

## **COMPLICATIONS SPECIFIC TO HIP ARTHROSCOPY**

### **INFECTION**

Infection is rare and can be superficial (skin) or deep (in the hip). If you have any redness around the wound, or if you have any temperatures or are feeling unwell you need to contact Dr Walker as soon as possible. If infection occurs you may require antibiotics, either as an outpatient or in hospital. If the infection is deep you may require the hip to be washed out.

### **NERVE DAMAGE**

There are a number of nerves surrounding the hip joint supplying sensation and muscles in the leg. There can be damage to superficial nerves, which can result in temporary or rarely permanent loss of sensation in the groin, thigh, scrotal or labial region. This can be a result of damaging a nerve as instruments are passed into the joint, pressure during the procedure, or damage with the insertion of instruments. The procedure does involve distracting the hip. There is a pole between the legs to counteract the pulling pressure and it is here where a nerve can be compressed.

### **VASCULAR INJURY**

This can result in excess bleeding.

### **ONGOING PAIN**

No operation can guarantee total success and you may continue to have pain following the procedure. Sutures inside can irritate the hip, anchors can be misplaced or move. There are occasions where the internal damage to the hip joint is more significant than the investigations showed.

## **ANAESTHETIC COMPLICATIONS**

Modern anaesthetics are extremely safe. Anaesthetists use technologically advanced equipment with sophisticated monitoring devices. Modern anaesthetic drugs also have fewer side effects and higher margins of safety.

Despite this, every anaesthetic carries a risk. Fortunately, major ones are rare.

You will see your anaesthetist prior to your surgery who will discuss your anaesthetic with you. This is your opportunity to discuss any concerns you may have. Any previous anaesthetic history is helpful for your anaesthetist. It is important to bring with you a list of medications and any test results you may have had (e.g. blood tests, cardiographs).

Anaesthetics are either general or local. General means you are put to sleep and local means a needle is given to anaesthetise (numb) the area for surgery. This may be a needle around the operative site, in nearby nerves, or a needle in the back (spinal or epidural).

## **GENERAL ANAESTHETIC**

Minor complications of general anaesthetic include:

- Headache
- nausea/vomiting
- pain or infection at drip sites
- sore throat
- bleeding from the tube
- chipped teeth.

Major complications include:

- heart attacks
- Stroke
- Kidney failure
- Death (very rarely).

The risk of these complications is increased in patients who have underlying medical problems and in those having more major surgery.

There is a risk of allergies to medications and it is important to notify all medical personnel of any known allergies.

If you have a blood transfusion, there is a risk of a reaction to it as well as an extremely small risk of infectious diseases such as hepatitis or AIDS.

## **LOCAL BLOCKS, EPIDURALS OR SPINALS**

Risks specific to local nerve blocks or spinal anaesthetics (needle in the back) include:

- Local nerve damage, which can cause ongoing irritation
- Spinal cord damage due to haematoma (bleeding) or infection. This is an extremely rare complication but can lead to paralysis or even death.

Your anaesthetist will make every effort to make you as comfortable as possible during your anaesthetic and will be more than happy to answer any questions for you. He or she will explain the risks of the anaesthetic to you.