HOSPITAL STICKER

Please bring this completed and signed form to hospital on admission

GEORGE NARKOSEGROEP
ANAESTHETIC ASSOCIATES

Dr

MP no. _____ Practice no._____

SASA

www.georgenarkose.co.za
www.georgeanaesthesia.co.za

# GENERAL INFORMATION

1. **Do not eat any food for at least six (6) hours before your anaesthetic or sedation.** For your own safety, you must be fasted before all anaesthetics and sedation. Clear fluids may be taken up to the time specified by your anaesthesiologist.
2. **Water or clear apple juice** (less than 200ml / hour) may be taken **up to two (2) hours** before the anaesthetic unless otherwise instructed.
3. **If using GLP-1 receptor agonists (Ozempic, Mounjaro, Wegovy, Zepbound):** Standard fasting times may be insufficient due to delayed gastric emptying. Contact your healthcare provider for specific instructions; **24-hour fasting from solid food may be required.**
4. It is against the law to drive a motor vehicle or operate heavy machinery for 24 hours after the anaesthetic.
5. It is also recommended not to drink alcohol or make any important decisions for 24 hours after the anaesthetic.
6. Medical history:
   - You will be required to complete a medical questionnaire before your procedure. Please bring information about any medical conditions you have, as well as the results of any relevant investigations, when you are admitted for your procedure.
7. Medication:
   - Please bring **all your current medication** to hospital, preferably in the **original packaging**, together with an up-to-date **medication list**. Include supplements and natural or homeopathic products used in the past 3 months.
   - Please do not take **blood-pressure medications** on the morning of your procedure. Bring them along and confirm with your anaesthesiologist before taking them. Beta-blockers can usually be taken as normal.
   - If you take **Warfarin, Rivaroxaban, Dabigatran, Aspirin, Clopidogrel or any other blood thinners**, please confirm with your treating doctor when they should be stopped. **Never stop blood-thinning medication without medical advice.**
   - Continue all other medication unless your doctor advises otherwise.
8. Timing:
   - Your procedure may take place several hours after the scheduled start time due to unforeseen circumstances and changes to the operating list.
   - If you are admitted later than the start time of a list, you may only see the anaesthesiologist in the theatre waiting area.
   - If you have any medical concerns you would like to discuss with the anaesthesiologist, please contact us before the day of surgery or ensure that you are admitted to the ward at least one hour before the start of the list.
9. Risks of Anaesthesia:
   - Anaesthesia is generally very safe, but, as with any medical procedure, complications can occasionally occur.
   - Most complications are minor and temporary, but rarely, serious complications can occur.
   - Complications may be related to your medical condition, anaesthetic medications, procedures performed during anaesthesia, or the surgery itself.
   - Your anaesthesiologist is trained to monitor you throughout your procedure, to recognise & manage any complications that may arise.
   - If you experience an unexpected problem or symptom that persists for more than 48 hours after your procedure, please contact your anaesthesiologist.

**The following are some of the complications that may occur during or after anaesthesia, or from side effects of post-operative medication**

| **Common complications**<br>(1 to 10% of cases)<br>Minimal treatment usually | **Rare complications**<br>(less than 1 in 1000 cases)<br>May require further treatment | **Very rare complications**<br>(1 in 10,000 to 1 in 200,000 cases)<br>Often serious with long-term damage | **Brain damage or even death**<br>(less than 1 in 250,000 cases) |
|---|---|---|---|
| Shivering or feeling cold<br>Sore throat, Nausea and Vomiting<br>Headache, Dizziness<br>Itching<br>Pain during injection of drugs<br>Swelling or bruising at infusion site<br>Confusion or memory loss<br>(common if elderly) | Injuries to teeth, crowns, lips, tongue and mouth<br>Hoarse voice, vocal cord injuries.<br>Visual disturbances<br>Painful muscles, Pressure related injuries<br>Difficulty breathing<br>Difficulty in urinating<br>Worsening of chronic medical conditions like diabetes, asthma or heart disease | Severe bleeding<br>Allergic reactions/ anaphylaxis<br>Eye injuries, Nerve injuries causing paralysis<br>Lung infection<br>Unintended awareness of the operation<br>Stroke<br>Unexpected reactions to anaesthetic drugs<br>Inherited reactions to drugs (Malignant hyperthermia, Scoline apnoea, Porphyria) | Due to any other complication getting more severe<br>Heart attacks<br>Emboli (clots)<br>Prolonged lack of oxygen |

**Complications arising due to procedures that may be performed during your anaesthetic**

| **Procedure** | **Complication** |
|---|---|
| Airway management (including endotracheal intubation) | Damage to lips, teeth, tongue, palate, throat, vocal cords, hoarseness, inhalation of stomach contents (aspiration), pneumonia, obstruction of breathing, failure to maintain the airway requiring an operative procedure or ventilation. |
| Intravenous line (IV / drip) | Pain, swelling, bleeding, inflammation, infection, clots, repeated insertions. |
| Central venous catheter (CVP) | Pain, swelling, bleeding, inflammation, infection, repeated insertions, puncture of lung, artery or nerve, clots. |
| Arterial line for specialised monitoring | Pain, swelling, bleeding, inflammation, infection, repeated insertions, loss of blood flow to & possible death of fingers. |
| Nerve blocks, spinal or epidural injection | Back pain, non-resolving headache, nerve damage, paralysis, headache, nausea, vomiting, infection, dizziness, shortness of breath, chest pain, pneumothorax, seizures, drug toxicity, failure of technique with conversion to general anaesthetic. |

# 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. 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).
5. 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.
6. 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 Medical Billing Solutions.**
7. The cost may increase according to the duration of the procedure, procedures performed, risk factors and/or complications in theatre.
8. **Depending on the choice of your medical aid, your medical aid might 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 might choose NOT to submit the account to the funder but directly to the patient/guarantor for settlement.
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 daily.
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.
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.**

**Guardian / Guarantor:** _____

**Signature:** _____
(Patient/Guardian/Guarantor)

**Relationship to patient:** _____

**Patient:** _____ **Contact no.:** _____ **Email:** _____

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