

INFORMATION BOOKLET

PATIENT GUIDE



B R  N K
narkotiseurs
anaesthesiologists

DEAR PATIENT



Please read this booklet as it contains important information regarding your planned anaesthetic and surgery. Please keep this booklet for future reference and don't forget to bring it with on your day of surgery.

- You will find a green anaesthetic form in this booklet, please complete sections A, B, C & D.
- Included in this booklet please find the anaesthetic consent form marked E. Read it carefully and complete it, as an anaesthetic may not be administered without this form being completed.
- If your planned surgery is orthopaedic in nature you might be advised by the anaesthesiologist to consent for a nerve and/or spinal block.
- The following procedures commonly involve nerve blocks:
 - **Hip replacements** – Lower limb block form
 - **Knee replacements** – Lower limb block form
 - **Knee ligament surgery** – Lower limb block form
 - **Lower leg surgery** – Lower limb block form
 - **Ankle surgery** – Lower limb block form
 - **Shoulder replacements** – Upper limb block form
 - **Shoulder scopes** – Upper limb block form
- The following procedures commonly involve a spinal block:
 - **Hip replacement**
 - **Knee replacement**
- If you are coming for one of the above surgeries, please read the specific block form and complete it. If a block form has not been provided please contact Brink Inc. on (012) 349 0200, email: brinknar@mweb.co.za or visit the website: www.brink-inc.co.za.
- **You can request a quotation for your anaesthetic by contacting Brink Inc. on (012) 349 0200 or email: brinknar@mweb.co.za.**
- Lastly if you wish to rate your experience and assist us with comments to help us improve our service to you, please complete the contact form available on our website: www.brink-inc.co.za.

WELCOME

We would like to welcome you as a patient of Brink Anaesthesiologists.

Brink Anaesthesiologists have been in existence since 1973 and we are proud of the safe personal service that we have delivered over the years. As specialists we are dedicated to being up to date on the latest advances in our field.

An anaesthesiologist is a specialist medical doctor trained to keep you safe and comfortable during your planned surgery. During your time in theatre the anaesthesiologist will monitor your vital signs (blood pressure, heart rate, breathing etc.) and manage any unforeseen complications which might arise.

Your anaesthesiologist will consult you before your planned surgery. You will probably only see your anaesthesiologist on the day of your operation, either in the ward or the theatre waiting area. Your anaesthesiologist will tailor an anaesthetic plan best suited for your wishes, risk profile and intended surgery. Please take this time to discuss any concerns you might have regarding your anaesthetic, including fees charged. You may be offered a mild sedative before your planned surgery.

YOUR ANAESTHETIC

The following information will explain what you need to know to ensure the safe conduct of your anaesthetic and surgery, including complications that may occur and fees charged.

MEDICAL

You will be required to complete a medical questionnaire to highlight potential problems while you are undergoing surgery and anaesthesia. Please bring all relevant information on medical conditions you may have to the hospital on your day of admission.

MEDICATION

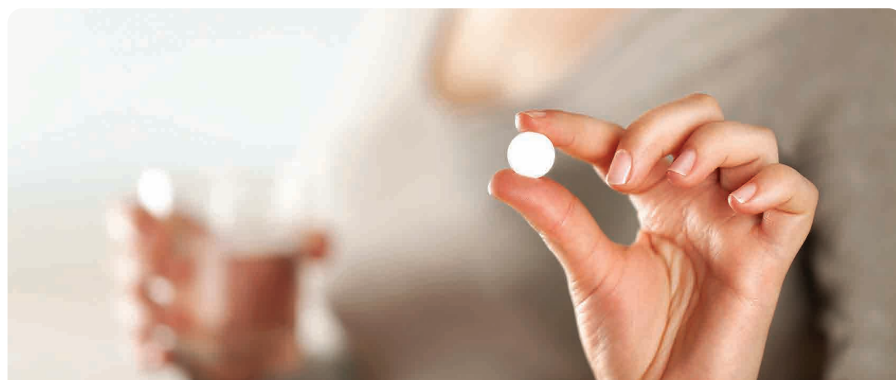
- Please bring your current medication to the hospital if there is any chance that you will be staying overnight or need to take this medication while in hospital.
- Also bring a list of all the medication that you are currently on or have taken in the past 3 months (including homeopathic and natural products).
- Make a list of any allergies you may have.
- Take your routine medication as normal (if you are taking Warfarin, Aspirin, Plavix or any other blood thinners please ask the surgeon when you should stop these before your operation).

Eating before an anaesthetic or sedation:

You need to be starved for all anaesthetics and sedations for your safety.

All patients including children must have no food or milk products from 6 hours before admission.

- Morning surgery – no food or fluids after midnight.
- Afternoon surgery – no food or fluids after an early light breakfast (before 6am).



TIMING OF SURGERY

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 hours after the scheduled start time. An estimate of the start time for your procedure may be provided at the pre-anaesthetic assessment. If the surgeon offers an admission time later than the start time list, you may only see the anaesthesiologist in the theatre waiting area. If you have a medical condition or want 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.

TYPES OF ANAESTHESIA

There are four main types of anaesthesia, local anaesthesia, conscious sedation, regional anaesthesia and general anaesthesia. These can be used alone or in combination depending on the intended surgery and patient risk profile. Each type has its own set of risks and benefits. Feel free to discuss any questions you may have regarding the anaesthetic technique planned for your surgery.

COMPLICATIONS DURING ANAESTHESIA

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: reactions to anaesthetic drugs, underlying medical diseases, complications with procedures that have to be performed or to surgery. If a complication persists for more than 48 hours, please inform your anaesthesiologist or surgeon.

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

PROCEDURE	COMPLICATION
Intravenous line	Pain, swelling, bleeding, inflammation, infection, clots, repeated insertions
Central line for monitoring or therapy	Pain, swelling, inflammation, infection, repeated insertions, puncture of the lung/artery or nerves, clots
Arterial line for specialised monitoring	Pain, swelling, inflammation, infection, repeated insertions, reduced blood flow to the hand leading to loss of fingers
Airway management	Damage to lips, teeth, tongue, palate, throat, vocal cords, hoarseness, inhalation of stomach content (aspiration), pneumonia, obstruction of breathing, failure to maintain the airway requiring an operative procedure
Nerve blocks, spinal or epidural injection	Back pain, non-resolving headache, nerve damage, paralysis, nausea, vomiting, infection, dizziness, shortness of breath, chest pain, pneumothorax, seizures, drug toxicity

Side effects of anaesthesia or interactions of post-operative medication vary and may cause complications below, across the spectrum

Common complications (1 to 10% of cases) Minimal 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)
• 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 (common if elderly)	• Injuries to teeth, crowns, lips, tongue and mouth • Painful muscles • Difficulty in urinating • Difficulty breathing • Visual disturbances • Worsening of underlying medical conditions like diabetes, asthma or heart disease • Hoarse voice, vocal cord injuries • Pressure related injuries (brachial plexus)	• Eye injuries • Nerve injuries causing paralysis • Lung infection • Awareness of the operation • Bleeding • Stroke • Allergic reactions/ anaphylaxis • Unexpected reactions to anaesthetic drugs • Inherited reactions to drugs (malignant hyperthermia, scoline apnoea, porphyria)	• Due to any other complication getting more severe • Heart attacks • Emboli (clots) • Lack of oxygen

AFTER AN ANAESTHETIC OR SEDATION

You will not be allowed to drive (arrange for a lift home), operate dangerous machinery or make important decisions for 24 hours after your anaesthetic. Do not consume alcohol after anaesthesia and until you have stopped all post-operative prescribed medication (pain killers, anti-inflammatories, antibiotics etc.) If in doubt, please consult your treating surgeon or anaesthesiologist.

Please contact the anaesthesiologist if you have any questions regarding your anaesthetic

ACCOUNTS



ANAESTHETIC ACCOUNTS

- The fees charged, and codes used by the anaesthesiologist fall within the guidelines of the Health Professions Council of South Africa.
- The unique anaesthetic fee is determined by each anaesthesiologist, based on their training, expertise, experience and practice costs and **do not relate to any medical scheme rate** (Competition Commission ruling 2006).
- You will receive a completely separate account from the anaesthesiologist. (There may also be accounts from the surgeon, radiologist, pathologist, physiotherapist and hospital).
- The cost of an anaesthetic is dependent on time and procedure complexity. As it is impossible to predict how long a procedure will take, this makes estimating the cost of an anaesthetic extremely difficult. The cost estimate table below is therefore based on the average time taken for a procedure and assumes the procedure is of average complexity.
- Cost estimates below do not include additional cost for ICU, pain control techniques, ultrasound, obesity, blood pressure control, paediatrics, fractures and emergency surgery or cases not booked on routine lists.
- If the procedure takes longer than the estimated time the cost will increase according to the duration of the procedure.
- If your BMI (body mass index) is greater or equal to 35kg/m^2 you will be charged an additional 50% of the anaesthetic fee.
- To calculate BMI = weight (kg)/height (m^2)
- Explanations of the codes on the account can be obtained from the Board of Health Funders (011- 537-0200) or your medical scheme.
- As all medical insurance companies offer cover at different rates. Your medical aid will reimburse your anaesthetic account at a rate according to the plan you have selected and the rules of your medical aid fund. This can vary from 30% (so called 100% plans) to 100% (most 300% plans) of the amount charged. Some medical schemes exclude or do not recognise or reimburse for some of the SASA and SAMA approved codes. This can be queried with your chosen medical scheme.
- **Brink Inc. is a 300% practice.**
- **The total amount may not be covered by your medical aid. You will be responsible for the shortfall.**
- The anaesthesiologist may not be a designated service provider (DSP) of any medical insurance company and therefore prescribed minimum benefit (PMB) conditions may not be covered in full by your medical insurance (check with your insurer).
- An account may be sent to your medical aid to assist you with your claim, but you are still responsible for payment of your anaesthetic account to your anaesthesiologist. All interest and legal fees that arise from any accounts that are not paid in full within 30 days will be for your account.
- Brink anaesthesiologists accounts are administered by Precision Medical Solutions and your anaesthesiologist often does not know of any payment problems you might have unless you inform them of such.

Private patients (procedures being paid for privately and not covered by your medical aid/insurance)

- Please note that treatment of complications arising from anaesthesia or surgery may or may not be covered by your initial quotation.
- All costs (may include other medical professionals and treatment) associated with the procedure and any complications will be for your account.



Estimated anaesthetic cost for 2025 inclusive of VAT

	Estimated time	Average anaesthetic fee	Approximate 100% scheme fee	100% rate shortfall
PROCEDURES NOT SPECIFIED				
Basic fee less than 30 min	30 min	R 3 900	R 1 300	R 2 600
Basic fee 30 to 60 min	60 min	R 5 300	R 2 000	R 3 300
Basic fee 60 to 90 min	90 min	R 7 300	R 2 450	R 4 850
Basic fee 90 to 2 hours	2 hours	R 9 300	R 3 100	R 6 200
MODIFIERS				
BMI >35kg/m ²	Add per 15min	R 525	R 220	R 305
Age < 1 yr or >70 yrs	Add	R 1 020	R 340	R 680

For more information or to request a quote or consent form, please visit www.brink-inc.co.za , or phone (012) 349 0200



Brink Anaesthesiologists have established contracts with the following medical aids:

Discovery Health Classic Plans, Fedhealth, Bonitas, and RFMCF.

Please ensure to verify your eligibility with our office or directly with the anaesthetist prior to your scheduled surgery date.

COMMENTS, QUERIES, COMPLAINTS OR COMPLIMENTS

Should you wish to comment on your anaesthesiologist, anaesthetic or billing experience, the following procedure is in place:

- Complete and submit the contact form available on the Brink website www.brink-inc.co.za
- This form will be comprehensively addressed and responded to
- Should you have a complaint and your complaint not be resolved to your satisfaction, complaints can then be forwarded to the South African Society of Anaesthesiologists (SASA) at ceo@sasaweb.com (website: www.sasaweb.com)
- Should the processes of SASA not resolve your complaint, your complaint may be forwarded to the Ombudsman of the Health Professions Council of South Africa (HPCSA) at ombcomplaints@hpcsa.co.za
- Should your complaint continue to be unresolved, the Ombudsman will advise on how best to pursue the complaint further

OUR TEAM OF SPECIALIST DOCTORS



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INFORMATION BOOKLET

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