to get to your target weight before your operation. Obesity is a serious and preventable risk factor for joint replacement surgery, and directly affects your outcome. Obesity increases your risk with but is not limited to: the use of anesthetics, pulmonary complications, cardiovascular complications, DVT, or blood clots, fatal pulmonary embolism, infection, healing rates, re-operation, failure of replacements, and death.

If you have serious medical conditions, your physicians will try if it is possible to optimize your medical condition prior to your operation. We recommend that you get into the best overall shape as you can prior to your surgery for your benefit.

## **Surgical Consent**

Joint replacement surgery is an elective procedure that requires your consent. You will be asked to consent to the possible and probable risks that accompany major surgery. These are generally listed, but not limited to; pulmonary complications, cardiovascular complications, DVT, or blood clots, fatal pulmonary embolism, infection, nerve damage, paralysis, muscle damage, fracture, bone loss, failure of procedure, failure of implants, delayed healing rates, re-operation, leg length changes and death.

Accepting this packet constitutes your consent for your surgical procedure as explained to you by your physician and or representatives in the healthcare team. You will most likely be asked to consent to the procedure again on the day of surgery. Your office surgical consent form is enclosed and is part of this packet.

## **Leg Length Changes**

Leg length changes are a possible result with hip surgery. Every measure is taken to attempt to maintain or correct leg length issues during surgery. Even with every attempt taken, differences in leg length can result and are permanent.

Leg length changes are a result of a combination of soft tissue changes, bone loss, and implant considerations. The first priority in hip replacement surgery is a stable hip joint. In order to produce this, the implantation of the implants are oriented into proper positions as the patients anatomy will allow, and the soft tissues must be appropriately tensioned so the hip does not dislocate with normal motion.

Once the patients femoral head is removed for your hip replacement, the soft tissues are the only structure that maintain the connection between the pelvis and the lower extremity. These tissues must be placed in proper tension so the leg may have its motion and not dislocate with motion. This at times, results in a limb with a leg length change from the opposite side.

## **What To Expect In The Hospital**

### **The Day of Surgery:**

You will be expected to report to the hospital much earlier than you think is necessary. Please understand that there are many reasons for this. This is an arrangement of a surgical schedule with multiple large operations, and a large number of personnel, and inventory of devices and implants, all which is arranged for you. There are many things that may alter that schedule and, may have a large impact on many levels. This is surgery, not fast food. Please be prompt for your appointment for surgery. **Bring a picture I.D., Your Insurance cards**, Loose fitting

comfortable clothing, anything else you may need for your stay, we advise you do not bring valuables.

You will have an I.V. access placed by nursing. Nursing staff will do their own check in and assessment process. They will ask you questions regarding your medical and social history. You will meet the anesthesiologist and discuss your medical history, medications, what procedure you are having done and the anesthetic technique that they recommend. Please be aware, the Anesthesiologist will ask you questions regarding your medical and social history, including, but not limited to: medical conditions, medications, smoking and drinking history, drug use and history. Based on your answers, history and test results, surgery may be delayed or canceled if it is in your best interest.

You may meet our surgical assistant that will assist the surgeon on your case. You will most likely not see the surgeon, as he will be busy making arrangements and preparations in the operating room before you have arrived. You may need lab work done the morning of surgery.

Your surgery may be cancelled for a variety of reasons the day of surgery. Everyone works hard to avoid this, but at times, it may be in your best interest to cancel and reschedule.

Your surgery will be performed as discussed in the office visit prior to surgery. All your questions should be asked prior to the day of surgery, as you may not see the surgeon just prior to your operation or during your hospitalization. Your surgeon will inform your family or designated individuals of the results of your operation and your condition after your surgery.

Internal Medicine specialists will be in charge of your hospitalization, medications, and discharge. A hospital social worker will be available to assist with post hospital and possible placement needs. You will see your surgeon in follow up appointments in the office.

### **Post op day 1:**

An Internal Medicine Physician will manage the patients' hospitalization. Your surgeon may or may not visit you in the hospital depending on scheduling. Our internal medicine specialist will care for you post operatively. Your surgeons office staff is a phone call away if needed.

Significant post-operative pain and swelling is expected. Joint replacement surgery has been described as the most painful surgery to recover from by patients. Your pain is managed as best and as safely as possible. No type or amount of medication will eliminate the pain. I will take the edge off. If you have been on narcotic pain medication for an extended period of time before your surgery, you can expect to have a more difficult time with pain control as your body will already be tolerant to the medications. Even with the discomfort of this procedure, it is critical that you perform the necessary physical therapy in order to achieve a successful outcome.



Weight bearing after hip surgery is generally allowed up to 50% body weight for the first few weeks and advanced as tolerated. This is done using a walker or crutches, whichever is managed more safely by the patient. This may vary significantly on a patient to patient basis based on many factors.

Post-operative antibiotics are given as a standard precaution in standardized fashion. Most patients are not discharged on post-operative antibiotics, as studies have not proven this of benefit. DVT or blood clot prevention is initiated for most patients approximately 24 hours after surgery. It is generally continued for approximately 10 days after you leave the hospital. Typically your sleep is interrupted the first few nights. Sleeping aids may be used in most cases, but not all. Please ask the nurse for a sleep aid in the hospital if necessary.

### **Post op day 2:**

Things slowly get better. Attempts are made at removing IV access if you are taking orals well, and controlled with medications, removing catheters if placed. Trying to get you ready for discharge tomorrow. More physical therapy both morning and afternoon sessions are desirable if tolerated. Remember this is a race between you and the forming scar tissue. Range of motion is the early goal.

Arrangements for discharge tomorrow are worked on and consideration is given to your insurance benefits and needs. The social worker at the hospital will be assisting in making plans for such things as assist devices (walkers, canes, grabbers, etc), in home physical therapy for a limited time, home nurse visits, home medical devices (cold therapy units, braces), consideration is given as to entering a rehabilitation facility after the hospital. This may give those with limits in physical therapy access to more therapy than just out patient alone if your insurance limits you. It is also advisable if you have little or no help at home. Keep in mind you can not enter a rehab facility once you leave the hospital for home. You must go directly from the hospital for it to be covered by your insurance.

### **Post op day 3:**

Typically this is the usual discharge day for most patients. You will be made ready for:

1. Home with in-home physical therapy and home nurse visits if you have insurance benefits for these services.
2. Rehab hospital/facility placement if you are unable to care for yourself or manage your home environment just yet, or need additional medical care to recover.
3. Keep in mind that once discharged from the hospital, you will not qualify to go to a rehab or skilled nursing facility. For this to be covered by insurance you need to go directly from the hospital to the facility.

The Hip Joint Replacement Packet

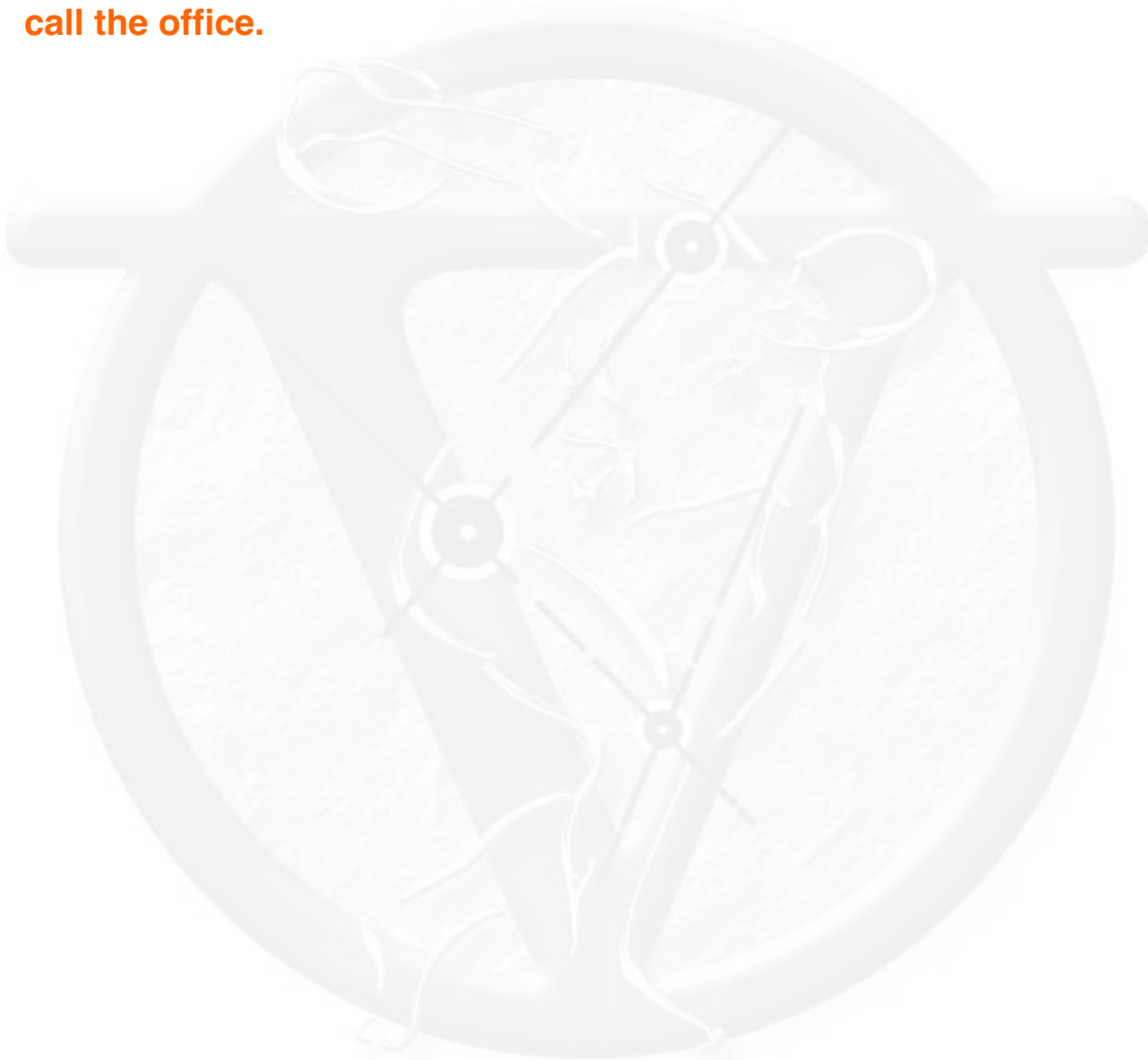
For Dr. S. G. LaCognata

Valley Bone & Joint Specialists 3941 E. Baseline Rd Suite 102 Mesa AZ 85234



Your surgeon may not have the opportunity to see you in the hospital. Our Internal Medicine specialists will guide your hospitalization along with the hospital healthcare team. This is their specialty and role in your recovery.

**Remember that if at any time you suspect something to be unusual or wrong, have questions or issues that are not being addressed, please call the office.**



**Hospital Stay Chart**

Day of Surgery	Post Op Day 1	Post Op Day 2	Post Op Day 3	2 Weeks post op	4-6 Weeks post op
Be there early As instructed	Its gonna hurt	Little better today	Usual discharge day	Staples out of the skin	Continue therapy
Bring ID	Its gonna hurt	Changing pain meds	Know where your going	Call the office for appointment	Follow up in the office
Lots of Questions from the staff	Its gonna get better	Walk further with therapy	Arrangements for after hosp made	Or have home nurse visit do it	
Maybe Lab work done that morning	Up with Therapy	Catheters out by now if possible	Make sure therapy is arranged	Or have Rehab/SNF do it	
I.V. Access is established	Internal medicine manages your hospitalization	Cont dvt prophylaxis		0-90 deg on knees	
Chance your surgery is canceled for medical safety reasons	Changing pain meds	Cont antibiotics		Home physical therapy	
Poor sleep is expected	Better sleep	Have decided where your going after hospital		Or Outpatient Therapy going on	
Pain management begins	Start dvt prohylaxis	Home vs Rehab/SNF		Dvt prophylaxis may be ending	
	Cont. antibx				

**After Discharge from the hospital:**

Staples generally come out of the skin incision 2 wks from surgery. This can be done in our office or at home if you are receiving home physical therapy and home nurse visits. Please be advised that as comfortable as it is to receive in home therapy, what is needed is out patient physical therapy. Very few patients are able to meet their goals with in home therapy. We encourage our patients to go to out patient physical therapy as soon as possible. If you would like home therapy and nursing please ask the social worker and your nursing staff at the hospital to arrange it. This is usually prearranged for you, but in your best interest to ask. Once discharged, it becomes less likely after you leave the hospital that your insurance carrier will allow anyone to provide it to you. Please be advised there may be an extra cost to you for this. Please be familiar with your insurance benefits that you have elected to sign up for with your insurance carrier.

If you would like someone at the office to remove the skin clips, then please call the office and make an appointment for that 2 weeks after your surgery. Otherwise please schedule an office visit for 4 weeks after surgery if your staples have been removed by another healthcare provider such as a rehab facility or extended care center. Please be aware that you should be undergoing physical therapy immediately following your discharge. If you do not hear from a home physical therapy provider within a day or two of your discharge please call the office to notify us. Call for, or obtain an outpatient physical therapy prescription as soon as you are ready to go, if one has not already been provided to you. Do not delay your therapy.

Remember this is a marathon recovery, not a sprint. We are expecting 8-12 weeks of physical therapy for most patients. Most patients use a walker or crutches the first 4 weeks. You may discard them sooner unless directed otherwise. Most patients drive 4 weeks after surgery. Most patients need 8 weeks before returning to work, depending on their job environment and requirements. Most patients say they needed 6 months before they had gotten back to "normal" routines and have put it all behind them.

**If at any time after discharge you believe there is something wrong with your progress, recovery, signs, or symptoms. Call the office, answering service or go to the emergency room for evaluation.**

## Post Operative Measures

### 2 Weeks Post Op

Staples will be removed in 2 weeks in our office or at home if you have home health coverage. Please call the office to schedule that visit with our PA, Nurse, or other healthcare team member.

We understand the level of discomfort is significant with this operation, but it is imperative that the patient reaches the range of motion as soon as possible unless otherwise instructed. Scar tissue generally matures by 9 weeks, the more time passes, the more difficult it will be to reach your desired range of motion.

### 4-6 Weeks Post Op

Office Visit, please call to schedule your appointment with one of our healthcare providers. Goal is 0-90 deg range of motion for sitting up straight.

Out Patient Physical Therapy, if you are not already in outpatient therapy, then you will be given prescriptions for it. Your hip precautions are still enforced until about 9 weeks from your surgery. Generally therapy runs for a course 3 x week for 4 to 6 weeks. Repeat prescriptions for therapy are given at your next visit or refilled for a second course of 4-6 weeks, 3 x week.

### 8-12 Weeks Post Op

Recheck office visit to evaluate your progress in therapy, your ambulatory status and strength, review your post op X-ray if not already done.

### 6 Month Post Op

Recheck your X-ray

### Annual X-ray check

Recheck to follow signs of bone quality, and wear.

## Frequently Asked Questions About Joint Replacement Surgery

### When can I get my surgery?

In general about 4-6 weeks from the time you are seen and the process is begun to get you cleared for surgery. Pre-Admission testing and medical clearance is required. Once the material is in the possession of our office, we can then work with the hospital to get secure an operating time and a room for your stay. You may need clearance from more than one physician if you have multiple medical problems or specific issues that need addressed prior to surgery. The goal is here to make it as safe to proceed as possible.

### Where do you operate?

I operate at:

Arizona Orthopedic Surgical Hospital. 2905 W. Warner Rd Chandler Arizona 85224-1610 USA

Scottsdale Healthcare Osborn Campus. 7400 E. Osborn Rd Scottsdale Arizona 85251

Arizona Spine and Joint Hospital. 4620 E. Baseline Road Mesa Arizona 85206

### How long will I be in the hospital?

Generally, 2 to 3 days after the day of surgery. If you have your surgery done on Monday you will go home on Thursday. Some patients if doing very well may go home the second day post surgery. We advise you to take advantage of the care you are able to receive. If you are not able to be independent at home by then, you should go to a rehab facility.

### How long will I be down?

You should not be "down". Joint replacement surgery is all about getting you moving as soon as we can, as much as we can. This lessens scar tissue formation, decreases your chances for blood clots/dvt, helps to decrease swelling, leads to a faster and better result.

### Will I need help?

Yes. This is significant surgery, expect to need assistance. A walker or crutches are used the typically for the first 4 weeks, and moved to a cane after that for a period of time. You may need help to accomplish activities of daily living. This all depends on your personal condition and social living arrangements. If you can not manage to go home on your own after the hospital, the social worker at the hospital can arrange for a skilled nursing facility or rehab hospital placement after your stay at the hospital. This is dependent on your insurance. It is in your best interest and responsibility to know your benefits for this before you have your surgery performed. Please be advised that once you are discharged to home this availability no longer exists. You must go to a facility directly from the hospital in order to have any coverage. Once home your doctors office can do little to assist.

**How long will it take to drive?**

Most patients need about 4 weeks prior to driving. You will not be restricted in most instances because of having the implant. Unless otherwise instructed you generally can bear full weight on knee replacements immediately. The determination for driving and other activities is based on ability to perform the function safely. Hip replacement patients may be restricted for a period of time from full weight bearing however and have other restrictions for the first several weeks.

**How long will I need to be off work?**

We recommend that you plan for 8 weeks. This is variable for all patients depending on their recovery, job environments, and job requirements.

**How long will it last?**

Contemporary bearing surfaces in knee and hip replacements should last 20-25 years before they wear out. The new generation of materials and designs now most frequently needs re-operation because the anatomy around the knee gets worse with time and leads to revision. It is the patients ligaments and other factors that become the problem for most people in the future. Your weight, work, and activity level all contributes directly as to the long term outcome of your joint replacement.





The Hip Joint Replacement Packet  
For Dr. S. G. LaCognata  
Valley Bone & Joint Specialists 3941 E. Baseline Rd Suite 102 Mesa AZ 85234



**Questions / Notes:**





## Hip Surgical Consent Form

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I agree to the performance of:

Hip Replacement and or Reconstruction, Revision, Arthroplasty, Hip Incision and Debridement

By Dr LaCognata and/or associate(s), assistant(s) of his choice. I understand the benefits expected from this procedure, the risks, possible and probable outcomes. I understand that these benefits cannot be guaranteed.

I am satisfied with the explanation of the risks, benefits, possible and probable outcomes associated with this procedure and have no further questions about them. These risks include but are not limited to leg length change greater than 1/4 inch, permanent need for orthotic devices or shoes, nerve damage or injury, bleeding, blood clots, pulmonary embolism, cardiac and pulmonary complications, stroke, infection, fractures, failure of fixation, failure of implants, sub optimal position of implants, chronic pain, death.

I understand the level of pain accompanying this procedure is significant and that this procedure requires significant physical therapy. I understand that it has been recommended that I undergo at least 8-12 week of physical therapy at minimum as an out patient.

Alternative treatment has been discussed with me.

I have been informed whether my physician has any independent medical research or economic interests related to the performance of the proposed operation or procedure. I have been informed if the hospital or their staff have any business relationship between individuals treating me or with any educational institutions involved in my care. I have been informed if any professional relationship to another healthcare provider or institution may suggest a conflict of interest.

I understand that the Safe Medical Act of 1990 mandates the hospital to be able to locate patients who have specified implantable devices. I authorize the utilization of my social security number if needed to locate me.

I give the permission and consent to the observation and/ or the photographing of this procedure as needed and decided by my physician(s) selected above. I give my permission



to use these photographs, negatives, video, CDs as determined necessary by my physician(s) with the understanding that my identity will be protected whenever possible.

I consent to the presence of any medical company representative(s) as determined necessary by my physician(s).

Initial: \_\_\_\_\_

Hip Surgical Consent Form page 2 of 2

I understand that the following professionals may be acting on my behalf as independent contractors responsible to me.

- Anesthesiologists providing anesthesia.
- Radiologists providing interpretation of x-rays and performance of special tests.
- Pathologists providing examination of tissue or specimens.
- Internal Medicine, Hospitalists, other Specialists providing specialized medical care.

I authorize and consent to hospital and/ or pathologist to use their discretion in disposing of any member, organ, or other tissue removed during the operation or procedures set forth above.

Initial: \_\_\_\_\_

Signature Page:

Initial: \_\_\_\_\_

Patient Name. \_\_\_\_\_

Date and Time. \_\_\_\_\_

Patient signature. \_\_\_\_\_

Date and Time. \_\_\_\_\_

If signed by other than patient, indicate relationship: \_\_\_\_\_

Witness: \_\_\_\_\_

Date and Time. \_\_\_\_\_