



Dr MICHAEL MOLYNEAUX

EAR, NOSE & THROAT (ENT) SURGEON

MB ChB, FC ORL (SA) MMed (Stell) | Practice NO: 0637297

Peel Tojanne

CONSENT TO SINUS/SEPTUM OPERATION/S

I, Dr Michael Molyneaux have explained the nature, risks and possible consequences of the procedure to the undersigned patient and/or his/her legal guardian.

OPERATION NAME(S):

Endoscopic septoplasty and sinus surgery
Polyp removal

FOR MEDICAL PROBLEM(S):

Nasal obstruction / sinus disease
Failed medical management

ANAESTHETIC: LOCAL / REGIONAL / GENERAL

BLOOD TRANSFUSION: NEEDED / LIKELY / POSSIBLE / UNLIKELY / HIGHLY UNLIKELY / NOT NEEDED.

In the event a blood transfusion is required, do you give consent to receive blood: YES NO

In signing this consent form, I agree that:

- The doctor has described the operation well enough for me to understand it.
- The doctor has explained why the operation is advised, and what the alternatives are to the operation.
- The doctor has explained what benefits can realistically be expected from the operation.
- The doctor has explained the risks, complications and possible side effects of the operation (PTO) and anaesthetic.
- The doctor has answered the questions I wanted to ask about the operation.
- I do wish the doctor to proceed with the operation.
- If the doctor finds in the operation that additional procedures not listed above are necessary, he may do them.

PATIENT NAME & SURNAME: _____ Date of birth : dd / mm / yyyy

SIGNATURE: _____ Date: _____
(Adult or child over 12 years)

PARENT/GUARDIAN'S NAME: _____ Relationship to patient: _____

SIGNATURE: _____ Date: _____

DOCTOR'S NAME: Dr Michael Molyneaux SIGNATURE: _____ Date: 29/4/24

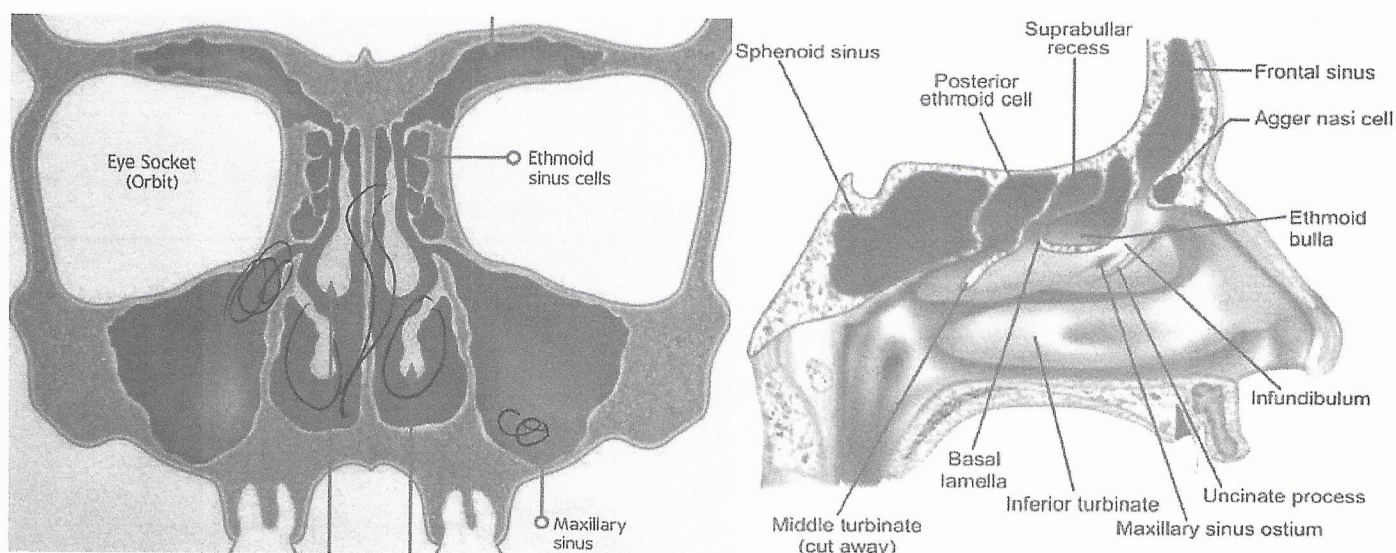
WITNESSES NAME: Yvonne Kaegelenberg SIGNATURE: _____

PLACE: Constantiaberg DATE: 30/04/24

SUITE 114 EAST MEDICAL SUITES, MEDICLINIC CONSTANTIABERG, BURNHAM ROAD PLUMSTEAD 7800

ROOM 303 MEDICAL SUITES, KINGSBURY HOSPITAL, WILDERNESS ROAD, CLAREMONT, 7700

Tel: +27 (0) 21 201 8709 | Email: entcape@gmail.com | Website: www.entsurgeon.co.za



POSSIBLE COMPLICATIONS:

All operations carry some element of risk in the form of possible side effects. These potential complications are very uncommon.

ENDOSCOPIC SINUS & NASAL SURGERY:

- * **Bleeding** is a risk of any operation. It is very common for small amounts of bleeding to come from the nose in the days following the operation. Major bleeding is extremely uncommon and it is very rare for a transfusion to be required.
- * **Eye problems:** The sinuses are very close to the wall of the eye socket. Sometimes minor bleeding can occur into the eye socket and this is usually noticed as some bruising around the eye. This is usually minor and gets better without any special treatment, although it is important that you do not blow your nose. More serious bleeding into the eye socket sometimes can occur, however this is very rare. This can cause severe swelling of the eye and can even cause double vision or in very rare cases loss of sight. If such a serious eye complication did occur you would be seen by an eye specialist and may require further operations.
- * **Brain Fluid Leak:** The sinuses are very close to the bone at the base of the brain. All sinus operations carry a small risk of damage to this thin bone with leakage of fluid from around the brain into the nose, or other related injuries. If this rare complication does happen you will have to stay in hospital longer and may require another operation to stop the leak. On very rare occasions infection has spread from the sinuses into the spinal fluid causing meningitis but this is extremely uncommon.
- * **Numbness of the skin** above the upper lip and some numbness of the teeth might be present due to the local anaesthetic used during the surgery, especially if a septoplasty is required. This is very rare and will usually recover quickly in a few days. Numbness of the forehead can occur if an eyebrow incision is required to drain the frontal sinuses.
- * **Infection of the sinuses** occasionally occurs after surgery. This might require a course of antibiotics.
- * **Tear duct injury:** This is very rare and unlikely to occur during sinus surgery, but can occur if the tear duct is injured while opening the sinuses below the eyes (maxillary sinuses). This is easy to repair with a second surgery.

SEPTOPLASTY:

- * **Bleeding:** This will require nasal packing or you might have to return to the operating room to control the bleeding using cautery & packing.
- * **Infection:** This will require antibiotics and possible drainage of an abscess.
- * **Septal perforation:** Rarely, the operation can leave you with a hole in your septum inside the nose going from one side of your nose to the other. This can cause a whistling noise when you breathe, crusting with blockage or nosebleeds. Most of the time it causes no problems at all and needs no treatment. Further surgery can be carried out if necessary to repair a hole in the septum.
- * **Shape of nose:** Very rarely you may find that the shape of your nose has changed slightly, with a dip in the bridge of your nose. Most people do not notice any change, but if you are not happy with it, it can be fixed with surgery.
- * **Numbness of the teeth or gums:** This is rare and usually settles with time.

General risks:

Infection can occur, requiring antibiotics and further treatment.

Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover) or Dipyridamole (Persantin or Asasantin).

Very rare (anaesthetic linked risks)

Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.

Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.

Heart attack or stroke could occur due to the strain on the heart.

Blood clot in the leg (DVT) causing pain and swelling. In rare cases part of the clot may break off and go to the lungs.

ADMISSION FORM/OPNAMEVORM

MEDICLINIC



CPT CODE/KODE 1036, 1022J32.4, J34, 2 1033, 1029J33.0, J32.3 1029, 1039J35.2 1052, 1024, 0069, 0005	ICD CODE/KODE	SADA CODE/KODE
FOR COMPLETION BY DOCTOR/MOET DEUR DOKTER INGEVUL WORD		
ADMITTING DOCTOR/OPNAMEGENEESHEER DR M Molyneux		
DATE OF ADMISSION/OPNAMEDATUM	TIME/TYD 06:15	DATE OF OPERATION/OPERASIEDATUM 03/05/24
CO-MORBIDITY/KO-MORBIDITEIT		
DIAGNOSIS AND PROCEDURE/DIAGNOSE EN PROSEDURE Endoscopic Sinus Surgery		
PATIENT WEIGHT/PASIËNT GEWIG	KG	PATIENT HEIGHT/PASIËNT LENGTE M

FOR COMPLETION BY PATIENT (PLEASE PRINT)/MOET DEUR PASIËNT INGEVUL WORD (DRUKSKRIF ASSEBLIEF)

DR THAT REFERRED YOU TO THE SPECIALIST AT THE HOSPITAL/DR WAT U VERWYS HET NA DIE SPESIALIS BY DIE HOSPITAAL? _____

FAMILY DOCTOR/HUISDOKTER _____

SURNAME/VAN Tarjanne INITIALS/VOORLETTERS NP TITLE/TITEL Mrs.

LANGUAGE/TAAL ☒ A FULL NAME/VOORNAAM Nonhlanhla Pearl

TEL _____ DATE OF BIRTH/GEBOORTEDATUM 07/10/1985

GENDER/GESLAG ☐ MALE/MANLIK ☒ FEMALE/VROULIK IF RSA/NAMIBIA CITIZEN: ID NO. 8510070359088

IF OTHER, PASSPORT NO. _____

HOME ADDRESS/WOONADRES 8 IXIA Avenue ,Kommetjie

CODE/KODE 7976 E-MAIL/E-POS: Pearltarjanne@hotmail.com

ACCOMMODATION CHOICE/VERBLYFKEUSE ☐ GENERAL WARD/ALGEMENE SAAL ☐ SEMI-PRIVATE/SEMI-PRIVAAT* ☐ PRIVATE/PRIVAAT*

* WARDS ARE SUBJECT TO AVAILABILITY AND CARRY A DAILY SURCHARGE. CONTACT HOSPITAL BEDBOOKINGS FOR DETAILS.
* SALE IS ONDERHEWIG AAN BESKIKBAARHEID. 'N BYBETALING MOET BETAAL WORD. KONTAK DIE HOSPITAAL SE BEDBESPREKINGAFDELING VIR BESONDERHEDE.

OCCUPATION/BEROEP Self-employed EMPLOYER/WERKGEWER N/A

BUSINESS ADDRESS/WERKADRES Same as home address TEL _____

CONTACT PERSON/KONTAK PERSOON Eero Tarjanne CELL/SEL 0832121969

RELATIONSHIP/VERWANTSAP Spouse

OTHER CONTACT PERSON/ANDER KONTAKPERSOON Travis Tarjanne CELL/SEL 0733423692

RELATIONSHIP/VERWANTSAP Son

PLEASE OBTAIN AUTHORISATION FROM YOUR MEDICAL AID 48 HOURS BEFORE ADMISSION.
VERKRY ASSEBLIEF MAGTIGING VAN U MEDIESE FONDS 48 UUR VOOR TOELATING.

MAIN MEMBER OF MEDICAL AID / HOOFID VAN MEDIESEFONDS

SURNAME/VAN Tarjanne INITIALS/VOORLETTERS E.P TITLE/TITEL Mr.

MEDICAL AID NAME/NAAM VAN MEDIESE FONDS Discovery * PLAN/OPTION/OPSIE Priority

MEDICAL AID NUMBER/MEDIESE FONDSNOMMER 729003840 *AUTHORISATION NO./MAGTIGINGSNR. 30038303

DEPENDANT CODE/AFHANKLIKE KODE 00 RELATIONSHIP TO PATIENT/VERWANTSAP TOT PASIËNT Spouse

ID NO./ID NR. 7206295863183 MEMBER TEL NO./HOOFID TEL. NR. 0832121969

MEMBER POSTAL ADDRESS/HOOFID POSADRES 8 IXIA Avenue ,Kommetjie

E-MAIL/E-POS eerot@ayoba.me CODE/KODE 7976

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT/PERSOON VERANTWOORDELIK VIR BETALING VAN DIE REKENING

SURNAME/VAN Tarjanne INITIALS/VOORLETTERS E.P TITLE/TITEL Mr.

RELATIONSHIP TO PATIENT/VERWANTSAP TOT PASIËNT Spouse

TEL NO./TEL NR. _____ CELL/SEL 0832121969

ID NO./NR. 7206295863183 CITIZENSHIP/NASIONALITEIT ☒ RSA ☐ NAMIBIA/NAMIBIE ☐ OTHER/ANDER

HOME ADDRESS/ WOONADRES 8 IXIA Avenue ,Kommetjie

CODE/KODE 7976

POSTAL ADDRESS/POSADRES S/A

E-MAIL/E-POS eerot@ayoba.me OCCUPATION/BEROEP Chief Strategy officer

EMPLOYER/WERKGEWER Ayoba TEL _____

BUSINESS ADDRESS/WERKADRES Innovation Center ,4 Darters Rd,Capetown CODE/KODE 8001

PREFERRED METHOD OF COMMUNICATION/METODE VAN KOMMUNIKASIE ☐ SMS ☒ E-MAIL/E-POS ☐ TELEPHONE/TELEFOON ☐ OTHER/ANDER

VISIT FROM RELIGIOUS REPRESENTATIVE/BESOEK VAN GELOOFSVERTEENWOORDIGER ☐ YES ☒ NO RELIGION/KERVERBAND _____

THIS FORM MUST BE HANDED IN AT RECEPTION AT LEAST 48 HOURS PRIOR TO ADMISSION. / HIERDIE VORM MOET TEN MINSTE 48 UUR VOOR OPNAME BY ONTVANGS INGEHANDIG WORD.
MEDICAL AID MEMBERSHIP CARD AND ID DOCUMENT MUST BE PRODUCED UPON ADMISSION. / PASIËNTE MOET BY OPNAME HUL MEDIESEFONDS KAART EN ID-DOKUMENT TOON.

SIGNED/GETEKEN _____ DATE/DATUM _____

PRIVATE PATIENTS ARE REQUIRED TO PAY AN ADMISSION DEPOSIT. CONTACT HOSPITAL ACCOUNTS DEPARTMENT FOR DETAILS.
PRIVAAT PASIËNTE MOET 'N BERAAMDE KOSTE/DEPOSITO MET TOELATING BETAAL. KONTAK DIE REKENINGAFDELING VAN DIE HOSPITAAL VIR NADERE INLIGTING.