OPERATION INSTRUCTION FORM FOR TOTAL KNEE REPLACEMENT

DR. ANDRE PEACH

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PR 2807122

PATIENT:

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LIFE EUGENE MARAIS HOSPITAL PR: 5806615 FEL NR: (012) 334 2777 FAX NR: 086 676 0135 EMH.admission@lifehealthcare.co.za				PR: 5708257 TEL NR: (012) 369 5600 FAX NR: (012) 361 1373 admissions.faerieglen@lifehealthcare.co.za			
You m	ust report on	between □ 05	h00 – 05h	30 or □ 09h00 at the above mentioned hospital.			
□				ration – NOTHING to Eat, Drink or Smoke. n energy drink will be given at the hospital.			
** ** ** **	NB! Phone the Authorization nr.:_ Confirm funds fo		the Author Pr fund. Bo	rization number & Prosthesis limit. osthesis limit: R ne cement that can be used during surgery, is not			
* **	NB: You MUST phone your medical aid * Date of operation * Medical fund, member number Procedure codes:		*	Authorization. Keep the following details on hand. Hospital and Surgeons name & practice number Date of birth of patient Brink Anesthesiologists – PR 1005421			
	0646	0614	0008	0018			
	0497	0829	0009				
ŧ	ICD10 Codes:	M17.0					
OPER	<u>Prosthesis</u> : ATION CONSENT	FORM					
	ed surgery:	Limb to be operated:	Right □	Left □			
Length	:M	lass:BMI:		Physician:			
Special	tests / requests with	admission YES I	_	NO □			

ALLERGIES:

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.

- i Prosthesis might wear, loosen or dislocate.
- ii Normal range of motion of prosthesis is 0-110-120°.
- iii Knee might get stiff physiotherapy VERY important.
- iv Kneecaps not routinely replaced small chance of anterior knee pain.
- v Can develop allergy to metal of implant.
- vi Infection will require removal of implant to clear infection.
- vii Small chance of injury to nerve and blood vessels in back of knee.
- viii Expected survival of prosthesis 85 % 15 year survival if no complications develop.

2. GENERAL COMPLICATIONS RELATING TO ANY SURGERY:

- a. <u>Infections</u>: 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. <u>Thrombosis & Veins</u>: 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 *I* 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. <u>Anesthetic</u>: 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. <u>POST OPERATIVE CARE & REHABILITATION:</u>

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:								
	☐ 10 - 14 days after surgery for wound inspection and removal of stitches								
*	Mobilization:	Walkin	g frame		Crutche	es		Period	- □ Weeks
*	Physiotherapy Treatment:	Pre & F	Post ope	rative			Outpatio	ent	
*	Prophylactic:	Clexan	e:			Yes		No	
*	Expected recovery time:	3 – 6 N	onths						
*	Information brochure received:	Yes		No					

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.

Some over-the-counter herbs can also effect bleeding. These include chondroitin, dan shen, feverfew, garlic tablets, ginger tablets, ginkgo, ginseng, and quilinggao and fish oil. Do not resume these medications until your doctor says that it is okay.

On the day of the surgery before 06h00, you may take your chronic medication with a small amount of water:

Eg. Blood pressure medication, Thyroid medication

I don't have any more questions

Diabetic medication - Only evening before the surgery - NOT to be taken the morning of surgery.

- **PRECAUTION:** Important no open wounds or septic areas.
- ☀ Pre operatively all wounds/sores must be seen by Dr. Peach / Anesthetist.
- ★ Wash with Hibiscrub if you bathe or shower 3 days pre-operatively.

I understand that I am/the patient is responsible for the fees as explained to me by the doctor or, if not specifically explained, for the customary fees for any services. I understand that I/the patient may be responsible for co-payments for any Orthopaedic prosthesis/implants, bone graft/substitutes required, hospital co-payments or any other expenses that are not covered by my Medical Aid.

After discussing the above, the Dr Peach gave me an opportunity to ask questions and seek further information. I do not require further information and I am prepared to consent to him/her proceeding with the recommended operation.

I believe that the doctor has honoured my right to make my own informed health care decision. I give my consent voluntarily and freely and certify that I can give valid consent. I understand that I can revoke my consent to the operation at any time up until the time the operation process has started.

I also consent to my/the patient's personal information including information relating to my/the patient's health and treatment being processed or given to any person if necessary in relation to the operation and related treatment and payments due.

In the event of allegations of negligence, I agree to embark on mediation prior to embarking on litigation.

I am satisfied with the e	xplanation of the surgery and possible co	omplications and don't need further info.	
DR SA Peach	Signature of Patient	Date	
I have considered the a	ON THE DAY OF THE	SURGERY fied with the planned operation and possible complication	

ruon thave any more questions.		
Signature of Patient	Date	<u> </u>