

Palo Alto VA Health Care System - 3801 Miranda Road, Palo Alto, CA 94304

 Department of Veterans Affairs	Consent For Clinical Treatment/Procedure
A. IDENTIFICATION	

1. Patient name, Social Security Number, and Date of Birth:

MULHOLLAND, VICTOR
277-64-2605
MAY 27, 1959

2. Decision-making capacity:

The patient HAS decision-making capacity.

3. Name of the treatment(s)/procedure(s):

TOTAL HIP ARTHROPLASTY

4. Part of the body on which the treatment/procedure will be performed: (Correct site includes the correct side [i.e., left or right] and the precise anatomical part, such as a specific finger. DO NOT ABBREVIATE.)

- LEFT HIP / TOTAL ARTHROPLASTY

5. Practitioner obtaining consent:

Smith,David Craig (PHYSICIAN ASSISTANT)

6. Supervising practitioner: (if applicable)

Giori,Nicholas J (PHYSICIAN)

7. Additional practitioner(s) performing or supervising the treatment/procedure: (if not listed above)

Giori,Nicholas J (PHYSICIAN);Indelli,Pier F (PHYSICIAN) AND ASSOCIATES

B. INFORMATION ABOUT THE TREATMENT/PROCEDURE

8. Reason for treatment/procedure (diagnosis, condition, or indication):

Worn or injured hip.

9. Brief description of the treatment/procedure:

This procedure involves replacing your hip joint with a prosthesis. A prosthesis is an artificial substitute for a body part. It may replace all or part of your damaged hip joint.

Your doctor will make an incision through the skin over your hip and upper thigh. The

Progress Notes

Printed On Apr 4, 2019

LOCAL TITLE: INFORMED CONSENT - IMED 23767
STANDARD TITLE: CONSENT
DATE OF NOTE: APR 04, 2019@10:04:49 ENTRY DATE: APR 04, 2019@10:04:59
AUTHOR: SMITH, DAVID CRAIG EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Signature Informed Consent for

HIP - TOTAL HIP ARTHROPLASTY (TOTAL HIP ARTHROPLASTY)

1. Anatomical Location: LEFT HIP / TOTAL ARTHROPLASTY
2. Informed consent was obtained at 10:04 AM on April 04, 2019.
The full consent document can be accessed through Vista Imaging.
3. Patient name: MULHOLLAND, VICTOR
4. The patient HAS decision-making capacity.
5. Surrogate (if applicable):

6. Reason for the treatment (diagnosis, condition, or indication):
Worn or injured hip.

7. Treatment/procedure: This procedure involves replacing your hip joint with a prosthesis. A prosthesis is an artificial substitute for a body part. It may replace all or part of your damaged hip joint.

Your doctor will make an incision through the skin over your hip and upper thigh. The incision may be on the front, on the side, or towards the back of the hip joint. This depends on how your doctor wants to reach the joint.

Your hip joint is made of two parts, the ball (femoral head) and the socket (acetabulum). Your doctor will separate these two parts.

Your doctor will then remove damaged bone and cartilage from your hip joint. The ball will be removed from your thigh bone (femur) with a saw.

Your doctor will then replace the damaged joint with prosthesis. The prosthesis will be made of a combination of metal, plastic, and/or ceramic. Your doctor will select the size that fits your hip joint based on several measurements.

The artificial socket will be inserted. Your doctor may need to shape the bone to fit the implant. Your doctor may use a special cement to attach it to the bone. Your doctor may use hardware to hold it in place.

To place the artificial ball, your doctor will drill through the middle of your femur. This is done to insert a stem that holds the ball in place. Your doctor may use a special cement to attach the stem.

Once both the ball and socket are in place, your doctor will fit them together. Your surgeon will close the cut with stitches, staples, strips of tape or other ways.

An x-ray will be taken during or after surgery. This is done to make sure the prosthesis is in the correct position.

The patient does not have a current Do Not Resuscitate (DNR) order.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

MULHOLLAND, VICTOR
PO BOX 111292
CAMPBELL, CALIFORNIA 95011

VISTA Electronic Medical Documentation

Printed at PALO ALTO VA MEDICAL CENTER

Progress Notes

Printed On Apr 4, 2019

8. Anesthesia will be administered.
9. Consent to Blood Products (if applicable):
I CONSENT to the use of blood products during this treatment/procedure if they are needed. I understand that the benefit of blood products is that they may improve my overall condition or save my life. I understand that my consent for use of blood products is valid while I recover from the treatment/procedure. My provider will determine when this recovery period ends. If this consent form expires, my treatment plan changes, or if blood products are needed for a reason that is unrelated to this treatment/procedure, I will be asked again for my consent for use of blood products. I understand that common risks of using blood products include (but are not limited to) infection or irritation where the needle is placed, fever, chills, and skin rashes. Other rare but more serious complications may occur such as allergic reactions, heart failure due to fluid overload, acute pulmonary edema (fluid leaking into the lungs), shock, or death. I also understand that transfusions of blood or blood products involve a small risk of transmission of diseases such as Hepatitis B (1 in 137,000), Hepatitis C (1 in 1,000,000), and HIV/AIDS (1 in 1,900,000). There is also a small risk of bacterial infection when blood platelets are transfused. Alternatives to blood or blood products may be available if my health, time, and procedure permit. These alternatives may include auto-donation (using my own previously donated blood) and intra-operative salvage (my own blood collected during surgery). In addition, medications may be used to reduce the need for blood products.
10. Practitioner obtaining consent: Smith, David Craig (PHYSICIAN ASSISTANT)
11. Supervising practitioner: Giori, Nicholas J (PHYSICIAN)
12. Practitioner(s) performing or supervising treatment/procedure (if not listed above): Giori, Nicholas J (PHYSICIAN); Indelli, Pier F (PHYSICIAN) AND ASSOCIATES
13. Witness Name(s):
14. Comments:
In certain circumstances, the presence of a vendor representative (company representative) is important to the success of the procedure. Prior to the procedure the representative will sign an agreement to strictly adhere to VA's privacy rules. The representative may provide technical advice but will not physically participate in the procedure. The representative will be closely monitored by the VA treatment team.
, Tissues removed during the course of this treatment/procedure will be disposed of in accordance with hospital procedures.
, In compliance with FDA regulations, individually-identifiable patient information may be disclosed to the medical device manufacturer to enable product recalls, repairs, or replacement.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)
MULHOLLAND, VICTOR
PO BOX 111292
CAMPBELL, CALIFORNIA 95011

VISTA Electronic Medical Documentation
Printed at PALO ALTO VA MEDICAL CENTER