



Risks & Complications discussed with patient Hip Resurfacing

- Deep Infection:*** <1%; could require open washout (<1/250) or even removal of implant as 2-stage procedure (<1/500). *Mitigated* by iv Abs
- DVT/PE:*** 5%/1%. *Mitigated* by clexane injections in hospital and aspirin for 4weeks after discharge
- Sciatic nerve injury:*** <1%; results in foot drop (usually temporary, occasionally permanent). *Mitigated* by visualisation of the nerve
- Leg length difference:*** 5% risk more than 5mm difference. *Mitigated* by preop and intra-op assessment (higher risk with obesity)
- Dislocation:*** <1% risk. *Mitigated* by optimal positioning of components and prosthesis design.
- Anterior hip pain:*** 10% risk. Caused by irritation of the psoas tendon resulting in tendinopathy or bursitis. Generally transient, but occasionally permanent. Relieved by cortisone injections, and rarely a psoas tendon release.

Patient

Riaz Khan

Patient sticker

If you have any questions or concerns regarding this information, please do not hesitate to contact us on 08 9386 3933 or info@thejointstudio.com.au

