

PERSOONLIKE INLIGTING

Van : Uys
Volle name : ANNICA
Noemnaam : ANNICA Titel : MEV.
ID nr : 9104050154088
Geboorte datum: 05.04.1991
Ouderdom : 33
Kontak nr : 0663321036
E-pos adres : annikauys2013@mail.com
Woonadres : PLAAS WITPAN
LICHTENBURG 2740
Beroep : —

NAASBESTAANDE INLIGTING

Naam & Van : STEFAN V. NIEKERK Naam & Van :
Verwantskap : VRIEND Verwantskap :
Kontak nr : 0723855301 Kontak nr :

MEDIESEFONDS INLIGTING

Mediesefonds : MOMENTUM Persoon verantwoordelik vir rekening:
Plan : CUSTOM ANY Voorletters & Van : A. UYS
Nommer : 917175129 Titel : MEV.
Afhanglike kode : 01 ID nr : 910405 0154 088

TEATERVERSLAG: CHIRURGIE

DR CHARL OLIVIER

Pat: MRS ANNICA UYS Ep:Z20853:1	
Adm Date: 14/04/2025 04:39	Auth: 146352289
ID: 9104050154088	Med: MOMENTUM HEALTH MEDI
Age: 34 Yrs 0 Mths	Schm: MOME26
Cel: 0663321036	DOB: 05/04/1991 Age: 34
FARM WITPAN	Med No: 917175129(01)
LICHTENBURG	WBHO COX8
LICHTENBURG	Dr: CHARL OLIVIER
Mem: ANNICA UYS	Dr Prac: 0089303
Mem Email: ANNICKAUYS2013@GMAIL.COM MID: 9104050154088	

LÊER NOMMER:

ICD 10 KODE:

DATUM:

14/4/2025

PROSEDURE:

L/R Bil Kwi Roma Recon

NARKOSE:

Algemeen / Spinaal / Lokaal / Senuweeblok

TOERNIKETTYD:

(BBT 300mmHg)

TOEGANG:

All MPP Extended	Instoot: 13h45
	Sny tyd:
	Laaste steek: 16h10

NARKOTISEUR:

BS

SKROPSUSTER:

Mogda

ASSISTENT:

PE

POSISSIE:

Rug

↑ hielkou - artikulær / Elastiek TYD:
 TYD:
 # is los: Vergelyk plant - spesel 60
 Elastiek distale femur en acet = 135 mm
 Binnel ligg + binn voor n TOETSREUKSE ✓
 Grootte Tibia + femur sien in n Toets weer
 Resuscitatie ingeplaas: Verlenging = 18 mm
 Spesel 60 en crusing blootlig daarby
 Faracol n situ → Hey word in toe n
 Recon Ext weg in 2 bie n Jet in d toe
 Gedekk stukk CJO
 HANDTEKENING:

INTRA- OPERATIEWE FOTO'S



TKV/THV

L/R/BILAT

WONDSORG

Datum: _____

WOND:

GEBRUIK VAN KRUKE / YSTERAPIE /
MOBILISASIE:

PYN & ONGEMAK:

ADDISIONELE KOMMENTAAR:

8/52 POST OP

Datum: 10/06/2015

- Wond lyk gesond **PLC**
- Mobilisasie gaan goed

KLAGTES:

• *Huumaa!*

• *Rug (P) as slaap*

KLINIESE ONDERSOEKE

• *10° Kart, extensie*

• *90° Flexie*

(P) *Kicksels* **CJO**
Openig 2/2.

X-STRAAL EVALUASIE:

- Posisie goed
- Prostese intakt & stabiel

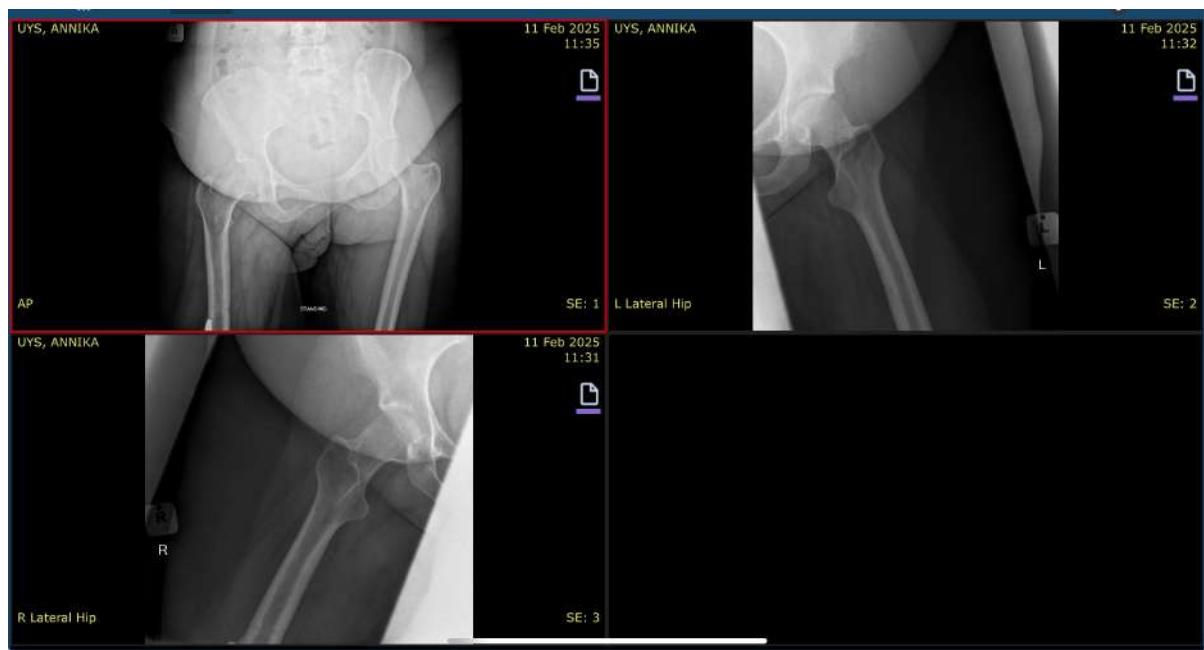






Primère radiologie & interprétasie









Tel: (012) 386 0012
Fax: 012-3863480/2745
54 De Havilland crescent, Persequor
Technopark, Persequor, Pretoria, 0020
P.O. Box 166, Persequor, 0020
info@elitesurgical.com
Elite Surgical Supplies (Pty) Ltd
REG. NO: 1999/019423/07

Sales Quotation

Document No: SQ2941
Date: 2025-02-18
Currency: ZAR
VAT NO: 4610188734

Customer Account: **CUS354**
ZUID AFRIKAANS HOSPITAL
(012 - 343 0300) - Fax: 012 - 343 4592
Zuid-Afrikaans Hospital
255 Bourke Street, Muckleneuk
Pretoria 0002
Customer VAT No: 4900127160 Gauteng
Registered Name: **ZUID-AFRIKAANS HOSPIATAAL NPC**

Reference: **20250218**
Patient Name: **UYS, A MRS**
Hospital Number:
Doctor: **DR OLIVIER, C**
Delivery Address:
Zuid-Afrikaans Hospital 255 Bourke Street, Muckleneuk
Pretoria, 0002

Code	Description	Unit	Qty	Price (ZAR)	Discount	Total (ZAR)
MR000009	MR2S Cemented Stem (9mm X 130mm) Barcode: 6009696227955 NAPPI Code: 670792005		1.00	21136.06	13566.91 (64.19%)	7,569.15
MRK501715	MR2S Hinge Knee Femoral Resection Right - Medium Barcode: 6009555302984 NAPPI Code: 1205372001		1.00	25432.13	16324.49 (64.19%)	9,107.64
MRK501751	MR2S Hinge Knee Shoulder Bolt - Rotating Barcode: 6009555303097 NAPPI Code: 670792005		1.00	4564.44	2929.84 (64.19%)	1,634.60
MRK501782	MR2S Hinge Knee Shoulder Bolt Washer Barcode: 6009555303141 NAPPI Code: 670792005		1.00	5105.91	3277.40 (64.19%)	1,828.51
MRK50177	MR2S Hinge Knee Axle Locking Screw Barcode: 6009555303127 NAPPI Code: 670792005		1.00	5830.94	3742.79 (64.19%)	2,088.15

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Medical Aid: Momentum
Limit: R59 000.00

Should you have any queries with regards to this quotation,
please contact your sales consultant.

This quote is valid for 180 days from the date on this
document.

Subtotal: 143,261.96
Discount: 91,957.60
After Discount: 51,304.36
VAT @ 15%: 7,695.66

TOTAL (ZAR) **R 59,000.02**

Payment terms: 30 days (2025-03-28)
Payment Ref: CS354SQ2941



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continuing from previous page...

Code	Description	Unit	Qty	Price (ZAR)	Discount	Total (ZAR)
MRK501732	MR2S Hinge Knee Tibial-Femoral Interface - Medium Barcode: 6009555303042 NAPPI Code: 670792005		1.00	7500.00	4814.13 (64.19%)	2,685.87
MRK50176	MR2S Hinge Knee Axle Barcode: 6009555303110 NAPPI Code: 670792005		1.00	4737.87	3041.16 (64.19%)	1,696.71
MRK50179	MR2S Hinge Knee Femoral Resection Bush Barcode: 6009555303158 NAPPI Code: 670792005		2.00	2500.00	3209.42 (64.19%)	1,790.58
MRK5017102	MR2S Hinge Knee Bumper Block 2,5° Barcode: 6009555303172 NAPPI Code: 670792005		1.00	4393.79	2820.31 (64.19%)	1,573.48
MRK501781	MR2S Hinge Knee Shoulder Bolt Rotation Bush Barcode: 6009555303134 NAPPI Code: 670792005		1.00	5105.91	3277.40 (64.19%)	1,828.51

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continuing from previous page...

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MRK501742	MR2S Knee Tibial Insert - Medium Barcode: 6009555303073 NAPPI Code: 670792005		1.00	12182.83	7819.97 (64.19%)	4,362.86
MRK5017122	MR2S Hinge Knee Tibial Resection - Medium Barcode: 6009555303219 NAPPI Code: 670792005		1.00	21136.04	13566.89 (64.19%)	7,569.15
MRK5017110	MR2S Hinge Knee Tibial Stem 100mm Barcode: 6009555303196 NAPPI Code: 670792005		1.00	21136.04	13566.89 (64.19%)	7,569.15

Medical Aid: Momentum
Limit: R59 000.00

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Dr. P.H. Sonnekus

Specialist Physician | Internis

MBChB, DA (SA), FCP (SA), MMED (INT)

Pr. No. 0779520 MP 0663182

20 March 2025

Dr C. Olivier

Orthopaedic surgeon

ZAH

Re: Mrs Annika Uys (05.04.1991)

BMI 32

ASA II

Functional class: 3

Dear Dr Olivier

Thank you for referring the above-mentioned patient to me for a pre-operative assessment prior to an elective right total knee replacement, scheduled for 14.04.2025.

Mrs Annika Uys is a 33-year-old patient whose background medical conditions include:

- 1. Previous MVA in 2022**
 - a. Was intubated and ventilated for a prolonged period (Milpark Hospital)_
- 2. Smoker**
 - a. ca 5-10 cigarettes per day
 - b. ~ 10 pack years
- 3. Epilepsy**
 - a. Diagnosed after MVA
 - b. Last epileptic fit 31.12.2023
- 4. No known allergy**
- 5. Osteo-arthritis**

Previous surgeries:

- C-section (2014,2017, 2028)
- Neck fusion (C5) (June 2022)
- Right femur and ankle ORIF (June 2022)
- Right arm ORIF (June 2022)

Current Medication:

- None
- Previously on Epitec

On clinical examination:

General: Weight 84kg, length 1.61m, not pale, mild oedema right leg, no lymphadenopathy.

Neck: no mass or bruits, previous tracheostomy scar

Skin: no skin lesions

Vitals: BP 110/80(right arm), Heart rate 93bpm (SR), Sats 97% on Room air

CNS: awake, orientated no place, person but not to time, no neckstiffness, no abnormal signs. Hammer toes. No abnormal movements, decreased vibration right. Decrease patella reflexes. Normal microfilament.

RESP : Bilateral air entry, clinically no sign of pleural effusions. No creps or wheezes.

CVS: Pulses palpable, S1, S2 no S3, no murmur

Abd: Soft, not distended, non-tender, no organomegaly detected. Previous surgery.

Legs: soft

General information:

- Known drug allergies/sensitivities: none
- Previous perioperative complications: no
- Recent upper respiratory tract Infections: no
- Social habits: social drinker

Special investigations:

- ECG: SR, HR 93Min, IT, PR 122ms, QRS 72ms, QTc 388ms , no significant ST segment abnormality.
- CXR (20.03.2025): No abnormalities noted in the chest.
- Doppler (20.03.2025): no DVT
- Bloods (Pathcare 17.03.2025):
 - FBC: normal (Hb 16.8 g/dL)
 - UEC: normal sodium, normal potassium with GFR of 115ml/min
 - Uric acid: 0.43mmol/L (elevated)
 - CMP: normal
 - LFT: mildly raised GGT
 - TFT: TSH 1.73 mIU/L, T4 14.6mol/L (euthyroid)
 - ESR: 2
 - Iron studies: normal
 - HbA1c: 5.5%
 - D-Dimer: elevated
- Urine -MCS: mixed growth

New Problems:

- Hyperuricaemia

- **Elevated D-Dimer**
 - Doppler no sign of DVT

Risk Profile

1. Attached full risk assessment as calculated by the ACS/NSQIP
2. GIT risk factors:

a. Previous GIT bleed	<input type="checkbox"/>
b. Active PUD	<input type="checkbox"/>
c. Use of OAC	<input type="checkbox"/>
d. Use of low dose ASA	<input type="checkbox"/>
e. H.pylori positive status	<input type="checkbox"/>
f. Smoker	<input checked="" type="checkbox"/>
g. Nil	<input type="checkbox"/>
3. Renal risk factors

a. GFR <60ml/min/KO	<input type="checkbox"/>
b. "Triple whammy": use of two/more of the following: NSAIDs/ACE inh/ARB/diuretics	<input type="checkbox"/>
c. Nil	<input checked="" type="checkbox"/>
4. Pulmonary risk factors:

a. Asthmatic	<input type="checkbox"/>
b. COPD	<input type="checkbox"/>
c. Current smoker	<input checked="" type="checkbox"/>
d. Nil	<input type="checkbox"/>
5. VTE risk factors:

a. Previous VTE	<input type="checkbox"/>
b. Use of HRT	<input type="checkbox"/>
c. Obesity	<input checked="" type="checkbox"/>
d. Current smoker	<input checked="" type="checkbox"/>
e. Nil	<input type="checkbox"/>

Caprini risk score: 7 points (high risk, 4%)
6. Post-operative bleeding risk factors:

a. Abnormal renal function	<input type="checkbox"/>
b. Abnormal liver function	<input type="checkbox"/>
c. Current OAC/NOAC usage	<input type="checkbox"/>
d. Current NSAID/Aspirin usage	<input checked="" type="checkbox"/>
e. Elderly (>65 years)	<input type="checkbox"/>
f. Alcohol abuse	<input type="checkbox"/>
g. Anaemia	<input type="checkbox"/>
h. Reduced platelet count	<input type="checkbox"/>

Peri-operative recommendation:

Contraindication to elective surgery: **None** **Yes:**

However, it has been thoroughly explained to the patient that the procedure still carries a risk of perioperative cardiopulmonary complications despite all risk factors being controlled (see ACS document).

My recommendations include:

1. Post-operative care in high care unit based on the presence of:

- Age \geq 75 years
- Revision surgery
- History of VTE
- Spinal surgery
- GFR $<60\text{ml/min/KO}$
- Previous AMI
- ASA ≥ 3
- Other:

2. VTE prophylaxis post-operatively:

- Intermittent pneumatic compression
- Compression stocking
- Enoxaparin 0,5mg/kg to be given within 9-15 hours after the surgery (after discussion with the surgeon)
- The patient can be changed to a NOAC once the surgical drain has been removed
- Duration of OAC post-op:
 - 14 days
 - 21 days (UKR/TKR)
 - 5 weeks (THR)
 - Lifelong (AF/other)

3. The potential adverse effects & risks of new drug therapies have been explained to the patient.

4. NSAIDS's

- Avoid all NSAIDS
- High GIT/high CVS risk: avoid all NSAIDs
- High GIT/low CVS risk: use COX-2 inhibitor alone/ NSAIDs and PPI in combination
- Low GIT risk/high CVS risk: Use Celecoxib/Naproxen
- Low GIT/low CVS risk: use any NSAIDs

Other suggestions/pre-op recommendations:

- No herbal remedies/spices/Omega 3 supplements
- Incentive spirometer post operative
- Discontinue all NSAIDs 2 weeks prior to surgery.
- Increased risk for VTE, coronary artery syndrome and infection were discussed with the patient.
- Patient was started on Allopurinol 100mg dly po.
- D dimer was elevated but Doppler excluded DVT.
- Please prescribe Pulmicort nebs 0.5mg bd and Duovent q6h.

Kind regards



Dr PH Sonnekus