

## Consent for Hip Surgery

( In accordance with Nevada Revised Statute 41A.110 )

\_\_\_\_ Dr. Joseph Yu  
\_\_\_\_ Dr. William McGee

Procedure: \_\_\_\_\_

*By signing below, I acknowledge and understand the following:*

The operation or procedure has been explained to me and I have had the opportunity to ask questions. All of my questions and concerns have been addressed adequately prior to the procedure.

I authorize and consent to the performance of the procedure as it has been discussed and is described on this consent as well as any additional procedures, within reason, that the physician deems necessary at the time of the surgery. I authorize the physician and his assistants, under his guidance, to be involved in the procedure. I authorize for students to be present for observation of the surgery.

I have been informed of the likelihood of success of the surgery, and I understand that there are no guarantees or assurance that this success will be achieved.

I have been informed of what to expect after surgery and what is involved in the rehab and recovery. I have been informed of the outcomes of conservative or no treatment and the outcomes or a consequences of not having the procedure.

I authorize the physician to take photographs or video for the purpose of sharing for education. There will be no identifying factors associated with these images.

I authorize the physician to administer a blood transfusion or additional, unplanned care that may include hospitalization, in the event that it is medically necessary.

Risks Common to All Surgeries

Continued pain  
Bleeding, Injury to a blood vessel  
Injury to a nerve  
Blood clot in the leg  
Blood clot in the lungs (that could be fatal)  
Infection  
Heart Attack, Stroke, Death

Anesthesia Related Risks

Nausea, Vomiting  
Allergic Reaction  
Nerve Injury (from a nerve block)  
Sore throat  
Injury to teeth, gums, or bridgework

Fracture

Non-union (fracture doesn't heal)  
Mal-union (fracture heals in a bad position)  
Need for additional procedure(s)  
Need for Removal of hardware

Arthroscopic Procedures of the Hip

Injury to cartilage, tendon or ligament  
Swelling and continued pain  
Failure of surgery  
Need for additional procedure(s)

Hip Replacement

Wear / failure of the plastic components  
Loosening of the metal components  
Continued pain  
Popping and clicking with motion  
Need for repeat procedure  
Stiffness  
Infection that requires removal of the metal parts  
Dislocation of parts  
Fracture  
Amputation of the leg (as a result of other complications)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date