



UROLOCARE HOSPITALS
 (Pty) Ltd. Reg. No/nr. 2001/005764/07
THE UROLOGY HOSPITAL

Practice No./ Praktyk Nr. 5808847

ADMISSION FORM / OPNAME VORM

Postal Address / Posadres

P.O. Box / Posbus 13271
 Hatfield
 0028

Telephone / Telefoon

(012) 423-4000
 Fax / Faks: (012) 342-9517
 Fax / Faks: (012) 342-1233

**Verseker asseblief dat u vooraf goedkeuring het van u mediese fonds.
 Please make sure that you obtain pre-authorisation from your medical aid.**

Date of admission / Opname datum:	Time of admission / Tyd opgeneem:
Referring Doctor / Verwys deur Dr:	Urologist / Uroloog: Dr.
Patient Details / Pasiënt Besonderhede	
Title / Titel:	Blood Transfusion / Bloed Oortapping (√/x)
Names / Name:	Bloodgroup / Bloedgroep:
Surname / Van: .....	.....
ID Nr. / ID No:	Passport No. / Paspoort Nr:
Gender / Geslag:	Date of Birth / Geboorte Datum:
Language / Taal:	Religion / Geloof:
Allergy / Allergië: .....	.....
Nationality / Nasionaliteit: .....	.....
Occupation / Beroep:	Ethnic Group / Etnise Groep:
Residential Address / Woonadres: .....	.....
.....	Postal Code / Poskode:
Postal Address / Posadres: .....	.....
.....	Postal Code / Poskode:
Cell No. / Selfoon Nr: .....	.....
Home Tel. No. / Huis Tel. Nr:	Work Tel. No. / Werk Tel. Nr:
Employer Details / Werkgewer Besonderhede	
Employer Name / Werkgewer: .....	.....
Address / Adres: .....	.....
.....	Postal Code / Poskode:
Contact No. / Kontak Nr: .....	.....
Next of Kin / Naasbestaande (Not living with you / Wat nie by u woon nie)	
Name and Surname / Naam en Van: .....	.....
Address / Adres: .....	.....
.....
Postal Code / Poskode:	Home Tel. No. / Huis Tel Nr:
Work Tel No. / Werk Tel. Nr:	Cell No. / Selfoon Nr:

Contact Person / Kontak Persoon (in Case of Emergency / in Geval van Nood)

Name and Surname / Naam en Van:

Contact No. / Kontak Nr:

Medical Aid Details / Mediese Fonds Besonderhede:

Medical Aid Name / Mediese Fonds Naam:

Option / Opsie:

Member Number / Lidnommer:

Dependant Code / Afhanklike Kode:

Person Responsible for Account / Persoon Verantwoordelik vir Rekening (Main Member Details / Hooflid Besonderhede)

Surname / Van: E-mail / E-pos

Full Names / Volle Name:

Title / Titel: Initials / Voorletters:

Home Tel. No. / Huis Tel. Nr: Work Tel. No. / Werk Tel. Nr:

Cell No. / Selfoon Nr: Fax No. / Faks Nr:

Occupation / Beroep:

Residential Address / Woonadres:

Postal Code / Poskode:

Postal Address / Posadres:

Postal Code / Poskode:

Member ID No. / Hooflid ID Nr:

Beneficiary Relationship / Afhanklike Verwantskap:

Injury on Duty Details / Besering aan Diens Besonderhede:

Date of Injury / Datum van Besering: Time of Injury / Tyd van besering:

Claim Number / Eisnommer:

Employer Reg. No. / Werkgewer Reg. Nr:

Employer VAT No. / Werkgewer BTW Nr:

Employer E-Mail / Werkgewer E-Pos

Declaration / Verklaring:

I, the undersigned, acknowledge that the abovementioned details are correct.

Ek, die ondergetekende, erken hiermee dat die bostaande inligting korrek is.

Signature (Member, Spouse, Next of Kin, Guarantor)
Handtekening (Hooflid, Eggenoot, Naasbestaande, Borg)

Informed Consent

This informed consent is divided into 2 sections, namely the information section and the certificate of consent.

Information:

The procedure you will undergo is:

SLING SURGERY FOR STRESS URINARY INCONTINENCE

What is Stress Urinary Incontinence (SUI)?

It is the involuntary leakage of urine. You are unable to hold urine in the bladder due to weakened or lost voluntary control over the urinary sphincter. SUI is when incontinence is brought on by physical movement or activity. These activities include heavy lifting, coughing, sneezing and running. These activities put pressure on the bladder which leads to leakage of urine.

What does procedure of implantation of the sling entail?

The sling is a synthetic material that is placed under the urethra through a vaginal incision and two lower abdominal incisions. The sling replaces the deficient ligaments and provide the necessary support for the urethra.

After the surgery:

A catheter will be placed to help with bladder emptying. After surgery the catheter will be removed the next day. You will be allowed to go home only when you have passed urine on your own without any problems.

Prophylactic antibiotics will be given in theatre and after the surgery to prevent a post-operative infection.

At home:

- You will be booked off for approximately two weeks.
- No strenuous activity, like lifting objects heavier than 2kg.
- No driving a car or going for long drives for 3 days.
- Make sure that you don't become constipated.
- Take antibiotics as prescribed, and complete the course to prevent resistance to the drug in future infections.
- Follow-up appointment will be 6 weeks from the date of the operation.

Risks/Complications: - Please discuss with doctor or sister if it feels abnormal

- Prolonged difficulty with urination
- Urge incontinence
- Infections
- Bleeding
- Damage/injury to pelvic organs
- Erosion of sling into urethra, bladder or vagina
- Discomfort during intercourse

Certificate

Informed Consent:

I have read and understood the above information about the operation. I was given opportunity to ask questions and the questions were answered to my satisfaction.

I voluntarily consent to undergo the above mentioned operation.

Patient

Date

Dr. F. J. van Wijk

Date

Informed Consent

This informed consent is divided into 2 sections, namely the information section and the certificate of consent.

Information:

The procedure you will undergo is:

PROLAPSE REPAIR WITH MESH

What is pelvic organ prolapse?

It is the protrusion and/or descent of vaginal walls or uterus below their normal position. It is caused by damage of the fascia, ligaments and muscle, which hold these organs in position in the pelvis.

What does the prolapse repair with mesh entail?

A prolapse repair is the repositioning of the pelvic organs to the position where they are supposed to be. Also, the structures that hold these organs in position need to be restored.

Depending on the severity of the damage to supporting structures and their ability to hold the organs in place, a mesh is inserted during surgery for reinforcement.

Mesh is a lightweight, flexible, synthetic material designed to allow tissue to grow into it, and if fixed properly, strengthens the repair. The mesh reduces the reoccurrence of a prolapse.

After the surgery:

A catheter will be placed to empty the bladder. The catheter will stay in the bladder for 1-2 days, and then be removed. You will only be allowed to go home if you are able to pass urine on your own without any problems.

A vaginal plug will be inserted after surgery to stop the bleeding. This will also stay in the vagina for 1-2 days.

Prophylactic antibiotics will be given in theatre and after the surgery to prevent a post-operative infection.

At home:

- Do not lift object heavier than 2kg.
- Do not drive a car for at least two weeks.
- Take antibiotics as prescribed, and complete the course to prevent resistance to the drug in future infections.

- Do not become constipated.
- Vaginal bleeding is still normal for two weeks after the surgery.

Risks/Complications:

- Bladder infection
- Incontinence – usually temporary, but sometimes need another procedure
- Infections in vagina
- Bleeding
- Bladder, rectum or kidney tubes might be damaged
- Pelvic pain which might be worse during intercourse
- Reoccurrence of prolapse

Certificate

Informed Consent:

I have read and understood the above information about the operation. I was given opportunity to ask questions and the questions were answered to my satisfaction.

I voluntarily consent to undergo the above mentioned operation.

Patient

Date

Dr. F. J. van Wijk

Date