DR MIKE MULDER

– ORTHOPAEDIC SURGEON –

A member of the CAPE SHOULDER AND ELBOW UNIT

SURGERY INFORMATION

It is essential that you are prepared for what your surgery and recovery involves.
Please read this carefully, it contains important information about what to do and expect before and after your surgery.

CONTACT DETAILS

Office hours – 08h30-16h30

Tel – (021) 797 9141/2 *(for all appointments and general enquiries)*

E-mail – mike@drmikemulder.co.za

Cell / WhatsApp - 083 661 0906 *(for urgent messages / calls - no voicenotes please)*

Physical & postal address –

Suite 203, MediClinic Constantiaberg, Burnham Road, Plumstead, 7800

PREPARING FOR SURGERY

PROCEDURE

I will have discussed the planned procedure with you, and explained what you can expect in the short, medium- and long-term following surgery. Please make sure that you understand the recovery process and have realistic expectations. It is especially important to be prepared for the limitations you may face in the period immediately after the surgery. Please clarify any uncertainties that you have with me before the surgery.

CONSENT

I will have asked you to read, consider, understand and sign the consent prior to your surgery. If there are uncertainties regarding the consent, please discuss these with me. If I find something unexpected during the surgery; the surgery performed may differ slightly from what we discussed and planned. I will ensure that you are clear on what rehabilitation is required before you leave hospital, particularly if this differs from what we discussed prior to surgery.

AUTHORISATION

Seona or Kathy will provide you with the procedure authorisation details for your medical aid scheme. **It is your responsibility to call your medical aid to get their permission (authorisation) to go ahead with the surgery.**

Your medical aid scheme will provide you with an **authorisation number** and details. Please read through this carefully, paying particular attention to any exclusions or prosthesis limits. This may affect their financial coverage of your surgery and we may need to modify how we approach the surgery to avoid payment shortfalls.

Please send the authorisation through to Seona and notify us of any concerns or limitations.

PRE-OP INFO

On the day of your surgery you will be told what time to arrive at the hospital reception, usually 90 minutes to 2 hours prior to your operation. This allows time for you to be admitted via reception *and* by the ward staff. We do not want this process to be rushed. Please try to attend the **Pre-Admission Clinic** a few days prior to surgery, it makes the admission process easier.

You will also be told what time to stop eating and drinking before surgery, i.e. the time from when you must be *nil per os*. This includes any tea, coffee, juice or water.

For morning surgery, you are required to be *nil per os* from midnight the night before. For later or afternoon surgery, we may tell you to have an early breakfast and allow you to continue with fluid intake until a certain time. Please clarify with the anaesthetist if you are uncertain. It is important to have an empty stomach when you have an anaesthetic, otherwise you are at risk of serious complications.

I will give you an estimated time that your actual surgery will occur. You may have to wait longer than you expected due to emergencies or unanticipated delays. Please be understanding and patient, particularly with ward staff. We understand that this is a stressful time for you and your family. Bring earphones, a charger and something to do. A family member can wait with you in the ward before your surgery, but please be sensitive to the needs of other patients and listen to the instructions of the Ward Sister.

I will come to see you before your surgery.

CHRONIC MEDICATION

Please bring ALL your regular medication into hospital, including inhalers. If you have a list of medication, bring it along, it is helpful. You can usually take your chronic medication on the morning of surgery, with a mouthful of water, on an empty stomach. You may also brush your teeth and rinse your mouth.

BLOOD THINNERS

Blood thinning medications (Ecotrin or Aspirin) need to be stopped a week before surgery. If you use additional anti-coagulant medications, for example - Warfarin, Xarelto or Clopidogrel etc., these will also need to be stopped. Please ask us what alternative must be used in the lead up to surgery. We often need to discuss this with your cardiologist, and require a cardiology report.

GLP-1 INJECTIONS

If you are using the diabetic and weight control injections (such as Saxenda, Victoza, Ozempic, Wegovy, Mounjara or Trulicity), it is very important to let me or Seona know immediately once surgery is booked. We need to inform the anaesthetist in good time. **You may need to stop the injection weeks pre-op.**

SLEEP APNOEA

If you have obstructive sleep apnoea, please notify the anaesthetist. If you use a nasal CPAP machine at night, bring this to hospital. Anaesthesia can result in more frequent apnoea episodes for a time post-op.

SLING

If you have used a shoulder sling in the past, please bring it to hospital for repeat use post op. This will spare you the cost of a new sling. Please bring the sling to theatre with you on the hospital bed, don't leave it locked up in the ward.

SPECIALISTS

If you regularly see a cardiologist or physician, please notify us of their details in order for us to obtain your reports.

ANAESTHETIC

The anaesthetist is usually Dr Rose Mulder, my wife. Rose will WhatsApp you the day before surgery to make contact, and she will see you in the ward pre-op or in the waiting area of the theatre complex (if you are booked later in the day).

If you have any concerns you would like to discuss with her, please feel free to contact her prior to surgery. She would prefer to talk through your concerns, fears, medical issues, and previous anaesthetic experiences with you prior to surgery to allay any anxiety.

If you have questions about which medication to take on the morning of surgery, Rose will be able to answer your questions.

Contact details:
e-mail: rosemulder74@gmail.com
WhatsApp: 083 661 0905

AFTER THE OP

Once we have completed the operation you will be taken through to the recovery area of the theatre complex. You will wake up here and once your pain is controlled and you have woken sufficiently from the anaesthetic, you will return to the ward.

I always try to phone a member of your family to let them know that you are waking up and that the surgery is complete. Please leave the number of the person you would like me to call with the staff or tell me directly.

BACK IN THE WARD

Once back in the ward you will be allowed to have something to eat and drink. The staff will monitor your vital signs and your pain levels.

I will visit you later in the ward once you are awake and explain how everything went. We will discuss if you are suitable to go home or spend the night in the hospital.

POST OPERATIVE ADVICE

GOING HOME

I will outline what you may and may not do following surgery, we will also discuss whether you require physio prior to going home or not. If you require physiotherapy before discharge, I will arrange this. You may return to your own physio for follow-up after discharge, or you may continue to attend the hospital physio practice for the duration of your rehabilitation.

You will have dressings over the surgical area. I will explain how to handle these after the surgery. In most cases these are waterproof and left in place until you see me at your follow-up appointment when we will remove the stitches. If they do come loose before, you can replace them with waterproof dressings which you can buy from any pharmacy, *or* you can pop into the office and we can do so for you.

POST OP VISIT

Please note: You will be told when you to see me again, usually 10 - 14 days post-op. The ward staff might make your appointment for you before you are discharged. IF NOT, once you are home, please phone the rooms timeously to make your post-op appointment . Office Phone: 021 797 9141

DRIVING & AIR TRAVEL

I will inform you when you are likely to be able to drive following surgery, this is based on the type of surgery. **You may not drive for 24 hours after the anaesthetic.**

It is safe to fly 48 hours after the surgery but bear in mind that you are likely to be on painkillers during the early post-operative period and it is wise to defer any non-essential travel for at least a week.

AT HOME

It is common to feel very tired in the first few days after your surgery. Please try to clear your schedule so that you do not have too many commitments in the early days.

You may also feel that you have very little appetite, do not be distressed by this as it will return in time. You may only feel up to snacking on small meals. It is important that you keep a good fluid intake - drink plenty of water, cooldrink or warm beverages.

It is not necessary to eat prior to taking pain medication; these can be taken on an empty stomach. The pain medication will make you extremely sensitive to alcohol, be very careful when consuming this while taking the medication.

Ice is very useful in the first 3-5 days following surgery. An ice-pack from any pharmacy, or a plain bag of ice cubes in a towel will greatly assist with pain and swelling.

IN GENERAL

Please do not underestimate the impact that surgery may have on you. Many people, irrespective of age, feel very tired and drained in the first week after surgery. Please make provision for this and don't plan many responsibilities in the first week at least.

If you or your family are concerned about your condition following surgery, please contact me via my rooms (during office hours). If outside of office hours, please contact me via my cell phone, or via WhatsApp (no voice notes please). While I endeavour to be available, sometimes I may not answer immediately and I will get back to you as soon as possible.

MEDICATION

PAIN MED PROTOCOL

TARGINACT: 1-2 tablets twice daily taken in the morning and evening. Schedule these, for example, at 6am and 6pm.
This is a strong, long-acting, controlled-release opiate. You will most likely have received it in hospital if you stayed overnight.

AND

DOLOROL FORTÉ / NAPACOD: 2 tablets, taken every 4 - 6 hours.
This is a combination of Paracetamol (Panado) and Codeine. This is taken simultaneously with the Targinact and both are usually needed for at least a week after surgery.

NB: Please take BOTH Targinact and Dolorol Forté. They can be taken at the same time.

In addition to this we might provide you with a few **OXYNORM** capsules, depending on the surgery. Take 1-2 capsules in addition to the above meds, for breakthrough pain. In other words, continue to take both the Dolorol Forté tablets and Targinact Tablet regularly, but, if despite these, you still have significant pain and it's not time for one of these regulars, then you take an Oxynorm as a rescue painkiller. Oxynorm capsules can be taken as required but must be spaced at least 4 hours apart. Oxynorm is a strong opiate and works quickly, but for a short time. The combination of all 3 together will probably make you feel drowsy.

Please take the pain medication regularly to control the pain in the first 2-3 days at the very least. Thereafter you can start to reduce the dose or skip doses according to your pain. Be careful of tapering off the medication too soon.

ADDITIONAL MEDS

ANTI-INFLAMMATORIES: Some patients will be prescribed anti-inflammatories in addition to the painkillers listed. These also provide good pain relief. They will be indicated on your script.
For example: Xefo, Celebrex, Exinef, Arcoxia etc.
If not, please omit any anti-inflammatories for 2 weeks post-op, to allow for healing.

MOVICOL: One sachet of granules dissolved in half a cup of water every evening, until your bowels work again. You can use a sachet up to 3 times a day, as needed.

Opiates and decreased general activity post-op cause constipation. Almost everyone has this side-effect, so please take the advice and use the movicol. It is not a laxative, it is a stool softener. This will reduce strain once your bowels open, usually day 3-6 post-op. If your bowels have not worked, you may ask your pharmacist for a laxative after 3-4 days.

Please also ensure that your diet contains fresh or dried fruit and plenty of water to help prevent constipation.

ANTI-NAUSEA MEDS: For example - Zofer / Vomiz / Ondansetron, to counteract the nausea from the painkillers / anaesthetic. Please use this as needed. This tablet is dissolved under the tongue and works very quickly. These can be taken every 8 hours, if required.

SCHEDULE 6 MEDS

Targinact and **Oxynorm** are Schedule 6 Opiates. They work well to control pain. We are careful when prescribing them, as they can be addictive. We prescribe the lowest dose, and lowest number of tablets / capsules as possible. If you require more, you will need an original script, your pharmacy cannot accept a verbal or mailed prescription. **Please inform me in good time** if you need a new script, as you will have to **arrange to collect the original script from my office.**

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Dr Rose Mulder
ANAESTHESIOLOGIST
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MBChB(UCT) DA(SA) FCA(SA) Practice Number 0245755

BILLING INFORMATION

MedX handles the billing for both Dr Mike Mulder, the orthopaedic surgeon, and Dr Rose Mulder, the anaesthetist.
See contact details below for statements / account queries / quotations.

MEDX CONTACT DETAILS

Tel – (021) 205 3555

Account Manager E-mails:

Rashieda for Dr Mike Mulder – cb-orth@medx.co.za
Tasneem for Dr Rose Mulder - drmulder@medx.co.za

Physical & postal address –

35 Wilderness Road, Claremont, Cape Town, 7708