OPERATION INSTRUCTION FORM - SHOULDER DECOMPRESSION, EXCISION & CALCIFICATIONS DR. ANDRE PEACH

ALLERGIES:

MBChB (PRET) M MED ORT (PRET) GKS (SA) ORT

PR 2807122

PATIENT:

TEL: (012) 335 9514 FAX: (012) 335 1856 <u>peachdeandre@gmail.com</u>

LIFE EUGENE MARAIS HOSPITAL PR: 5806615 TEL 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 🗆 05h	100 — 05h	30 or □ 09h	00 at the above mentioned 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						
*	Procedure codes:						
	0667	0617	0746		0009		
	0615	0748	0747		0018		
*	ICD10 Codes:	M19.01	M75.2		M75.4		
*	Anchors:						
<u>OPER</u>	ATION CONSENT FO	<u>ORM</u>					
<u>Planne</u>	ed surgery:	Limb to be operated:	Right □	l Left □	Shoulder.		
Length	: Mass	:BMI:		Physi	cian:		
Special	tests / requests with ad	mission YES □	1	NO 🗆			
Limb to	be operated: (L)	(R) 🗆					

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 Shoulder can get stiff physiotherapy VERY important.
- ii Can still develop a muscle tear later.
- iii If AC joint excision is done a painful bone spur might develop
- iv Small rotator cuff tear might be present which will need repair immobilization will be 3 weeks longer.
- v Small chance of injury to nerves of shoulder muscles.

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 / 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, eg. no surgery, only conservative treatment and infiltration may result in increased risk of persistent pain and rotator collar tear. I am content to continue with the 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	d by you	r doctor							
*	Mobilization:	Sling				Period	I	-	□ Week	S
*	Physiotherapy Treatment:	Pre & I	re & Post operative			Outpatient				
*	Prophylactic:	Clexar	ie:			Yes		No		
*	Expected recovery time:	3 – 4 N	l onths							
*	Sling pre operatively received:		Yes		No					
*	Information Brochure received:		Yes		No					
*	Dr. Peach uses anchors as su	turing m	aterial v	which is	classifie	d as pro	stheses	s by med	lical aids.	He uses an
	average of 2 - 4 of these ancho	rs. Only	in exce	eptional	cases mo	ore will b	e 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.

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
 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.

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 explanation of the surgery and possible complications and don't need further info.							
DR SA Peach	Signature of Patient	Date					

ON THE SAME OF THE SORGERY	
have considered the above mentioned procedure and am satisfied with the planned operation and possible complications	3.
don't have any more questions.	

ON THE DAY OF THE SURGERY

	-	
Signature of Patient	Date	
Date		