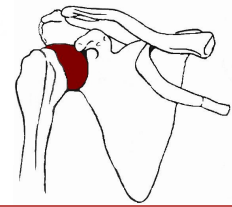
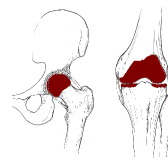


# DR SA PEACH

MBChB (PRET) M MED ORT (PRET) GKS (SA) ORT  
PR 2807122



## ORTOPEDIESE CHIRURG / ORTHOPAEDIC SURGEON

**LIFE EUGENE MARAIS HOSPITAL**  
MEDICAL VILLAGE  
SUITE 3  
5<sup>de</sup> LAAN 683  
LES MARAIS 0084

**LIFE FAERIE GLEN HOSPITAL**  
CNR. ATTERBURY & OBERON AVENUE  
FAERIE GLEN  
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PO BOX 59000  
Karenpark  
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TEL: (012) 335 9514 / 21/36 (Eugene Marais)  
FAX: (012) 335 1856 / 9591 (Eugene Marais)  
TEL: (012) 348 4601 (Faerie Glen)  
Email: [andrepeach@lantic.net](mailto:andrepeach@lantic.net)

## PATIENT DISCHARGE FORM – TOTAL KNEE REPLACEMENT

PATIENT: \_\_\_\_\_

### Treatment Plan Post-Operative:

- \* Please do not use any antibiotics after discharge unless prescribed by Dr. Peach.
- \* Partially weight bearing with crutches or walker.

Post-operative –  Physiotherapy for  $\pm$  12 weeks. Phone **Linda Peach Physiotherapists** to book an appointment 1 week after discharge. When consulting another physiotherapist, the above-mentioned physiotherapists can be contacted for the treatment protocol.

**Wounds:** Removal of stitches after 2 – 3 weeks. If any wound discharge after that notify the Rooms immediately.

**NB:** Remember to use DVT prophylaxis (pills/injections) for 4 weeks.

Date discharged: \_\_\_\_\_

Physician satisfied:  Yes  No  Did not see physician

Step Down  Yes  No

### PROGNOSIS:

- i Prosthesis might wear out, loosen or dislocate.
- ii Normal range of motion of prosthesis is 0° - 100° to 120°.
- iii Knee can become stiff – physiotherapy & home exercising is VERY important. (See patient notes)
- iv Knee caps not routinely replaced – small chance chance of anterior knee pain.
- v Can develop allergy to metal of implant..
- vi Infection will require removal of implant to clear infection.
- vii Expected survival of prosthesis 85%. 15Year survival if no complications develop.

### FOLLOW UP APPOINTMENT:

PLEASE PHONE IN TIME (012) 335 9514, TO MAKE AN APPOINTMENT

2 WEEKS

3 WEEKS

4 WEEKS

6 WEEKS

### PRESCRIBED MEDICATION

MEDICATION	DOSAGE	FREQUENCY	QUANTITY

**NB ! ! IF you run out of MEDICATION, PLEASE CALL THE Rooms IN WORKING HOURS FOR A REPEAT PRESCRIPTION**

### NOTE:

\_\_\_\_\_  
DR. SA PEACH

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
DATE