

Where does Simon Boyle Consult?

Mr Boyle consults at a number of private hospitals / locations.

- Nuffield Health York Hospital (YO31 8TA)
- BMI Duchy Hospital, Harrogate (HG2 0HF)
- Clifton Park Hospital, York (YO30 5RA)
- Clifton Park Clinic, York (YO30 5PB)

You can make an appointment to see Simon at any of these hospitals by calling Nikki on (01904) 715008.

How do I get referred?

Mr Boyle is happy to receive referrals from a variety of sources, including physiotherapists. However 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](#)

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 Boyle's clinic or sent direct for surgery. Please note, even though you will be a patient of Mr Boyle, there is no guarantee that Mr Boyle 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 shoulder or elbow injuries are referred directly to Mr Boyle 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 and exceptional circumstances can be offered a same day service subject to availability.

What do I need for my first appointment?

A referral letter from either your family doctor/GP or physiotherapist is required. This may have already been sent direct to the hospital. You should also bring your insurance number and authorisation code for the consultation.

Mr Boyle 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 and Mr Boyle has usually identified these people and made allowances for extra time. Follow up appointments last up to 15 minutes but again can vary from a few minutes to 20-30 minutes. Most importantly, Mr Boyle 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 or injection cost?

New patient consultations, follow-ups and injections are usually covered by your insurance company and all fees are within the normal guidelines.

For more details please call (01904) 715008

Will I need an X-ray?

Conditions that affect bone such as fractures and arthritis often need x-rays. An x-ray will be done on the same day and the results discussed with you by Mr Boyle. Most Insurance companies cover x-rays as part of the initial authorisation, but please check first.

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 usually performed on a separate day and a follow up appointment required discussing the results. On the day of the scan I recommend people making a follow up appointment for a week by which time the x-ray radiologist will have had time to review the images and write a report.

What if I need Surgery?

The decision for surgery is a joint one as many non-operative treatments are often appropriate. These will be discussed with you 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 and again on the day of the surgery. 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 a carpal tunnel decompression operation will have the OPCS code A6510. 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 be required 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. Simon will not start the operation until satisfied that the anaesthetic has worked. This is used most commonly for minor procedures such as carpal tunnel surgery.

Regional anaesthetic (Blocks) involves injecting the same solution in the neck or upper arm to anaesthetise the whole arm whilst the patient is still awake. This avoids the need for general anaesthesia however it is not appropriate for all upper limb procedures. If you have a particular preference here than this can be discussed during the consent process.

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.

For more details, please look at the Anaesthesia Details.

Who will do my operation?

Mr Simon Boyle will perform all private operations.

Who will I see after my operation?

Mr Boyle will check that you are comfortable after surgery and you will only be discharged when safe to do so. He will also explain the findings and details of the procedure that has been performed before you leave. You will be followed up in the outpatient department, usually at around the two-week mark. 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 Boyle usually likes to see his patients at 10-14 days post-surgery to check the wounds and to move forward with any rehabilitation/physiotherapy.

Where can I find out more?

[British Elbow & Shoulder Society](#)

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

What if things go wrong?

Complications are fortunately quite rare in upper limb 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.