

**OPERATION INSTRUCTION FORM FOR TOTAL HIP REPLACEMENT**

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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 \_\_\_\_\_  
Confirm funds for the prosthesis with your fund. Bone cement that can be used during surgery, is not included in the quote and is for your own account if the limit is exceeded.

- \*  
\* **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:**

<b>0637</b>	<b>0825</b>	<b>0008</b>	<b>0018</b>
<b>0497</b>	<b>0614</b>	<b>0009</b>	

\* **ICD10 Codes:** **M16.0**

\* **Prosthesis:** \_\_\_\_\_

**OPERATION CONSENT FORM**

**Planned surgery:** Limb to be operated: Right  Left

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

- i Prosthesis might loosen , wear or dislocate
- ii Small incidence of injury to nerves of thigh or lower leg muscles
- iii There might be a small leg length discrepancy ,hip stability is more important than leg length
- iv If ceramic articulation is used a small incidence of fracture is possible
- v Expected survival of prosthesis is at least 85% - 15 year survival if no complications develop.
- vi There is a small risk of a fracture of the femur with insertion of prosthesis.

**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:

10 - 14 days after surgery for wound inspection and removal of stitches

\* **Mobilization:** Walking frame  Crutches  Period -  Weeks

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

\* Prophylactic: Clexane: Yes  No

\* Expected recovery time: **3 – 6 Months**

\* 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.**

