

Dr Kenneth Nam

Specialist Anaesthetist

FANZCA, Master of Medicine (Pain Management), Master of Education, M.B.B.S. (UNSW)

PO Box 5393
West Chatswood,
1515

Mob: 0413610433

Fax: 85805231

Email: contact@drnammedical.com

Website: www.drnammedical.com

Provider number: 2462569B

ABN: 65 841 165 088

Letter of Introduction

I graduated from University of New South Wales with Bachelor of Medicine / Bachelor of Surgery.

I completed my specialist training at Canberra Hospital and Concord Hospital. During my training in anaesthesia, I also completed a Master's degree in Pain Management in Sydney University.

My work has allowed me to have significant experience in a wide range of anaesthesia including:

- Ear Nose and Throat surgery
- Orthopaedic surgery
- Obstetric surgery
- Plastic and reconstructive surgery

Current Appointments:

- Visiting Anaesthetist Norwest Private Hospital
- Visiting Anaesthetist North Shore Private Hospital
- Visiting Anaesthetist Sydney Adventist Hospital
- Visiting Anaesthetist Lakeview Private Hospital

I have included a preoperative questionnaire and anaesthetic consent form with this letter, please fill both in and mail, email or fax it back to me at least two weeks before your surgery date. An online version of this form is available on www.drnammedical.com.

Please feel free to contact me via my mobile or email if you have any questions about the anaesthetic or for an estimate, written or verbal, for the service. I cannot always speak on the phone at short notice, but will certainly do so when free from operating theatre duties.

Kind regards

Kenneth Nam

PREOPERATIVE CONSULTATION

Please complete all 3 pages and do not leave any section blank

If you are completing this for your child, please provide your name as well for contact

SURGERY INFORMATION

Surgeon

Hospital

Operation

Date of Surgery

PATIENT INFORMATION

Name (Last, First)

Date of Birth

Street address

Sex

Health Fund

Home phone number

Mobile phone number

E-mail address

Weight

Height

MEDICAL HISTORY

Please tick any of the below conditions which apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Breathing Difficulties | <input type="checkbox"/> Breathless at rest |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Chest Pain |
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Valvular Heart Disease | <input type="checkbox"/> Coronary Stent |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Anticoagulant | <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> DVT/Clot |
| <input type="checkbox"/> Kidney/Liver Failure | <input type="checkbox"/> Stroke | <input type="checkbox"/> Steroid Medication |
| <input type="checkbox"/> Reflux | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> NONE OF THE ABOVE | | |

If the answer is YES to any of the above, please give details and specialist involved in your care:

Name

When walking up stairs or up hills, do you regularly get: (please tick if appropriate)

- Chest Pain Breathing Difficulties Pain in your legs

Please give details of ALL previous operations with approximate dates.

Do you have any problems with anaesthetic in the past? YES / NO

If Yes, please provide details:

Do you have any know allergies, especially drug allergies? YES / NO

If Yes, please provide details:

MEDICATION (please attach extra sheet if needed)

Medicine	Dose (see packet)	No. of times per day

Please provide contact details to your GP and other Specialist who you see regularly:

Do you give consent for your doctors to release information that is relevant to the anaesthetic? YES / NO

Name

Do you have dentures, caps or crowned teeth? YES / NO

If yes please provide details

IF THERE IS ANY OTHER RELEVANT INFORMATION OR ANYTHING YOU ARE CONCERNED ABOUT IN RELATION TO THE ANAESTHETIC FOR YOUR SURGERY, PLEASE ENCLOSE DETAILS ON A SEPARATE SHEET OR EMAIL ME.

Instructions in preparation for your anaesthetic

- Please do not eat or drink anything for a minimum of six hours before the scheduled time of surgery.
- If you take regular medication, please bring them with you to the hospital.
- If you take medication for high blood pressure, heart trouble/angina, diabetes, asthma, acid reflux or are taking steroids regularly, please contact me for information on what to take on the day of surgery. If in doubt please do not hesitate to contact me.
- If you are a regular smoker, please try to stop or at least cut down for a minimum of 3 days before the day of surgery but preferably longer.

Contact Details

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CONSENT TO ANAESTHESIA

While anaesthesia is generally very safe, there are always associated risks. Death or permanent disability related to anaesthesia is rare but there are commoner or minor risks. The following lists do not cover every possible event that may occur during your anaesthetic.

Common Side Effect – Risk of these occurring is 1 in 3 to 1 in 100 patients

- Bruising at needle site
- Uncomfortable throat and dry lips
- Nausea and Vomiting
- Fatigue and sleep disturbance

Uncommon Side Effect – Risk of these occurring is 1 in 100 to 1 in 5000 patients

- Persistent hoarse voice
- Prolonged nausea and vomiting
- Post-operative breath problems
- Damage to lips, tongue, eyes, teeth or to dental work
- Pins and needles or weakness from pressure on nerves in the arms legs or face
- Aspiration pneumonia (inhalation of contents of the stomach)
- Muscle aches and pains

Rare Side Effect – Risk of these occurring is 1 in 5000 to 1 in 150000 patients

- Death
- Awareness (being awake under anaesthesia)
- Equipment failure leading to complications
- Severe allergy (anaphylactic shock)
- Heart attack, stroke, paralysis
- Hyperthermia (uncontrollable increase in temperature)

The space below has been provided for you to outline any problems that you are concerned about with regards to your anaesthetic:

I, _____ have read the above consent form and have asked the anaesthetist about everything that I did not understand. I sign this form with the understanding that all my concerns have been addressed.

Signature of patient/ guardian _____

Signature of Anaesthetist _____

Date ____ / ____ / ____

IT IS IMPORTANT THAT YOU EMAIL OR SEND THIS FORM TO THE ABOVE ADDRESS PRIOR TO YOUR SURGERY OR BRING THIS FORM WITH YOU TO HOSPITAL.