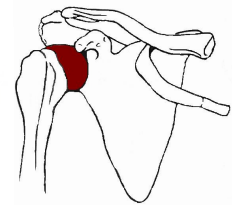
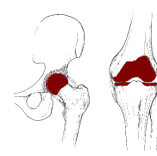


DR SA PEACH

MBChB (PRET) M MED ORT (PRET) GKS (SA) ORT
PR 2807122



ORTOPEDIESE CHIRURG / ORTHOPAEDIC SURGEON

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FAX: (012) 335 1856 / 9591 (Eugene Marais)
TEL: (012) 348 4601 (Faerie Glen)
Email: andrepeach@lantic.net

PATIENT DISCHARGE FORM – LATERJET PROCEDURE

PATIENT: _____

Treatment Plan Post-Operative:

*Passive range of motion - 6 weeks.

*Active rehabilitation after 6 weeks.

Post-operative – Physiotherapy for ± 9 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: No stitches, leave wounds closed 10 – 14 days. Remove dressing if wound is dry, leave open. If any wound discharge contact the Rooms. Shower only.

Date discharged: _____

Physician satisfied: Yes No Did not see physician

PROGNOSIS:

- i Small chance (less than 10%) chance of recurrence.
- ii Small chance of nerve injury.
- iii A small percentage of patients can develop osteo arthritis of the shoulder as a long-term complication.
- iv Shoulder can become stiff – physiotherapy & regular prescribed exercising is VERY important. (See patient notes)
- v Normal range of motion is expected. Except external rotation which can be slightly restricted.
- vi Small chance of nonunion of transfer with or without failure of fixation.

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