

OPERATION INSTRUCTION FORM – KNEE ARTHROSCOPY /ACL RECONSTRUCTION

DR. ANDRE PEACH

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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

LIFE FAERIE GLEN HOSPITAL
PR: 5708257
TEL NR: (012) 369 5600
FAX NR: (012) 361 1373
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 0673 0791 0018
0614 0679 0009

* **ICD10 Codes:** **M25.36**

* **anchors:** _____

OPERATION CONSENT FORM

Planned surgery: Limb to be operated: Right Left Knee

Length: _____ Mass: _____ BMI: _____ **Physician:** _____

Special tests / requests with admission YES NO _____

1. **Dr S A Peach has discussed the following with me.**

Possible complications, specific relating to this operation:

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

- i Surgery is for stability of knee and a degree of discomfort and pain may persist.
- ii Can develop degeneration of knee joint.
- iii Knee can get stiff, physiotherapy is important.
- iv Small chance of injury of blood vessels and/or nerves around knee.
- v. Rehabilitation for contact sports can take up to 9 months.

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, eg can continue with conservative treatment. 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:** Crutches Period - Weeks

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

* Prophylactic: Clexane: Yes No

* Expected recovery time: Normal activities **3 – 4 Months** Contact sports **9 Months**

* Dr. Peach uses a fixation device as suturing material which is classified as prostheses by medical aids.
Please see quote per device. These fixation devices are funded by your medical aid from the prosthesis limit. Available funds must be confirmed

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.**

