

## **Where does Mr Tony Gibbon Consult?**

Mr Gibbon consults at a number of hospitals / locations.

- Clifton Park Hospital, York (YO30 5RA)
- Nuffield Health York Hospital (YO31 8TA)
- Clifton Park Clinic, York (YO30 5PB)
- York Teaching Hospital (YO31 8HE)

You can make a private appointment to see Mr Gibbon by calling Debbie Elcock on (01759) 380390.

## **How do I get referred?**

Mr Gibbon is happy to receive referrals from a variety of sources, including self-referrals. However, if you wish to use private health cover to fund your treatment, you should check with your insurance company whether you require a referral letter from your family doctor/GP.

## **Can I be seen on the NHS?**

Patients can be referred to all hospitals via the NHS Choose and Book system [NHS Choose and Book system](#)

Patients who live in York or Selby and wish to attend via the NHS will first be triaged via the [MSK CATT Service](#). If it is appropriate that you see a consultant, you may be added to Mr Gibbon's clinic or sent direct for surgery. Please note, even though you will be a patient of Mr Gibbon, there is no guarantee that Mr Gibbon will undertake your treatment, which may be performed by another member of the team. For more details visit the [York NHS Teaching Hospital Foundation Trust web-site](#).

Patients who have sustained knee injuries are referred directly to Mr Gibbon from their Emergency Department, treating physiotherapists as well as General Practitioners.

## **How long do I have to wait?**

Waiting times for a routine non emergency private referral is usually less than 2 weeks. Emergency injuries may be offered a same day service.

## **What do I need for my first appointment?**

A referral letter from either your family doctor/GP or physiotherapist is helpful, but not essential. This may have already been sent direct to the hospital. You should also bring your insurance number and authorisation code for the consultation.

Mr Gibbon does accept self-referrals, so if you have not yet been referred, you may still be able to make an appointment. Please call for further information.

## **How long will the appointment last?**

The standard new patient consultation lasts up to 30 minutes. Some conditions are very simple and a thorough explanation including demonstrations with anatomical models can take only 15 minutes. Some complex conditions can take much longer, but such cases are identified and given extra time. Follow up appointments last up to 15 minutes but again can vary from a few minutes to 20-30 minutes. Either way Mr Gibbon will ensure that at the end of the consultation, enough time has been

given to fully explain the issues involved.

### **How much does a consultation cost?**

New patient consultations, follow-ups and injections are within the guidelines of most health insurance companies. For more details please call (01759) 380390

### **Will I need an X-ray?**

Conditions that affect bone such as fractures and arthritis usually need x-rays. An x-ray will be done on the same day and the results explained. Most Insurance companies cover x-rays as part of the initial authorisation, but please check first. Please let us know if you have already had a recent x-ray so that we can arrange for the images to be available at the time of consultation.

### **What if I need a Scan?**

Scans (MRI, CT, and ultrasound) are expensive and authorisation is almost always required by the insurance companies. Scans are often (but not always) performed on a separate day. A subsequent follow up appointment is then required to discuss the results, when the specialist radiological report is available.

### **What if I need Surgery?**

The decision for surgery is not always easy and adequate time will be offered to ensure you understand what is involved. Once you have decided on surgery you will be consented for the operation. A suitable date will be decided in clinic or if you prefer, you will be given contact details to arrange at a later date.

### **What is Consent?**

Consent is a very important part of the surgical process. It is the process in which the patient and consultant surgeon have the opportunity to discuss the planned surgery in detail and be fully aware of the risks and benefits. It is usually performed in the outpatient department at the time of initial consultation. A signed document outlining the procedure, risks and benefits is filed in your medical notes and a copy is retained for the patient.

### **What is the OPCS code that my insurer asked me to obtain?**

The OPCS code will represent a particular operation. It will consist of a capital letter followed by four numbers. For example an arthroscopic meniscectomy (keyhole knee cartilage surgery) will have the OPCS code W8200. Your consultant should be able to give you the code once a decision has been made to perform surgery. Occasionally multiple OPCS codes are required for one operation and this would represent two or more different procedures being performed in the one operation.

Once you have been given the OPCS code you should inform your insurance company to obtain authorisation.

### **What are Day Case and In-Patients?**

These terms describe the amount of time spent in the hospital.

A Day case operation is performed and the patient is allowed home on the same day. The patient is

usually given a private room or day case cubicle.

An In-patient is kept in overnight following surgery. This may be for a variety of reasons such as co-existing medical conditions, social circumstances, more careful observation required or more complex procedure.

## **What should I bring with me on the day of the operation?**

The level of surgery and length of stay may dictate what you should bring. All people may require to wait a few hours before the operation. It is advisable to bring a book or lap top to help pass this time. We would recommend a pair of slippers and bathrobe. People staying overnight may wish to bring wash bags and toiletries.

## **Local, General or Regional anaesthetic?**

Local anaesthetic involves injecting a solution around where the operation is to be performed, whilst you are entirely awake. It is usually injected in the operating room. The area takes 5-10 minutes to become numb. Mr Gibbon will not start the operation until satisfied that the anaesthetic has worked. Used for minor procedures.

Regional anaesthetic (Blocks) involves injecting the same solution to anaesthetise the whole leg whilst the patient is still awake. Used for procedures taking up to 30 minutes.

General anaesthetic involves putting the patient to sleep for the duration of the operation. At the end of the operation either local anaesthetic is injected into the wound to provide post operative pain relief or the anaesthetist has performed a block.

## **Who will do my operation?**

Mr Gibbon will perform all private operations.

## **Who will I see after my operation?**

Mr Gibbon will check that you are comfortable and in a satisfactory condition to leave the hospital. You will be followed up in the outpatient department either by a nurse, a therapist or by Mr Gibbon. If there is a simple bandage this is removed soon after your operation by a nurse in clinic. People may be seen for mobilisation or splinting by our physiotherapists. Mr Gibbon usually likes to see his patients at 10-14 days post-surgery to remove non dissolvable stitches.

## **Where can I find out more?**

[British Orthopaedic Association \(BOA\)](#)

## **What if things go wrong?**

Complications are fortunately quite rare in knee surgery. However they still can occur. Your post-operative care will identify most problems so they can be quickly rectified. You are free to call the main hospital telephone for genuine emergency problems. Calls of a non urgent nature should be made during office hours to the hospital where the procedure took place.