



Dr BJ Smalberger (Barry)
MBChB, MMed(Anaes)(Stell), FFA(SA)
MP 0290599 Pract no. 1007165

Dr T Lourens (Tarina)
MBChB, DA(SA) MMed(Anaes)(Free State), FCA(SA)
MP 0684279 Pract no. 0649481

Dr PA Withers (Paul)
MBChB, DA(SA), MMed(Anaes)(Stell)
MP 0285900 Pract no. 1011936

Dr WT van Tonder (Wim)
MBChB, DA(SA), MMed(Anaes)(Pret), FCA(SA)
MP 0679909 Pract no. 0621935

Dr PC Chiole (Pieter)
MBChB, MMed(Anaes)(Pret)
MP 0498793 Pract no. 0570168

Dr K v Rensburg (Karmelle)
MBBCh, DA(SA), MMed(Anaes)(WSU), FCA(SA)
MP 0755737 Pract no. 0821586

Dr E Ryksen (Erna)
MBChB, DA(SA), MMed(Anaes)(Free State)
MP 0612561 Pract no. 0449431

Dr J Botha (Jacques)
MBBCh, DA(SA), MMed(Anaes)(SMU), FCA(SA)
MP 0780952 Pract no. 0962163

Dr N Venter (Nadia)
MBChB, DA(SA), MMed(Anaes)(Free State)
MP 0570583 Pract no. 0472476

Dr E Louw (Esme-Marie)
MBChB, DA(SA), MMed(Anaes)(Free State)
MP 0607746 Pract no. 0449458

HOSPITAL STICKER

Please bring this completed and signed form to hospital on admission

PATIENT INFORMATION

georgeanaesthesia.co.za / georgenarkose.co.za



- In experienced hands, 90% of epidural catheters will provide excellent pain relief on the first attempt. In 10% of cases, either a patchy block or poor analgesia may arise, requiring intervention in the form of withdrawal of the catheter by 1-2cm, or a top-up with the patient lying on the affected side.
- There may be some discomfort during the second stage of labour. Only rarely is it not possible to obtain effective pain relief.
- Some degree of motor block may occur. The patient will be mobile, but it is not our policy to perform "walking" epidurals. The motor block will not affect the ability to "push".
- Epidural analgesia does not increase the likelihood of Caesarean section. The second stage may be slightly prolonged, and assisted delivery may be more common.
- Medical history: You will be required to complete a medical questionnaire before your procedure. Please provide information on any medical conditions and results of relevant investigations you may have when you are admitted.
- Medication: Please inform your Anaesthesiologist of any medication you may be taking or have taken in the past 3 months (including homeopathic and natural products) as well as any blood thinners (Warfarin, Aspirin, Plavix).
 - Take your routine medication as normal unless otherwise instructed. (If you are taking Warfarin, Aspirin, Plavix or any other blood thinners please ask your Anaesthesiologist when to restart you should stop these before the operation).
- Timing of your procedure:
- Complications during Lumbar Epidural analgesia for labour:
 - Anaesthesia is not without risk.
 - Adverse events can occur during any anaesthetic, which can range from trivial to brain damage or even death.
 - These events may occur due to: underlying medical diseases, reactions to anaesthetic drugs, or complications with procedures that have to be performed.
 - Anaesthesiologists have been trained to manage these complications.
 - If a complication persists for more than 48-hours please inform your anaesthesiologist.

The following list covers some of the side-effects that may occur during the lumbar epidural

Minor Side-effects	Major Side-effects - Rare
<ul style="list-style-type: none"> Hypotension Nausea/vomiting Pruritus Transient respiratory depression Sedation Shivering 	<ul style="list-style-type: none"> Inadequate block. Missed segment or patchy block: Lie on affected side Unilateral block: Withdrawing the catheter until 3cm into the space. Perineal pain: 50ug fentanyl in 10 ml of 0.1% bupivacaine seated. Dural tap with post dural puncture headache (PDPH): Headache may arise due to inadvertent dural puncture (<1%). A combination of conservative management and/or epidural blood patch will be implemented. Blood in epidural catheter. Total spinal anaesthesia: Inadvertent high spinal block or intravenous injection of local anaesthetic agents, resulting in arrhythmias, convulsions, or cardiorespiratory arrest. Subdural block. <u>Local Anaesthetic Systemic Toxicity (LAST):</u> CNS Symptoms Minor Signs/Symptoms - Tongue and Peri-oral numbness, Paraesthesia, Restlessness, Tinnitus, Muscle fasciculations and tremors. Permanent neurological damage. Sepsis and/or abscess formation.

BILLING INFORMATION

A. Coding & Tariff Determination

1. The Practice determines the costs associated with the provision of anaesthetic services by using the coding rules as determined by the Health Professionals Council of South Africa (HPCSA), the South African Medical Association (SAMA) and South African Legislation (Health Act and Medical Schemes Act).
2. A specific Medical Aid may not recognise the validity of any or all of these codes as used by the Practice.
3. The Practice will assume that the rules and guidelines as determined by SASA and SAMA as the correct and ethical interpretation.
4. The Practice's anaesthetic fee is determined by the anaesthesiologist based on training, expertise, experience and practice costs and do not relate to any medical scheme rate (Competition Commission ruling 2006). The rates used to determine the fee is applicable to all patients, irrespective of circumstance or medical aid membership as required by the Consumer Protection Act.
5. The cost of an anaesthetic is dependent on time and procedure complexity. As it is impossible to predict how long a procedure will take, it makes estimating the cost of an anaesthetic extremely difficult. **A cost estimate may be requested before the procedure from AMS.**
6. The cost may increase according to the duration of the procedure, procedures performed, risk factors and/or complications in theatre.
7. Explanations of the codes on the account can be obtained from the South African Medical Association (www.samedical.org), your medical scheme or the South African Society of Anaesthesiologists (www.sasaweb.com).
8. **Your medical aid will reimburse you for your anaesthetic account at a rate based on the insurance plan you have selected and the rules of your medical aid. The total amount may not be covered by your medical aid and you will be responsible for any shortfall.**
9. The anaesthesiologist is not a designated service provider (DSP) of any medical insurance company thus prescribed minimum benefit (PMB) conditions may not be covered by your medical insurance.

B. Account Administration & Terms of Payment

1. The administration of an account remains the responsibility of the patient and/or guarantor.
2. In cases where a funder's administration is substandard or payments from the funder are paid directly to the patient, the Practice will NOT submit the account to the funder but directly to the patient/guarantor.
3. The Practice may only accept payment from the patient and/or the patient's guarantor and/or a medical funder registered as such with the Council of Medical Schemes.
4. The patient and/or guarantor and/or employer (IOD cases) remains responsible for the full amount of the account.
5. Terms of full payment is strictly 30 (thirty) days after service delivery. After which the account will be handed over for debt recovery and interest will be charged at 2% per month. All costs incurred to collect the arrears will be for your account on attorney and client scale.
6. **The Practice will NOT supply motivations to Medical Aids and/or Hospitals for the use of any medication and/or procedures and/or equipment that may be required during the course of the anaesthetic. In case the Medical Aid refuses to pay for clinically accepted treatments, you are advised to contact the Council of Medical Schemes (www.medicalschemes.com).**

Contract with the Anaesthesiologist

1. I understand that the anaesthetic account is separate from the hospital and surgeon accounts.
2. I accept responsibility for the full amount of the anaesthetic account.
3. I understand that all EFT payments must be accompanied by the correct reference number, and that the anaesthesiologist will not be held responsible for any costs associated with payments that could not be allocated due to incorrect reference numbers.
4. I declare that the anaesthetic account will not form part of any administrative order that exists on the guarantor's name.
5. I declare that all personal information supplied by me is true and correct. (Domicillium citandi et executandi)
6. I accept responsibility for all legal and tracing costs that may be incurred due to non-payment according to attorney and client scales.
7. I declare that, in case that I am not the guarantor, I have the permission of the guarantor to sign this contract.
8. I have read and understood the complete contents of this document and that I accept all terms and conditions as specified under "Billing Information"

Informed consent for Anaesthesia

1. I understand that a qualified Anaesthesiologist (specialist in Anaesthesia) will take responsibility for my peri-operative care to the best of his/her human abilities. I understand that an incident-free anaesthetic is the aim but cannot be guaranteed.
2. I understand that receiving anaesthesia will have certain risks and that no guarantee can be given regarding my response to drugs administered during the anaesthetic.
3. I understand that during the procedure, my physical and surgical conditions may alter and require changes in the management of my anaesthesia. This will be done with my safety and wellbeing as the first consideration.
4. I understand that the transfusion of blood and/or other blood products may be required during the procedure. If you choose to refuse transfusion of blood products please inform your anaesthesiologist beforehand.
5. I consent to HIV and Hepatitis B testing in the event of contamination of a health care worker by human bodily fluids during the procedure.
6. I understand that anaesthetic staff and equipment are supplied by the hospital and cannot be guaranteed by the anaesthesiologist. Equipment is checked on a daily basis.
7. I, the patient / guardian authorise the anaesthesiologist to share relevant personal and/or clinical information with other healthcare organisations and the patient's guarantor as required by law.
8. I agree to the processing of my health and personal information as contemplated in the **Protection of Personal Information Act No 4 of 2013** by the Anaesthesiologist, practice staff and third parties, in order to provide proper treatment and care, as well as communicating with other persons inasmuch as it relates to my management, and/or for the administration of the institution or professional practice concerned. This consent would extend to responsible parties acting as service providers to the institution or professional practice concerned and medical schemes and their administrators where relevant. **For a detailed notification of the personal information being collected a privacy notice may be requested from AMS (service provider).**
9. In the event of any claim, complaint or grievance, I shall prior to taking any legal action, promptly initiate a free and confidential pre-mediation meeting with an accredited mediator appointed by SASA.
10. I have read and understood the information contained under "General Information". I have been given the opportunity to discuss my concerns with the anaesthesiologist.
11. **I declare that I am 18 years of age or older, of sound mind at the time of signing this agreement and that I am not under duress. I hereby give permission for the administration of anaesthesia on myself/ my dependent.**

Signature: _____
(Patient/Guardian/Guarantor)

Guardian / Guarantor: _____
Relationship to patient: _____

Patient: _____ Contact no.: _____ Email: _____

On (date): 20 ____ / ____ / ____ At (location): _____
(Anaesthesiologist)