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Dear Patient

EXPLANATION OF COVID 19 TESTING FOR SURGERY

We will know that the current COVID 19 Pandemic is placing significant strain on our community. Although we have not yet seen massive numbers of admission of patients into our hospitals there is a possibility that this can happen at any time.

This causes significant uncertainty in terms of our non-emergency surgery. Obviously, there is cosmetic surgery that should be avoided at this time, but a lot of the other orthopaedic problems are only likely to deteriorate with time and may then become emergencies at a worse time or lead to permanent issues.

We thus elected to do non-emergency surgeries that cannot be postponed till next year but in a controlled system.

Looking at the news it is apparent that in many instances COVID 19 contact leading to spread and closure of both health and non-health related facilities was caused by asymptomatic patients. Unfortunately, you can be asymptomatic but spread the disease.

We thus propose to have patients tested before entering the hospital facility to minimize the risk to yourself and the rest of the patients/staff.

This test needs to be done at least 24 hours before surgery to ensure that results are available. It can only be done a maximum of 48 hours before surgery to ensure it is representative.

Most medical aids will charge this test to your savings account. If they are not willing to pay you may be liable for the cost of R850.

Only patients with a negative test will be allowed admission.

Please understand the following. A negative test only means that you are probably negative at that point in time and thus very unlikely to be infective in the next couple of days. You can still become infected at any point in time. Thus, even with testing there is no absolute certainty that you will remain negative. The test is not perfect. It is however the best we have at this stage and doing this testing for all patients and staff we will minimize the risk during your admission and surgery.

We recommend isolation at home for 14 days after discharge from hospital. We would also like to encourage patients that become symptomatic with cough, fever, difficulty in breathing to report this as soon as possible via electronic means. We will then guide you in terms of further steps to take.

We would try and minimize physical contact follow up sessions, but we must remember that most of our orthopaedic operations are only successful with adequate rehabilitation.

Together we must work through this pandemic without neglecting functionally limiting orthopaedic problems.

Regards,

DR JOHAN DE BEER