



## Dr S A Peach has discussed the following with me

### 1. Possible complications, specific relating to this operation:

Other rare complications not listed below is possible. You may enquire about them.

- i A small chance of recurrence of instability < 10%; ± 20% for overhead athletes & higher for contact sport.
- ii Small chance of injury of nerves & blood vessels around shoulder
- iii NB! Shoulder can become stiff - Physiotherapy treatment is very important.
- iv Because of previous dislocations and or surgery, degeneration of shoulder cartilage may occur in the long term.
- v A slight limitation of rotation may occur.
- vi Discuss other options if you are a high level contact sportsman

### 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 may continue with conservative treatment with a high risk of 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:

6 weeks or as communicated by your doctor.

\* **Mobilization:** Sling  Period -  Weeks

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

\* Prophylactic: Clexane: Yes  No

\* Expected recovery time: **3 – 4 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.

