

OPERATION INSTRUCTION FORM FOR SHOULDER LATARJET REPAIR

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:**

0583	0578	0497	0008	0018
0614	0791	0747	0009	

* **ICD10 Codes:** **M25.31** **M75.4**

* **Anchors:** _____

OPERATION CONSENT FORM

Planned surgery: Limb to be operated: Right Left Shoulder.

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 Can have decreased external rotation of shoulder.
- ii Physiotherapy very important. Shoulder can become stiff.
- iii Small chance of injury to nerves and blood vessel to hand.
- iv Long term degeneration with pain & stiffness, can develop.
- v Coracoid transfer can develop non union and/or instrument failure.
- vi Risk of recurrence of instability is less than 5%.
- vii Long-term reported incidence of post traumatic osteoarthritis is $\pm 20\%$

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 patient has a chronic instability. 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:** Sling Period - Weeks

* **Physiotherapy Treatment:** Pre & Post operative Outpatient (**very important**)

* Prophylactic: Clexane: Yes No

* Expected recovery time: **4 – 6 Months**

* Sling pre operatively received: Yes No

* Information Brochure received: Yes No

* Dr. Peach uses anchors as suturing material which is classified as prostheses by medical aids. He uses an average of 2 - 4 of these anchors. **Only** in exceptional cases more will be 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 quillinggao 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 DAY OF THE SURGERY

I have considered the above mentioned procedure and am satisfied with the planned operation and possible complications. I don't have any more questions.

Signature of Patient **Date**