



Cintocare
Suite 15
175 Frikkie de Beer Street
Menlyn Maine
Pretoria
0181

Dr. Johan van Heerden
PLASTIC AND RECONSTRUCTIVE SURGEON
012 993 0476 ☎
066 152 8919 ☎
Accounts: 082 305 1689 /
acc.johanvh@gmail.com
admin@drjohanvanheerden.co.za

AUTHORISATION FOR BREAST RECONSTRUCTION

Patient's Name

Introduction:

- 1) I authorise **Dr. Johan van Heerden** and his assistant(s) to perform on me an operation known as a breast reconstruction. Each patient presents with a unique problem and a tailor-made approach will be followed to give the optimal reconstructive method to the patient. Either your own tissue or an implant or a combination can be used and will be explained in detail during the consultation.
- 2) The nature and effects of this operation and the risks and complications have been explained and understood.
- 3) Among other points, the following has been made specifically clear:
 - a. The scars are permanent.
 - b. There is a possibility that the blood supply to the flap may be compromised and that the flap may undergo necrosis. In this case a second flap procedure will need to be performed.
 - c. The donor site of the flap will need reconstruction by means of a second local flap or a skin graft.
 - d. Wound care of the flap and donor site area will be necessary and will be taken care of by a wound care sister. She may claim a fee for the wound care service.
 - e. Complications after breast reconstruction procedures are similar to those after any surgical procedure i.e. bleeding; infection and wound breakdown may occur and may require additional procedure(s) for treatment.
 - f. If it is necessary to use an implant or tissue expander there are specific risk factors associated with these prosthetic devices like extrusion, infection and capsular contracture.
 - g. Swelling and bruising take a few weeks to disappear and several months are necessary for the flap to assume their eventual shape. After 3 months a revision procedure may be needed to debulk the thickness of the flap.
 - h. Sensation to the skin surrounding the flap and donor site is usually altered and may be permanently decreased. (This is due to the initial injury and the subsequent surgery.)
 - i. I understand and accept the less common complications, including the remote risk of death or serious disability that exists with any surgical procedure.
 - j. I am aware that smoking during the 4 weeks pre- and 4 weeks post-operative periods may increase my risk of complications significantly.

- k. I have informed the doctor of all medications I am currently taking, including prescriptions, over the counter remedies, herbal drugs, supplements or any other substance. I have been advised whether I should avoid taking any or all of these medications before or on the days of the procedure.
- l. I have informed Dr. van Heerden of previous deep vein thrombosis and all the relevant risk factors for deep vein thrombosis and pulmonary embolism that may be present. Prophylactic measures to prevent this will be utilised as indicated.

In cases of breast Implant Reconstruction:

- m. A rare form of lymphoma called anaplastic large cell lymphoma has been reported in patients with breast implants (34 cases worldwide out of 5 – 10 million patients). This is a low-grade malignancy that responds to variety of treatments. There have not been any deaths reported.
- n. You may have heard recent media reports regarding breast implants and a rare form of cancer. The FDA recently updated information regarding this disease (Breast Implant Associated-Anaplastic Large Cell Lymphoma (BIA-ALCL)). The American Society of Plastic Surgeons is working closely with the FDA in monitoring the disease. BIA-ALCL is not a breast cancer, but a rare and treatable T-cell lymphoma that usually develops as a fluid swelling around breast implants. The lifetime risk for this disease appears to be about 1 case for every 30,000 textured implants. This equates to a 0.003 percent risk. Thus far, there have been no confirmed cases of BIA-ALCL in women who have had only "smooth surface" breast implants. The FDA is not recommending removal of textured implants. Rather, the FDA recommends, as do I, that every woman conduct regular self-examination.
- o. If you develop swelling or a lump in your breast, contact my office right away. I will comprehensively evaluate you and order the appropriate tests to determine if any treatment is indicated.
- p. Women who develop BIA-ALCL can often be cured by simply removing the implant and the scar tissue surrounding it. Some patients may require additional treatment (such as radiation or chemotherapy). Following removal, replacement with a smooth surface implant may be an option.
- q. For additional information about BIA-ALCL, consult the American Society of Plastic Surgeons website at www.plasticsurgery.org/alcl.
- 4) I authorise Dr. Johan van Heerden to perform any other procedure that he may deem desirable in attempting to improve the condition stated in paragraph 1 above or any unhealthy or unforeseen condition that may be encountered during the operation.
- 5) I consent to the administration of anaesthetics by a suitably qualified doctor.
- 6) The practice of medicine and surgery is not an exact science. I therefore, understand that no guarantee or assurance can be given by Dr. Johan van Heerden as to the results that may be obtained. Even reputable practitioners cannot guarantee results.
- 7) I have authorised Dr. Johan van Heerden to take clinical photographs. Such photographs remain the property of Dr. Johan van Heerden.
- 8) I am allergic to: _____
- 9) In the event of a contractual dispute, or any other cause of action, litigation shall ONLY be instituted in a court of the Republic of South Africa.

Deleted: 1



10) Mediation:

Should any dispute, disagreement or claim arise between Dr. Johan van Heerden and the patient (called hereafter "the dispute") concerning professional medical services rendered by Dr. Johan van Heerden to the patient, Dr. Johan van Heerden shall endeavour to resolve the dispute with the patient or claimant by mediation. It is in everyone's interest that health-related claims and disputes be resolved expeditiously, in a fair and cost-effective way. In the event of any such claim or dispute arising from treatment provided by Dr. Johan van Heerden, the patient agrees to attend an entirely free pre-mediation meeting before any legal action is taken. A qualified and independent mediator will chair the aforesaid pre-mediation meeting. The purpose of the confidential and without prejudice meeting will be to inform all interested parties about mediation so that they can take an informed decision whether to make use of mediation before any other legal action is taken. It is acknowledged that this agreement does not in any way violate the parties' constitutional rights in terms of Section 34 of the Constitution.

- 11) I acknowledge that I will be responsible to pay for the consultation fee by credit card, Snapscan or cash after the consulting room consultation – this amount or part thereof may be claimed back from your medical fund.
- 12) I acknowledge that I will be responsible to follow-up with my medical fund with regards to the authorization of the specific procedure codes. A motivation will be emailed to the medical fund by the practice staff, containing all the relevant information and codes.
- 13) Acknowledge that I will REGISTER MY CONDITION AS A PMB (PRESCRIBED MINIMUM BENEFIT) with my medical fund, should this be applicable. MEDICAL FUNDS are obliged to reimburse the payment of PMB conditions in full.
- 14) I acknowledge that I have been informed (by this document) that this practice does not charge the rates that the Department of Health has unilaterally determined for doctors, which are known as the Reference Price List (RPL).
- 15) I accept that I remain fully responsible for payment of services rendered and should I not pay timeously, understand that I will be liable for Debt recovery cost on an attorney and own client scale. If the Medical Aid decide for whatever reason not to reimburse the practice for services rendered, I remain responsible for the outstanding balance
- 16) I acknowledge that any account queries or requests will be directed to Mrs. Annelize Beneke: 082 305 1689, acc.johanvh@gmail.com
- 17) I acknowledge that I have the right to choose another Specialist and that I am under NO OBLIGATION to consult with Dr. Johan van Heerden.

Signed: _____ Witness: _____ Date: _____
(Patient or person authorised to consent for patient)

IMPORTANT INFORMATION

PRE-OPERATIVE INFORMATION:

- Do not eat or drink anything 6 hours before the procedure.
- Do not shave any hair yourself – this will be done in theatre.
- **DO NOT TAKE ANY VITAMINS, HERBS OR SUPPLEMENTS FOR 2 WEEKS BEFORE THE SURGERY.**

- **STOP Disprin/Ecotrin, Grandpa OR ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS 10 DAYS BEFORE SURGERY.**
- **STOP Clopidogrel/Plavix/Anti-platelet medicine 7 DAYS BEFORE THE SURGERY.**
- **WARFARIN, XARELTO & PRADAXA WILL BE SUBSTITUTED WITH CLEXANE 5 DAYS BEFORE THE PROCEDURE – PLEASE ASK DR VAN HEERDEN FOR A PRESCRIPTION.**
- Please arrive at admissions at 2 HOURS BEFORE YOUR OPERATION TIME – ASK ANETTE (THE RECEPTIONIST) AT WHAT TIME YOUR SURGERY IS SCHEDULED (The Anesthetist will see you before the operation either in the ward or at the Theatre waiting area).
- The practice will email a MOTIVATION LETTER to the Medical Aid on your behalf.
- Please confirm with the medical aid that all the procedure codes are authorized and kindly communicate this with the Receptionist (Anette) AT LEAST 3 – 5 DAYS BEFORE the day of admission.
- The following are **PMB conditions**:
 - An emergency condition, An accident, A cancer, A serious infection or abscess, A limb or life-threatening condition, A complicated soft tissue defect
- **PLEASE ENSURE THAT YOU REGISTER THE CONDITION AS A PMB (PRESCRIBED MINIMUM BENEFIT) WITH YOUR MEDICAL AID.**
- The practice staff will supply you with a detailed LETTER OF MOTIVATION, containing all the relevant codes and information to assist YOU with the process. Please contact Your Medical Aid to supply you with the necessary PMB forms.
- Do not smoke cigarettes for 6 weeks before and 6 weeks after the operation.
- In case of cancers or skin lesions, the excised tissue will be sent for histological examination to exclude the presence of malignancy and therefore additional costs may be involved.
- If a flap or a skin graft is needed, there will be additional donor site scars. The skin graft donor site is normally in the groin or on the thigh or behind the ear.
- Wound care of the skin graft may need additional wound care by the wound care sister; Dr. van Heerden will advise you regarding this.

GENERAL POST-OPERATIVE CARE FOR ALL PATIENTS:

- **DO NOT REMOVE** the dressings/binder THAT WAS placed in theatre. The sutures will be removed after 3 weeks and BINDERS/BRAS must be worn for 6 weeks.
- The breasts may be **painful** for 3 – 6 months.
- **Massaging** of the breasts (implant reconstruction) in the correct way as illustrated by Dr. van Heerden for at least 6 months is very important.
- Do not shower or sit in a bath, the dressings must be kept dry, you may wash your hair and body at the basin carefully, using a cloth and or hand shower. Normal showering can be resumed after 6 weeks.
- You may resume gym and exercises after 6 weeks.
- If severe bleeding occurs from operative site, use light compression with gauze and contact the rooms for an emergency appointment.
- If the dressings accidentally come loose or excessively soaked with blood, please make an appointment at the rooms for new dressings.
- Swelling around the eyes is a normal occurrence, if the lesion was in close proximity to the eyes.

Deleted: ¶



Cintocare
Suite 15
175 Frikkie de Beer Street
Menlyn Maine
Pretoria
0181

Dr. Johan van Heerden

PLASTIC AND RECONSTRUCTIVE SURGEON

012 993 0476 ☎

066 152 8919 ☎

Accounts: 082 305 1689 /

acc.johanvh@gmail.com

admin@drjohanvanheerden.co.za

- Do not compress or put pressure on any flap tissue.
- After 3 - 6 weeks, once all wounds and suture lines are healed: do not apply "fissue-oil" or "Bio-oil" on the scars, RegimA or Lab-Zero may be applied as directed, once wound healing is complete, in a massaging fashion in the direction of the scar lines.
- HYPO-ALLERGENIC MICROPORE (purchase at the practice) must be applied to all suture lines 3 weeks after the surgery, once superficial sutures are removed. MICROPORE must not be removed by pulling on it, the MICROPORE MUST LIFT UP BY ITSELF. The MICROPORE GET WET during showering but must be dried using a hairdryer. RegimA may be applied on top of the micropore in the direction of the scar.

FLAP-SPECIFIC POST-OPERATIVE CARE:

- Treat the flap with huge care and respect and NEVER PUT ANY PRESSURE OR TIGHT CLOTHING ON A FLAP OR FLAP SITE FOR the first 3 weeks after the procedure.
- **Week 1: (IN HOSPITAL)**
 - Lung-physiotherapy and passive exercises of joints not affected by the flap procedure is indicated.
 - Sleep in a position that will keep pressure away from the flap – alternate positions to prevent pressure ulcers every 2 hours.
 - Use the bed cradle to prevent pressure on the flap.
 - Abdominal binder will be used for 6 weeks to prevent Seromas and help with wound healing. (For abdominal surgery patients only)
- **Week 2 – 3: (AT HOME)**
 - Wash the flap daily with Hibiscrub or household bathing soap to keep suture lines clean. Continue until 6 weeks have passed.
 - Remember follow-up appointment after 3 weeks with Dr. van Heerden
 - After 3 weeks normal day-to-day activities e.g. driving, and office-work may be resumed.
- **After 6 weeks:**
 - Sport activities, manual labour and full mobilization may be resumed after 6 weeks.
 - FOR FIBULA BONE RECONSTRUCTIONS IN THE LIMBS WAIT 12 WEEKS.
- **After 3 months:**
 - Phone for a follow-up appointment with Dr. Johan van Heerden in order to plan for a revision procedure of the flap (IF INDICATED). The aim of this procedure is to improve the functionality of the relevant body region, by removing excess fat. This improves function and enables wearing of normal clothing. (MOSTLY SOFT TISSUE FLAPS)

Deleted: MA