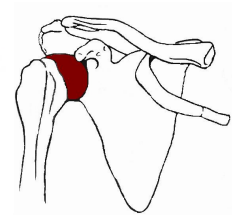
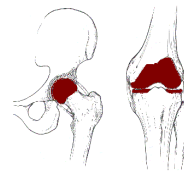


# DR SA PEACH

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 SHOULDER REPLACEMENT

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

### Treatment Plan Post-Operative:

- \* Passive range of motion and sling for the first 6 weeks.
- \* Active rehabilitation after 6 weeks.

Post-operative –  Physiotherapy for ± 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:** Stitches if any removed at 2 – 3 weeks. Notify rooms immediately if there is any wound discharge after that. Shower only.

Date discharged: \_\_\_\_\_ Physician satisfied:  Yes  No  Did not see physician

### PROGNOSIS:

- i Prosthesis might wear out, loosen or dislocate.
- ii Shoulder can become stiff – physiotherapy & regular prescribed exercising is VERY important. (See patient notes)
- iii Biceps tenodesis tenotomy can cause prominent biceps muscle.
- iv Less than 1% chance of infection.
- v 75% , 10-15 Year survival of prosthesis expected..
- vi Good range of motion expected but not completely normal.
- Vii This is a prosthesis and one should refrain from competitive and or contact sport.

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