

Please complete both pages and hand to Dr Lawson on the day of your surgery. Anaesthesia cannot be provided without consent.

Anaesthetic Information and Consent Form

Most often you will only get to meet with your anaesthesiologist for a short time on the day of your operation. This information sheet explains my role in ensuring the safe conduct of your anaesthetic and operation, and provides information about the fees that will be charged.

For more information please go to www.dunkeldanaestheticpractice.com or contact me directly.

Specialist anaesthesiologists are qualified medical doctors who have undergone a minimum of 4 years of additional specialist training to enable them to anaesthetise you for any operation. I have 16 years of academic training and a further 7 years of experience in the private sector as a Specialist.

Please understand that it is not possible to guarantee a risk free anaesthetic, but that our team is committed to providing the highest standard of care at all times. We are well trained to deal with any complications that may arise due to reactions to anaesthetic drugs, underlying medical diseases, complications with procedures that have to be performed, or complications due to the surgery itself.

The following list covers some of the complications that may occur during or after an operation.

Dr. Richard Lawson

MBBCh (Wits), DA (SA), FCA (SA)
MMed(Anaesthesia)(Wits)

Specialist Anaesthesiologist

Practice No. 0433667

Practice: 011 463-7821/ 463-4958

Accounts: 011 801-0500

Emergency: 082 686-0198

Common complications (1 to 10% of cases) Minimal or no treatment usually required	Rare complications (Less than 1 in 1000 cases) May require further treatment	Very rare complications (1 in 10,000 to 1 in 200,000 cases) Often serious with long-term damage	Brain damage or Death (Less than 1 in 250,000 cases)
<ul style="list-style-type: none"> Nausea and vomiting Sore throat Shivering or feeling cold Headache Dizziness Itching Pain during injection of drugs Swelling or bruising at the infusion site. Confusion or memory loss Side effects or interactions of post-operative medication 	<ul style="list-style-type: none"> Injuries to teeth, crowns, lips, tongue and mouth Hoarse voice, voice changes Vocal cord injuries Painful muscles Difficulty in urinating Difficulty breathing Visual disturbances Worsening of underlying medical conditions like diabetes, asthma or heart disease 	<ul style="list-style-type: none"> Eye injuries Nerve injuries causing paralysis Lung infection Awareness of the operation Bleeding Stroke Allergic reactions Unexpected reactions to anaesthetic drugs Inherited reactions to drugs (Malignant hyperthermia, Scoline apnoea, porphyria) 	<ul style="list-style-type: none"> Due to any other complication getting more severe Heart attacks Emboli (clots) Lack of oxygen

You can assist us in limiting the risk of the procedure as far as possible by doing the following:

- Bring a list of all chronic medications and supplements, and the results of any investigations that may be helpful in planning your anaesthetic (eg heart, lung, thyroid and other blood tests). - Please bring your current medication to the hospital as you may need to continue taking this medication during your stay. Please bring your CPAP mask if you have Sleep Apnoea.
- Please **DO NOT** withhold any information. It is critically important that your anaesthesiologist knows everything about you.
- Take your routine medication as normal. If you are taking any **blood thinning medication** ask the surgeon whether you should stop these before the operation AND check with the doctor who prescribed the medication that it is safe for you stop. If you are **diabetic** please ask the surgeon whether you should omit any of your medication or adjust the dose.
- If you have a medical condition, are unwell, or wish to discuss anything with the anaesthesiologist please either make contact before the day of surgery or ensure you are admitted to the ward at least one hour before the start of the list.
- Do not eat or drink for 6 hours before you report to the hospital on the day of your operation, unless directed otherwise.
- Do not drive, operate heavy machinery or make important decisions for 24 hours after your anaesthetic. Do not consume alcohol for 24 hours after anaesthesia AND until you have stopped all post-operative prescribed medication.

Please note that while surgery for a list of patients is scheduled to start at a particular time, only one patient can be anaesthetised and operated on at a time. This means that your surgery may be several hours after the scheduled start time

PATIENT DETAILS									
PATIENT FULL NAME & SURNAME:							AGE:	TITLE:	
DATE OF BIRTH/ ID NUMBER:					OCCUPATION:				
WEIGHT:	HEIGHT:		LAST FOOD: H		LAST FLUID: H		PREGNANT? YES/NO		
ALLERGIES:			SMOKING? NO/ YES ____ / DAY			ALCOHOL? NIL/ SOCIAL / MORE			
CURRENT MEDICATION/ HOMEOPATHIC MEDS:									
PREVIOUS ANAESTHETICS, WHEN & FOR WHAT:									
ANY ANAESTHETIC PROBLEMS OR FAMILY WITH ANAESTHETIC PROBLEMS?									
HAS THE PATIENT EVER HAD ANY OF THE FOLLOWING?									
HIGH BLOOD PRESSURE	YES	NO	DIABETES	YES	NO	ASTHMA/ BRONCHITIS/ EMPHYSEMA	YES	NO	
HEART DISEASE	YES	NO	THYROID PROBLEMS	YES	NO	BLADDER/ KIDNEY DISEASE	YES	NO	
STROKE/ TIAs/ BLACKOUTS	YES	NO	EPILEPSY	YES	NO	MUSCLE DISEASE	YES	NO	
SCOLINE APNOEA	YES	NO	PORPHYRIA	YES	NO	MALIGNANT HYPERTHERMIA	YES	NO	
EASY BLEEDING/ BRUISING	YES	NO	RECENT COLD/ FLU	YES	NO	ASPIRIN IN LAST TWO WEEKS	YES	NO	
FALSE, LOOSE, CROWNED OR CHIPPED TEETH				YES	NO	HEARTBURN/ REFLUX?	YES	NO	
DOES THE PATIENT CONSENT TO A BLOOD TRANSFUSION IF REQUIRED?							YES	NO	
ANYTHING ELSE YOU WANT TO TELL YOUR ANAESTHETIST:									

I consent to (**Patient's Name**)undergoing anaesthesia administered by Dr Lawson for (**Procedure**)..... I have read both pages of this document and I undertake to ensure that my concerns are adequately addressed and that I am afforded the opportunity to ask questions before undergoing the procedure.

PATIENT NAME: _____ PATIENT/GUARDIAN SIGNATURE: _____

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Anaesthetic Accounts and Billing Agreement

The fees charged by the anaesthesiologist are calculated according to established codes and practices governed by the Health Professions Council of South Africa and relevant South African legislation (E.g.: The Health Act, Medical Schemes Act). You will receive accounts from the hospital, surgeon, other service providers and a completely separate account from the anaesthesiologist. The anaesthesiology account consists of a consultation fee; a time-based fee - the rate of which is related to the predetermined associated complexity of the procedure; additional modifiers related to anatomical location, positional requirements and patient risk factors; and a fee for additional procedures or interventions performed by the anaesthesiologist. Explanation of the codes on the account can be obtained from the Board of Health Funders (011 537-0200). The table below allows an estimate of the fee for a procedure of average complexity (Inclusive of VAT @ 15%). Please note that this price list of modifiers to be added to the account is not exhaustive. Additional procedural costs or costs associated with unanticipated complications may apply.

Please contact my accounts department if you require a formal quotation. accounts@ebmaa.co.za 011 801-0500

BASIC COST		SELECTED COMMON MODIFIERS		ADDITIONAL PROCEDURES	
Consultation, preparation and first 30 mins	R3500	Age < 1yr or >70yrs	R920	Central line insertion with Ultrasound	R2300
Time fee 30 min – 1 hr	R600 per 15 mins	Orthopaedic/ bone modifiers	eg Hip/Spine R1500 Knee/Shoulder R600	Arterial line insertion	R1020
Time fee after 1 hr	R900 per 15 mins	Abnormal position	R300	Plexus block with Ultrasound	R3400
Emergency/Unscheduled surgery first 30 mins	R5000	Surgery to head, neck or shoulder	R300	Spinal block	R1250
Emergency time fee 30 min – 1 hr	R1700	Deliberate control of Blood Pressure	R550 per 15 mins eg Shoulder and Sinus surgery	Peripheral nerve block	R1025
Emergency time fee after 1 hr	R2250 per 30 mins	BMI > 35 (Overweight)	R300 per 15 mins	PCA pump	R1220

The total amount may not be covered by your medical aid. As all medical insurance companies offer cover at different rates your medical aid will reimburse you for your anaesthetic account at a rate based on the plan you have selected and the rules of the medical aid fund. This can vary from 30% (Scheme rate x 100% plans) to 100% (Scheme rate x 300% plans) of the amount charged. An account may be sent to your medical aid to help with your claim, but you remain personally responsible for payment of the account. The fee is due and payable immediately on completion of service. You will be held liable for interest and all legal fees that arise from any account that is not paid in full within 60 days.

PARTICULARS OF PERSON RESPONSIBLE FOR PAYMENT OF THE ACCOUNT									
NAMES & SURNAME:					TITLE:		RELATIONSHIP TO PATIENT:		
DATE OF BIRTH/ ID NUMBER:							OCCUPATION:		
HOME ADDRESS AND ELECTED <i>domicilium citandi et executandi</i>					POSTAL ADDRESS:				
CELL NUMBER:					SPOUSE TELEPHONE/ CELL NUMBER:				
TEL (HOME):			TEL(WORK):			FAX:			
E-MAIL ADDRESS:					BUSINESS/EMPLOYER NAME:				
MEDICAL AID/ INSURANCE NAME:					MEDICAL AID NO:				
MEMBER NAME:					AUTHORISATION NO:				
PLAN:					GAP COVER:		YES		NO
CONTACT NOT LIVING WITH YOU:					CELL NO:				

- I(Full Name) have read this document, my concerns have been adequately addressed, I agree that I am liable for payment of the account (even though I may not be the patient or principal member of the medical scheme), and I accept the conditions as set out above.
- I am aware that the rates charged by this practice are not necessarily in accordance with my own medical scheme's rates.
- In the event of this account being handed over for collection, I accept that the account information and details will be shared with credit bureaus without the anaesthesiologist incurring any liability. I consent in terms of Section 45 of the Magistrate's Court Act that any legal proceedings to do with this account may be instituted in the Magistrate Court, Randburg.
- I confirm the address noted above as my *domicilium citandi et executandi* for service of any court documents or processes that may be necessary, and undertake to inform the accounts department within 7 days of any change.
- Furthermore, I elect the email address supplied as my legal postal address for all purposes under this agreement.
- I also consent to sharing patient, guardian and guarantor information with the South African Society of Anaesthesiologists CEO and its Private Practice Business and Regulation Business units in the event of a complaint. (Information will be kept confidential within the SASA CEO, Private Practice and Regulation business units).

SignatureFull Name.....Date.....Email address.....

Finally, please do make use of the resources on our website www.dunkeldanaestheticpractice.com for more information, or for submitting any compliments, queries or complaints. For more immediate medical problems please use the emergency number (0826860198), contact your surgeon, or attend the nearest casualty.

PATIENT NAME: _____ PATIENT/GUARDIAN SIGNATURE: _____