

## OPERATION INSTRUCTION FORM FOR ROTATOR CUFF REPAIR

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### PATIENT:

### ALLERGIES:

#### LIFE EUGENE MARAIS HOSPITAL

PR: 5806615

TEL NR: (012) 334 2777

FAX NR: 086 676 0135

[EMH.admission@lifehealthcare.co.za](mailto:EMH.admission@lifehealthcare.co.za)

#### LIFE FAERIE GLEN HOSPITAL

PR: 5708257

TEL NR: (012) 369 5600

FAX NR: (012) 361 1373

[admissions.faerieglen@lifehealthcare.co.za](mailto:admissions.faerieglen@lifehealthcare.co.za)

You must report on \_\_\_\_\_ between  05h00 – 05h30 or  09h00 at the above mentioned hospital.

Remember from **22h00** on the evening prior to your operation – NOTHING to Eat, Drink or Smoke.

If you are scheduled later in the day on the Theatre list, an energy drink will be given at the hospital.

\*\* NB! No admission will take place without an authorization number.

\*\* NB! Phone the rooms (012) 335 9514 with the Authorization number & Prosthesis limit.

\*\* Authorization nr.: \_\_\_\_\_ Prosthesis limit : R \_\_\_\_\_

\*\* NB: You **MUST** phone your medical aid to obtain authorization. Keep the following details on hand.

\* Date of operation

\* Hospital and Surgeons name & practice number

\* Medical fund, member number

\* Date of birth of patient

\* **Brink Anesthesiologists – PR 1005421**

#### \* Procedure codes:

0667

0617

0747

0748

0009

0615

0614

0745

0018

#### \* ICD10 Codes:

M75.4

M75.2

M19.01

#### \* Anchors:

\_\_\_\_\_

## OPERATION CONSENT FORM

### Planned surgery:

Limb to be operated: Right  Left  Shoulder.

Length: \_\_\_\_\_ Mass: \_\_\_\_\_ BMI: \_\_\_\_\_ Physician: \_\_\_\_\_

Special tests / requests with admission YES  NO  \_\_\_\_\_

## DR S A PEACH HAS DISCUSSED THE FOLLOWING WITH ME:

### 1. POSSIBLE COMPLICATIONS, SPECIFIC RELATING TO THIS OPERATION:

Other rare complications not listed here below, is possible. You may enquire about them.

- a If arthroscopic repair is not possible-open repair will be done.
- b Shoulder can get stiff - physiotherapy VERY important.
- c Biceps tenodesis tenotomy can cause prominent biceps muscle.
- d  $\pm$  30% Chance of recurrence of muscle tear or failure of healing.
- e Long term consequences of cuff tear can be arthritis.
- f Might have less movement due to stiffness & weakness.
- g Very low risk for infection.
- h Sutures can cause discomfort and very seldom might need removal.
- i With AC joint removal- painful bone spur might develop
- j Very small risk of injury to nerves of shoulder muscles

### 2. GENERAL COMPLICATIONS RELATING TO ANY SURGERY:

a. **Infections:** With modern anti-septic techniques and prophylactic measures, incidence of less than 1% can be expected. Infection risk increases in revision operations and/or patients with diabetes. Infection of prosthesis or any internal fixation, may require removal to clear up the infection. If you have any underlying medical condition that suppresses the immunity, the risk will be higher.

b. **Thrombosis & Veins:** Depending on the risk factors, the chances of thrombosis are 2%-40%, with chances of a life threatening thrombosis of 0.5% - 4%. If you have a history of / or are at a high risk of thrombosis, prophylactic measures will be taken in the form of injections.

**NB!! It is your responsibility to ensure that your doctor is aware of all previous thrombosis incidents / and family history.** It is your responsibility to ensure that you have enough medication as prescribed. The hospital will not necessarily issue the full prescription. If necessary please call Dr. Peach for a repeat prescription.

c. **Anesthetic:** Anesthetic is always a risk, depending on underlying medical conditions. With many Orthopaedic limb-surgery, anesthetic is augmented with local injections of nerves, with a slight chance of injury to the nerves. Please discuss it beforehand with the Anesthetist. The anesthetist will talk to you about local nerve blocks, discuss the potential benefits and dangers, and have you sign a consent form.

3. **ALTERNATIVES TO SURGERY:** Dr. Peach has discussed with me the benefits and risks of surgery that also include the alternatives to surgery. I am content to continue with the surgery.

4. **PATIENT INFORMATION:** During the operation, usually a representative of the prosthesis or fixation company is present to assist the nursing staff with the logistics of the sets. I authorize the taking of media material such as photographs and / or videos for clinical record keeping, clinical research or for registry purposes only. I understand that the doctor will not use these photos or videos or any other information in any way that will identify me.

5. **POST OPERATIVE CARE & REHABILITATION:**

**Please call the rooms in time for your appointment.**

You will receive a discharge form in the hospital if you had surgery, that will remind you of all your post operative follow-up conditions and management. Make sure you receive this form in the ward before you are discharged.

\* Follow up appointment:

6 weeks or as communicated by your doctor.

\* **Mobilization:** Sling  Period - \_\_\_\_\_Weeks

\* **Physiotherapy Treatment:** Pre & Post operative  Outpatient

\* Prophylactic: Clexane: Yes  No

\* Expected recovery time: **3 – 4 Months**

\* Sling pre operatively received: Yes  No

\* Information Brochure received: Yes  No

\* Dr. Peach uses anchors as suturing material which is classified as prostheses by medical aids. He uses an average of 2 - 4 of these anchors. **Only** in exceptional cases more will be used.

**Please see the quotes per anchor. These anchors are funded by your medical aid from the prosthesis limit.**

5. **Medications to Avoid Before Surgery**

Medications that increase the chances that you will bleed excessively after surgery include:

**Aspirin**, or any other product containing aspirin. Stop taking 1 week before the surgery.

**All nonsteroidal anti-inflammatory drugs** - stop 1 week prior to surgery.

**All Anticoagulant and antiplatelet agents**, blood thinners - **Stop 2 WEEKS before surgery.**

