<u>OPERATION INSTRUCTION FORM – KNEE ARTHROSCOPY</u>

DR. ANDRE PEACH

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☐ LIFE EUGENE MARAIS HOSPITAL

PR 2807122

PATIENT:

PR: 5806615

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You n	nust report on	between 05h	$00 - 05h30$ or \Box 09h00 at the above mentioned hospital.		
□ ■			your operation – NOTHING to Eat, Drink or Smoke. atre list, an energy drink will be given at the hospital.		
* ** * * * *	NB! Phone the room	will take place without arms (012) 335 9514 with t	he Authorization number & Prosthesis limit.		
** NB: You MUST phone your medical aid to obtain authorization. Keep the following details o * Date of operation					
*	Procedure codes:		ğ		
	0667	0673	0018		
	0614	0009			
*	ICD10 Codes:	M23.23			
*	Anchors:				
<u>OPEF</u>	RATION CONSENT FO	<u>ORM</u>			
<u>Plann</u>	ned surgery:	Limb to be operated:	Right □ Left □ Knee		
Lengt	h: Mass:	BMI: _	Physician:		
Specia	al tests / requests with add	mission YES [NO □		

ALLERGIES:

PR: 5708257

☐ LIFE FAERIE GLEN HOSPITAL

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.

- Degenerative process in knee will continue and can develop in a arthritic joint
- ii Arthritic component of pain might persist
- iii Knee can get stiff, physio important
- iv Only tear in meniscus removed, the remains might tear again
- v Small chance of injury to blood vessels and nerves

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. <u>ALTERNATIVES TO SURGERY</u>: Dr. Peach has discussed with me the benefits and risks of surgery that also include the alternatives to surgery, eg no surgery with conservative symptomatic treatment, symptoms will persist and articular cartilage injury might occur. I am content to continue with the surgery.
- 4. <u>PATIENT INFORMATION</u>: 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 by your doctor.							
*	Mobilization:	Crutches□	Period		-	☐ Weeks		
*	Physiotherapy Treatment:	Pre & Post operative		Outpatient				
*	Prophylactic:	Clexane:	Yes		No			
*	Expected recovery time:	4 - 6 Weeks						

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 ta	aken the morning o	f surgery

* PRECAUTION: Important no open wounds or septic areas. Pre operatively all wounds/sores

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.

DR SA Peach	Signature of Patient		
I am satisfied with the explana	ation of the surgery and possible co	mplications and don't need further info.	
in the event of allegations of r	negligence, i agree to embark on m	ediation prior to embarking on litigation.	

ON THE DAY OF THE SURGERY

I hav	e considere	d the above	ementioned	procedure	and am	satisfied	with the	planned	operation	and possib	le compl	ications.
l don	't have any	more quest	ions.									

	-	_
Signature of Patient		