

## Anterior Total Hip Arthroplasty

### Understanding Your Risks

This document outlines the potential complications associated with **anterior total hip arthroplasty**. This is a surgical procedure performed through an incision in the front of the hip in which the degenerative hip joint is removed and replaced with artificial components. The anterior approach allows access to the hip joint through natural muscle planes, which may reduce muscle damage and aid in recovery.

The usual purpose of surgery is to relieve hip pain, improve mobility and function, restore joint mechanics, and improve quality of life in patients with conditions such as osteoarthritis, inflammatory arthritis, avascular necrosis, post-traumatic arthritis, or hip fracture when appropriate.

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#### Risks:

- **Persistent or recurrent hip pain**
- **Incomplete relief of symptoms**
- **Infection** (superficial or deep, including periprosthetic joint infection)
- **Bleeding or hematoma formation**
- **Blood clots** (deep vein thrombosis or pulmonary embolism)
- **Dislocation or instability of the hip joint**
- **Leg length discrepancy**
- **Nerve injury** (including femoral nerve, lateral femoral cutaneous nerve, or sciatic nerve injury)
- **Blood vessel injury**

- **Fracture of the femur or pelvis during or after surgery**
- **Implant loosening, wear, or failure over time**
- **Need for revision surgery**
- **Heterotopic ossification**
- **Stiffness or limited range of motion**
- **Medical complications** (myocardial infarction, stroke, pneumonia, urinary tract infection)
- **Death** (extremely rare)

#### **Risk Factors for Increased Complications:**

- **Advanced age and higher ASA class**
- **Obesity, Diabetes or poor blood sugar control, Tobacco use**
- **Osteoporosis or poor bone quality**
- **Prior hip surgery or deformity**
- **Poor nutritional status**

#### **Patient Acknowledgment:**

By signing below, the patient acknowledges understanding of the above risks associated with Anterior Total Hip Arthroplasty and all questions have been answered to the patient's satisfaction.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

