

OPERASIE INSTRUKSIE VORM VIR 'N TOTALE SKOUERVERVANGING (Omgekeerde Prostese)

DR. ANDRE PEACH

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PATIENT:

ALLERGIES:

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| <input type="checkbox"/> LIFE EUGENE MARAIS HOSPITAL PR: 5806615 TEL NR: (012) 334 2777 FAX NR: 086 676 0135 EMH.admission@lifehealthcare.co.za | <input type="checkbox"/> LIFE FAERIE GLEN HOSPITAL PR: 5708257 TEL NR: (012) 369 5600 FAX NR: (012) 361 1373 admissions.faerieglen@lifehealthcare.co.za | <input type="checkbox"/> CINTOCARE PR: 0922900 TEL NR: (012) 945 3000 NO FAX patients@cintocare.com |
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U moet op _____ tussen 05h00 – 05h30 of 10h00 by die gemelde hospitaal aanmeld.

Onthou vanaf **22h00** op die aand voor die operasie mag u **NIKS** Eet, Drink of Rook nie.

■ Indien u later die dag op Teater lys geskeduleer is, sal 'n energie drankie by die Hospitaal gegee word.

** NB! Geen opname sal sonder 'n magtigings nommer **gedoen** word nie.

** NB! Skakel kamers (012) 335 9514 met Magtigings nommer & Prostese limiet.

Bevestig fondse vir die prostese met u fonds. Been sement wat tydens die operasie gebruik kan word, is nie by die kwotasie ingesluit nie en is vir u eie rekening indien die limiet oorskry word.

** Magtigings nr.: _____ Prostese limiet : R _____

** **NB: U MOET u mediese fonds skakel vir magtiging. Hou die volgende inligting byderhand.**

* Datum van operasie

* Hospitaal en Chirurg se naam & praktyk nommer

* Mediese fonds, lidnommer

* Geboortedatum van pasiënt

* **Brink Anesthesiologists Inc. – PR 1005421**

* **Procedure kodes:**

0620 0499 0745 0008 0018

0497 0747 0614 0009

* **ICD10 Kodes: M19.01 M75.2 M75.4**

* **Prostese:** _____

OPERASIE TOESTEMMINGS VORM

Beplande operasie: Ledemaat wat geopereer gaan word: Regter Linker

Lengte: _____ Gewig: _____ BMI: _____ Internis: _____

Spesiale toetse / versoeke met opname JA NEE _____

DR S A PEACH het die volgende met my bespreek

1. Moontlike komplikasies, spesifiek tot hierdie operasie:

Ander raar komplikasies nie hieronder genoem nie, is ook moontlik. U mag hieroor verder uitvra.

- i Spesifieke prostese vir skouer sonder rotatorkraag.
- ii Indien prostese faal, sal verwydering skouer laat met minimum funksie.
- iii Prostese kan slyteer, dislokeer of losgaan.
- iv Kan goeie elevasie verwag van skouer maar rotasie sal swak wees.
- v Prostese primêr vir pynverligting, funksie sal nie normaal wees nie.
- vi Infeksie sal verwydering van prostese noodsaak om infeksie op te klaar.
- vii Risiko vir infeksie is gering hoër as met normale prostese.
- viii Skouer se profiel sal verander.
- ix Klein kans vir stress frakture van blad been.
- x Kan traksie besering van senuwees tydens chirurgie opdoen.

2. ALGEMENE KOMPLIKASIES MET ENIGE CHIRURGIE:

a **Infeksie:** Met huidige anti-septiese tegnieke en profilakse kan insidensie van minder as 1 % verwag word. Infeksie van prostese of enige interne fiksasie, mag verwydering daarvan benodig, om die infeksie op te klaar. Revisie prosedures het verhoogde risiko's. Indien u enige mediese toestand onder lede het wat immuniteit onderdruk, sal die risiko hoër wees.

b **Trombose & Bloedvate:** Afhangende van Risiko faktore, is die kans van BLOEDKLONTE 2% - 40%, met 'n kans vir LEWENSBEDREIGENDE bloedklonte 0,5 – 4%. As u 'n verhoogde risiko het, sal profilakse in vorm van inspuitings of pille gegee word.

NB!! Verwittig Dokter van enige vorige insidente van bloedklonte of familiegeskiedenis daarvan.

Dit is u verantwoordelikheid om te sorg dat u genoeg medikasie het soos voorgeskryf. Die hospitaal sal nie noodwendig die volledige voorskrif gee nie. Indien nodig bel asb. vir Dr. Peach vir 'n herhaalvoorskrif.

c **Narkose:** Narkose bly altyd 'n risiko afhangende van onderliggende mediese ongesteldhede. Met baie ortopediese ledemaat-chirurgie word narkose geaugmenteer met lokale inspuiting van senuwees met 'n klein kans vir besering van senuwee. Die narkotiseur gaan met u oor lokale senuwee blokke, die potensiële voordele en gevare gesels en u 'n toestemmings vorm laat teken.

Bespreek asseblief met die Narkotiseur.

3. **ALTERNATIEWE TOT CHIRURGIE:**

Dr. Peach het met my bespreek die voordele en risiko's van die operasie wat die alternatiewe tot chirurgie insluit, bv. met geen chirurgie sal pyn persister en funksie sal swak bly. Prostese is laaste uitweg. Ek is tevrede om voort te gaan met die chirurgie.

4. **PASIËNT INLIGTING:**

Tydens die operasie is daar meestal in teater 'n verteenwoordiger van die maatskappy van die prostese of fiksasie wat gebruik word teenwoordig, om die verpleegpersoneel te help met logistiek van die stelle. Ek gee toestemming vir die neem van media materiaal soos foto's en/of video's vir kliniese rekord houding, vir kliniese navorsing of vir register doeleindes alleenlik. Ek verstaan dat die dokter nie hierdie foto's of video's of enige ander informasie sal gebruik in enige manier wat my sal identifiseer nie.

5. **POST OPERATIEWE SORG & REHABILITASIE:**

Bel asseblief die kamers betyds vir u afspraak.

U sal 'n ontslag vorm tydens ontslag in die hospitaal ontvang wat indien u chirurgie gehad het, u sal herinner wat al die post operatiewe opvolg voorwaardes en hantering is. Maak seker dat u so 'n vorm by die saal tydens ontslag kry.

- * Opvolg afspraak:
- * 10 – 14 dae na chirurgie vir wond inspeksie en verwydering van steke.
- * Mobilisasie: Sling ■ Tydperk - **6** Weke
- * Fisioterapie behandeling: Pre & Post operatief ■ Buite-pasiënt ■
- * Profilakse: Clexane Ja Nee
- * Verwagte hersteltyd: **3 – 6 Maande**
- * Sling pre operatief ontvang: Ja Nee
- * Pre operatiewe inligting stuk ontvang: Ja Nee
- * Dr. Peach gebruik ankers as hegtings-materiaal wat as prosteses deur mediese fondse geklassifiseer word. Hy gebruik gemiddeld 2-4 van hierdie ankers. Slegs in uitsonderlike gevalle sal meer gebruik word. Sien asb. kwotasies per anker. Hierdie ankers word deur die mediese fonds van u prostese limiet verhaal. Bevestig dat genoegsame fondse daarvoor beskikbaar is.

6. **Medikasie om te vermy voor chirurgie.**

Medisyne wat die kans verhoog dat u oormatig kan bloei na chirurgie, sluit in:

Aspirien, of enige ander produk wat aspirien bevat. Hou op om 1 week voor die operasie te neem.

Alle nie-steroïdale anti-inflammatoriese middels - stop 1 week voor die operasie.

Alle antistolmiddels en antiplaatjie middels, bloedverdunner - Stop 2 WEEKS voor operasie.

Sommige oor-die-toonbank kruie kan ook bloeding bewerkstellig. Dit sluit in chondroïtien, danshen, koors, knoffel blaaië, gemmer tablette, ginkgo, ginseng, en visolie. Moenie hierdie medikasie hervat nie totdat jou dokter sê dit reg nie.

Op die dag van die operasie voor 06h00, kan jy jou chroniese medikasie met 'n klein hoeveelheid water neem:

Bv. Bloeddruk medikasie, Skildklier medikasie,

Diabetiese medikasie - Net aand voor die operasie - NIE die oggend van die operasie geneem word nie.

✱ **VOORSORG:** Geen oop wonde of septiese areas. Wys asb. pre operatief vir Dr. Peach en Narkotiseur enige wonde of seerplekke.

Ek verstaan dat ek / die pasiënt verantwoordelik is vir die fooie soos deur die dokter aan my verduidelik, of indien nie spesifiek uiteengesit nie, vir die gebruiklike fooie vir dienste.

Ek verstaan dat ek / die pasiënt verantwoordelik kan wees vir bybetalings vir enige ortopediese prostese / inplantings, beenoorplanting / plaasvervangers, bybetalings van die hospitaal of enige ander uitgawes wat nie deur my mediese fonds gedek word nie.

Nadat bogenoemde bespreek is, het die Dr Peach my die geleentheid gegee om vrae te vra en verdere inligting in te win.

Ek het geen verdere inligting nodig nie en ek is bereid om toestemming te gee dat hy / sy met die aanbevole operasie voortgaan. Ek glo dat die dokter my reg geëer het om my eie ingeligte besluit oor gesondheidsorg te laat neem.

Ek gee vrywillig en vrylik my toestemming en bevestig dat ek wettig toestemming kan gee.

Ek verstaan dat ek my toestemming tot die operasie te eniger tyd kan herroep totdat die operasie proses begin het.

Ek gee ook toestemming dat my / die pasiënt se persoonlike inligting, insluitend inligting rakende my / die pasiënt se gesondheid en behandeling, verwerk of aan enige persoon gegee word indien nodig ten opsigte van die operasie en verwante behandeling en betalings verskuldig.

In die geval van aantygings van nalatigheid, stem ek in om met bemiddeling aan te gaan voordat ek met litigasie begin.

DR SA PEACH

Pasiënt Handtekening

Datum

DAG VAN CHIRURGIE

Ek het oor die prosedure gedink en is tevrede met die beplande operasie en moontlike komplikasies en het geen verdere vrae nie.

Pasiënt Handtekening

Datum

OPERATION INSTRUCTION FORM FOR TOTAL SHOULDER REPLACEMENT

(Reverse Prosthesis)

DR. ANDRE PEACH

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PR 2807122

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You must report on _____ between 05h00 – 05h30 or 10h00 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 _____
Confirm funds for the prosthesis with your medical aid. Bone cement that can be used during surgery, is not included in the quote and is for your own account if the limit is exceeded.

** **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:**

| | | | | |
|-------------|-------------|-------------|-------------|-------------|
| 0620 | 0499 | 0745 | 0008 | 0018 |
| 0497 | 0747 | 0614 | 0009 | |

* **ICD10 Codes:** **M19.01** **M75.2** **M75.4**

* **Prosthesis:** _____

OPERATION CONSENT FORM

Planned surgery: Limb to be operated: Right Left

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 Specific prosthesis for shoulder without rotator cuff.
- ii If prosthesis fail shoulder will be left with minimum function.
- iii Prosthesis can wear, dislocate or loosen.
- iv Can expect good elevation of shoulder but rotation will be weak.
- v Prosthesis primarily for pain relief, function won't be normal.
- vi Risk for infection is slightly higher than in normal prosthesis.
- vii Shoulder's profile will change.
- viii Small chance of stress fractures of the leg bone.
- ix Can cause traction injury of nerves during surgery.

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, e.g. with no surgery, pain will persist and function will remain poor. Prosthesis is the last resort. 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 - 6 Weeks

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

* Prophylactic: Clexane: Yes No

* Expected recovery time: **3 – 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**