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## THEATRE PROCEDURE INFORMATION

This letter is to provide information about what will happen now that you have been booked for theatre.

At this point, you should understand the following:

- your specific diagnosis, i.e. the cause of your problem
- the reason for performing surgery
- the risks and benefits of the chosen procedure
- any other available options

Should this not be clear, please indicate this to me.

You will be provided with:

- a date for the operation
- a date for the pre-operative consult (if the surgery is longer than a few weeks away)
- a financial quotation from our practice (as well as the Anaesthetist)
- letter of motivation (if required)
- referral to a Physician for medical optimisation if deemed necessary

Date of surgery
My typical operation times are on a Friday afternoon commencing at 13h00.

You will be admitted on the Friday morning between 8 and 9am. You need to stay “NIL per MOUTH” (nothing to eat or drink) from 06h00 other than sips of tap water until 2 hours before surgery.

You should stop any blood-thinning agents (eg aspirin, ecotrin) a week before surgery. Anti-inflammatories should be stopped 3 days prior to surgery. If you are on anti-coagulants, you will generally see a physician prior to surgery and they will co-ordinate your medication prior to the operation.

Although your surgical procedure may only take 2 hours or so, there is additional theatre time related to the anaesthetic and surgical preparation, and waking you to a safe state before transfer out to the high care unit.

Thus a single level fusion typically takes 2 hours, but up to 4 hours “away” from the ward.

At the pre-operative consult, I will once again run through the surgical plan, pertinent risks and take consent. During this process, you need to understand what the goals of surgery are, in principle what the procedure involves and the risks that you are exposing yourself to.

Clearly, surgery carries many risks including death, blindness and paralysis. The vast majority are extremely unlikely and I will highlight the more common risks that the procedure will specifically expose you to. This can never be comprehensive as we cannot predict the future.

As with everything in life, you are taking risk for potential gain. We will do our best to make the experience as safe as possible.

By the time we have booked the surgery, we would have discussed the risk:benefit ratio to assist with your decision-making, as in most cases this is a patient-led decision-making process.

I can only guide you with the medical information as regards your situation and probability of surgical success with minimal risk.

**Financial quotation**

In addition, at this pre-operative consult, I will confirm your understanding of the financial implications. You will have been provided with a printed quotation of my practice's expected charge.

Our Accounts (billing and collections) have been outsourced to an external practice management company called MFI. They should be your first port of call for account related queries, however, feel free to discuss any issues with my secretary should you need to.

We are unable to confirm what your medical insurance will pay. You will have to confirm this with them. To avoid any confusion, I would suggest you ask them what they will pay for each and every line item as the call centre frequently says 100%. This is open to interpretation, i.e. 100% of their tariff or my tariff?

My 2015 tariff is around 300% of the Discovery 'Medical Aid' tariff before discount. I generally offer a discount which we can negotiate.

Should you be on a Discovery Classic plan, there will be no shortfall due to a provider agreement with them.

You will be asked to sign that you accept the quotation.

This fee includes the assistant surgeon and my fee for the surgical procedure, my fee for the peri-operative care both in hospital and for the first 3 months (if full fee, 6 weeks if not) and VAT.

This does not include the instrumentation, hospital, anaesthetic, physician, physiotherapy costs.

Please discuss potential shortfalls - our practice, instrumentation costs and the anaesthetist being the commonest.

Generally the funders pay the hospital costs in full.

My rooms will facilitate the pre-authorisation process but in fact we have no legal relationship with the medical aid. It is a patient–medical aid contract. As such we can only assist.

Some medical aids are problematic and we will request that you deal with them. We will support you with the required documentation.

Following surgery, an invoice will be sent to your medical aid. You can request a copy. This is to assist the payment procedure but does not obviate your responsibility for the account.

Once your medical aid has processed the invoice, we will check that they have not erred (which is not infrequent). Some pay me others pay the patient. Once we have established this, my rooms will contact you with what is due from you.

Please note that any discount offered is on the basis of prompt payment, and should there be a problem with settlement, this will be revoked.

If there are any financial issues please communicate early as outstanding accounts are routinely handed over to a collection agency at 3 months with all collection costs for your account.

**Physician consult**

If there is any concern regarding your general medical status, especially in more complex surgery, you will be referred pre-operatively to a physician or a paediatrician in the case of a child. They will provide peri-operative medical care to optimise your safety and rapid recovery. My skills are as a surgeon and should you develop medical related problems, you are far better cared for by a physician.

**In-hospital stay**

Following the surgery, you will spend at least one night in the High Care Unit for more intensive monitoring to minimise risk and identify problems early. While in the ICU/HCU, your medical care will be supervised by the myself, the anaesthetist and physician (should there be one involved in your care).

Once stable, you will be transferred to the ward. Generally this is the day following surgery. Usually this is a “rest” day as you are too sedated to mobilise.

The following day you will be mobilised by the physiotherapy team. As you progress, the urinary catheter, drips and surgical drains will be removed.

You will usually need to have a post-operative x-ray to confirm all is well.

Generally you can expect to be discharged on day 5-7 post-operatively for most surgeries, the more complex being longer. This, of course, is variable based on your general medical status and assuming no complications.

On discharge, you will be provided with a few days medication as this is all most medical aids allow. In addition, you will be provided with a “prescription” for analgesia which you can collect from your chosen pharmacy.

Your dressing can be removed 10 days post-op. Generally there are no sutures to be removed as they are absorbable. There are usually some suture strips (sticky tapes) across the wound which your partner or GP can remove.

You will receive a 6 week follow-up appointment. If there is any problem before then, please contact the rooms or consult your GP. I generally send your GP / referring practitioner an admission summary so they are in the know.

Generally, there is no need for physiotherapy in the first 6 weeks. Following the first follow-up appointment, further exercise/rehabilitation programmes can be discussed.

The 6 week appointment is usually only a wound check and x-rays are not required.

Additional follow-ups will usually occur at 3, 6, 12 and 24 months post-op with x-rays.

Generally 12 weeks sick leave is required for lumbar fusion surgery and 6 weeks for decompression or neck surgery. Please inform me of your exact dates required for the certificate.

Should you require further information, please contact us on:

| | |
|---|---|
| ***Pam Myers*** | *admin@russellgovender.co.za* |
| *Bookings / Pre-auth* | *021 762 8794* |
| ***Dr Govender*** | *drgovender@russellgovender.co.za* |
| ***MFI*** | *ct@mfinc.co.za* |
| *Account Queries* | *081 460 8278 or 081 711 2591* |

Kind regards,

Russell Govender

**Diagnosis:**

**Planned surgery:**

**Date of surgery:**

**Date / time of admission:**

**Date / time of pre-op consult:**

**Quote:** Y / N

**Consent:** Y / N