

Shoulder Surgery Information:

1. **You are responsible for obtaining the authorisation number from your medical aid. (AT LEAST 5 WORKING DAYS BEFORE PLANNED OPERATION IF NOT AN EMERGENCY). *Your surgery will be cancelled if we are not provided with an authorisation number in time, before your surgery date.***

(Although your medical aid might have given authorisation, for an admission to a hospital facility or for a consultation with a medical doctor, medical procedure, or tests, it is not a guarantee of payment from your medical aid. You are liable for the payment of any and all of your accounts, in full when presented to you, or within 30 days of the services rendered, if so arranged by the service provider.)

2. Fees for follow-up consultation after surgery, will be charged in accordance with Rule G from SAMA (South African Medical Association) and the CMS (Council for Medical Schemes).
3. Phone our office the day before the planned operation to confirm the time for admission and when to stop eating and drinking, including chewing gum.
4. On the day of admission please bring the following: Authorisation number, ID document, medical aid card and **relevant X-Rays and Scans.**
5. Bring your chronic medication with you and hand it over to the ward sister.
6. Bring an overnight bag with clothes and toiletries (should you need to sleep over in hospital if medically indicated). A loose-fitting pyjama top that unbuttons in front will be suitable.
7. A shoulder sling will be supplied at the hospital. You would need to pay it, if your medical aid does not cover it. Contact Meintjies and Neethling Orthotist for the cost of the sling 012 8072773.
8. Please leave all valuable items at home if possible.
9. Hormone replacement therapy (specifically estrogens) must be stopped one month before the planned operation and for three months thereafter, as taking it increases the risk of blood clots forming.
10. Any herbal medicine or medicine with herbal ingredients e.g. Ginkgo Biloba must be stopped at least two weeks before the planned operation as this can lead to abnormal bleeding in theatre.

However medication containing Aspirin e.g. Disprin or Ecotrin, when used as chronic medication is not to be stopped preoperatively.

Any other anticoagulants (blood thinning medication), as well as any anti-inflammatory medication should be stopped two weeks before the planned operation where possible. Plavix / Clopidogrel needs special consideration, stop 3 weeks prior to surgery, but confirm with the prescribing doctor whether it can be stopped. Phone the practice and inform us regarding the usage of Plavix or other anticoagulants or anti-inflammatory medication.

11. Warfarin must be stopped 7 days before surgery and probably be replaced with something as Clexanne. Please inform the personnel in my office for a relevant prescription if necessary. A blood test (INR) must be done 4 days after Warfarin was stopped, if the INR has not returned to normal, the INR must be tested 2 days later again. Please ask the lab to send the results to us.
12. In order to reduce the risk of, or prevent infection your skin must be intact. Please consult us once you become aware of this problem or the hospital staff if you are admitted already. Surgery will be postponed if you have skin ulcers / lacerations/ abrasions etc.
13. You are welcome to contact the anaesthesiologist's firm, Somnia regarding information on their account if needed (Tel: 0827422670).
14. You are welcome to contact the physiotherapists prior to your surgery re an exercise programme before and after surgery as well as their tariffs. (Vital-Touch physiotherapy Tel: 012 3486265).
15. ***During surgery or thereafter, stock or instruments that are used might not be covered by your specific medical aid plan. It is impossible for me to know beforehand what all medical schemes and their specific plan-types or options cover, things that they require might also not be available in the hospital I do surgery at, or not be appropriate for the treatment of your specific condition. You will unfortunately be responsible for the costs involved as well as the cost of any motivation letter required.***

Hospital Admission / day of surgery:

If it is determined during your consultation with me or thereafter, that it is necessary for you to stay overnight in hospital after your surgical procedure, for monitoring or observation after surgery, the procedure is arranged at the Life Wilgers hospital and not the Cure Day hospital

1. Upon arrival at the hospital, go to the hospital's reception for admission and administrative procedures. After that you will go to the ward. Unfortunately more forms await you; please complete the anaesthetic questionnaire (or hand in the one you might have completed at home before admission), and the consent document presented to you, ensuring that you sign for the correct operation and side (left or right limb). Hospital staff will confirm your surgical procedure and the side (left or right) or site your surgery is scheduled to be performed, on numerous occasions from your admission, up until the time you are in theatre. This might be frustrating to you, but it is my requirement, as well as the hospital's protocol.
2. The anaesthesiologist will visit you and might, if indicated, prescribe pre-medication, which will calm the nerves and may make you drowsy.
3. A theatre gown and under ware will be supplied. Please put this on. (The gown is fastened at your back).

4. You will be taken to the theatre complex's waiting area. A close relative or friend can accompany you. From here you will be taken to the operating theatre where the anaesthesiologist will start the anaesthetic (general / nerve block) as discussed with you by him / her. Surgery time depends on the procedure. Typically arthroscopic knee surgery is about 30 min to 90 minutes, but this may differ between patients and pathology found in the knee during surgery.
5. After the surgery you will be taken to the recovery area and monitored / treated until ready to go back to the orthopaedic ward.
6. Your vital signs will also be monitored in the ward. Pain medication would have been administered in theatre, as well as prescribed for you in the ward. If necessary, please ask the nursing staff for additional pain medication. A sleeping tablet is usually prescribed should you need to sleep over in hospital, if not offered by the nursing staff at night, please ask for it if needed.

After surgery:

1. If you had to stay overnight in hospital after your surgery, I will visit you the morning after surgery (usually between 07.00 am and 08.00 am), accompanied by the physiotherapist and nursing personnel. Your vital signs, surgical area (wound) and general condition will be evaluated as applicable. The surgery and wound care, as well as the rehabilitation program and follow-up visits, will be discussed.

If you go home the day of the surgery. Wound care, as well as the rehabilitation program and follow-up visits, will be discussed, when you are awake after the procedure. Most patients might not remember the surgical procedure discussed post-operatively due to the narcotic effects of the anaesthetic and medication given in hospital.

The surgical procedure will therefore be discussed in full at the time of your 6 weeks post-op visit at my rooms. Photographs that might have been taken in theatre if and where applicable, will be used to explain to you what we found and did. These photographs will be stored in your clinical file in my office.

2. The physiotherapist will visit you when you are awake after your surgical procedure and might also see you again before you are discharged from hospital, if instructed by me. He or she will discuss my post-operative instructions regarding the rehabilitation after your surgery and some other additional information. The physiotherapist will also help you with mobilisation and exercises. Do not leave the hospital before the physiotherapist visited you. Please confirm with the nursing staff in the ward regarding a visit from physiotherapist, should you not have been visited by a physiotherapist, before you arrange to go home.
3. If you needed to sleep over in hospital after your surgery and I have determined that you may go home during my ward round the next morning, you will be able to be discharged from the ward between 11:00 am and 11:59 am. Please arrange transport in that time period.
4. Remember to take your X-rays home with you.
5. A sick leave letter will be given to you in the ward.

6. You will receive prescribed medicine to take home and or a script for it. **NB: Please keep the script given to you from the hospital safe, to present to your pharmacist**, (only part of, or none of the prescribed medication might have been dispensed in hospital). This script also indicates to your pharmacist what medication e.g. the pain medication may be repeated – he or she will need this script to give you the repeat medication.
7. The wound dressing might be changed before discharge.

Postoperative period:

1. Showering: As long as there is not any drainage from the incision sites, you may resume regular showers. Do not let water run over the covered incision, as the wound dressing may become wet. When sutures have been removed, water may run over the incision site, when complete, dry the area as normal with a towel.
2. The stitches are either dissolvable, where you may take the dressing off the wound at home 14 days after surgery and leave the wound open then. Or stitches must be removed 14 days after surgery, (information regarding wound care or wound follow-up will be given to you before discharge from the hospital). The suture (stitch) removal may be done at your local doctor, or other appropriate facility close to you. I prefer to see you at my consultation rooms between 6 and 8 weeks after the surgery to evaluate the shoulder, unless an earlier appointment is needed. Please make your follow-up appointment with us and with the physiotherapist as soon as you are discharged from hospital, during office hours.
3. Elevate the limb; use ice packs and medication prescribed as necessary.
4. If only decompression was done, the sling must be worn for 2 – 3 weeks.
5. If the muscle or tendon was repaired, the sling will be used for 6 weeks.
6. Sometimes the shoulder becomes very stiff, even with appropriate exercises and physio and a manipulation under anaesthetic might be necessary at 6 to 8 weeks after surgery.

Risks and Potential Complications:

The list of possible risks / complications is not provided to scare you, but to keep you informed about the possible risks and complications when surgery is done. All the necessary precautions are taken to keep you safe and try to prevent complications as well as to address any if it should occur.

Below is a list which outlines some risks / complications, but is by no means a comprehensive list:

1. *Infection:* Tests are done prior to hospitalisation where applicable, to identify high-risk situations, treat or avoid it. Infection risks are decreased with sterile operating environment and antibiotics. Careful handling of incision sites following surgery reduces the risk of infection. Despite all the precautions, the risk for infection is 0,1 -1 %. If you have any abnormal redness, swelling or increasing pain in the wound area, please contact the practice. In case you are running a temperature above 37,5°C, please contact the practice.

2. *DVT (deep venous thrombosis/blood clot)*: DVT risk is decreased through instituting early motion, elastic stockings and medication. The incidence is 1-3% (international statistics differ vastly). If you have abnormal swelling or acute pain in the calf or the thigh after surgery, contact the practice.
3. *Pulmonary embolism*: if the clot dislodges from the lower limb, it can travel through the heart and lungs and can be fatal. By reducing the risk of DVT we try and prevent embolism. If you experience chest pain, shortness of breath or coughing, contact our practice immediately.
4. *Pain*: Any surgical procedure has a potential complication of pain. Medication, ice, rest, compression, elevation of the operated limb and physiotherapy reduce post-operative pain. If the pain is not within expected limits or increasing, please call the practice.
5. *Bruising / bleeding*: This might occur and is usually not dangerous. Contact office if you are worried.

Call our practice or contact your local general practitioner (if you are out of town) immediately if any of the following occurs.

Fever, chills, or sweats.

Redness and warmth around the incision, non-clearing drainage from the incision, or increased pain in and around the incision.

Calf swelling, redness, pain, or warmth in the leg.

Chest pain, difficulty of breathing or coughing.

Prior to discharge you will be supplied with the necessary information regarding your specific condition, surgery done, expectations and rehabilitation programme. Please feel free to clarify any uncertainties with me.

Thank you for trusting us to treat you.

Dr Jan de Vos