



Royal Orthopaedic Hospital NHS Foundation Trust Patient Information

# Preparing for your stay in hospital (non-starved)

Welcome to the Royal Orthopaedic Hospital (ROH). We want to make your stay as comfortable as possible. This information is to help you with the things you need to know before you arrive. For further information please visit [www.roh.nhs.uk](http://www.roh.nhs.uk)

## Before Your Stay

It is important that you follow any instructions which have been given as part of preparation for an operation or procedure (provided at your consultation, pre-operative assessment or written information sent with patient letters).

## Confirming acceptance of your surgery date

The date that you have been given for surgery is the earliest date that your surgeon is able to offer you. **You need to contact the number printed on your admission letter as soon as possible to either confirm your acceptance or to let us know this date is not suitable.**

## Preparing for your treatment

Eat and drink normally on the day of admission. Try to drink **8-10 glasses of water per day** in the weeks before and after your surgery. This will help your wound to heal well, make you less tired and help you to recover more quickly. If you are normally on a restricted fluid intake, please consult medical staff before changing your fluid intake.

## Nutrition

Good nutrition is important as it is critical to the healing process. A well balanced diet helps you to recover more quickly and reduces the risk of complications. You need to increase the amount of **protein** you eat in the weeks before and after your surgery. This will help your body heal itself more quickly and effectively. **Protein** is found in foods such as chicken, fish, and eggs (try to avoid greasy, fried foods). If you are a vegetarian make sure you are meeting your protein needs. Add dark green leafy vegetables into your meals before and after surgery, such as cabbage, spinach, broccoli, and

asparagus. These contain **vitamins** and **minerals** which will speed up your healing rate and aid in your recovery.

## Your Personal Belongings

Please minimise the amount of belongings you bring with you, as storage space is very limited in admissions and on the ward. You are advised to use a small overnight bag as your property will be moved and carried to your ward by staff. Please arrange for additional items to be brought in by your visitors when you are transferred to the ward following your operation/procedure. **The Trust does not accept any responsibility for losses of property, including money, unless it has been handed to staff for safe keeping.** Please leave valuable items such as jewellery, large amounts of cash and electrical items at home. Please note that electrical items cannot be used without being safety checked.

### What to bring check list:

- Your usual medication in labelled boxes.
- Wash bag with small toiletries-soap, shower gel, toothbrush and paste, shaving items, etc.
- Glasses/contact lenses/hearing aid/dentures and denture pot.
- Set of modest nightwear( long night shirt/pyjamas and dressing gown
- Set of loose fitting, comfortable day wear (avoid zips and tight fitting clothes.
- Underwear.
- Slippers/indoor shoes (preferably not backless, flip-flop style).
- Book, magazine, pen, puzzle book.

- Small amount of cash.

**PLEASE NOTE– Do not bring or wear jewellery. This includes wedding rings. Surgery may not be able to proceed if these are being worn.**

### **On the Day of your Admission**

Please report to the ward or department indicated on your admission letter. There are drop off facilities located via Gate A in Car Park A ( limited to 20 minutes). Longer term visitor and patient parking is located via Gate C. Once you are admitted you will be seen by members of the team prior to surgery. This is to ensure that you are fully aware of the procedure and that nothing has changed in regards to your health since your last visit/ assessment.

### **Infection Prevention and Control**

Infection prevention and control is a high priority. Our infection control team practice, but there are some things you can do yourself to reduce the risk of infection and enhance the recovery process:

- Ask your visitors to use the hand gel as they arrive, and not to sit on your bed or your chair.
- Never sit on other patient's beds or chairs yourself.
- Limit your visitors to only two at any time.
- There is a no flowers policy at the ROH.
- You are encouraged to ask any member of staff to clean their hands before touching you.
- Eat a healthy balanced diet in the weeks prior to treatment.
- Take a hot soapy bath or shower on the night before surgery and the morning of surgery including washing your hair.
- Clip your nails
- Remove any nail polish.
- Do not shave the area of surgery.
- Keep your bed space as clear as possible.
- Always wear slippers or light shoes
- Inform the nurse if your dressing is wet or loose.
- Never share your toiletries

### **Discharge Information.**

A date for your discharge home will be

agreed with you in advance. This will be discussed in pre-operative assessment clinic and again on admission to hospital. This will allow you to plan ahead for your own discharge.

You will only be discharged home once you have completed all assessments safely. If following these assessments you are requiring further assistance or rehabilitation the ward staff will discuss this with you and liaise with other agencies as appropriate.

When you are ready to return home, make sure you have everything you need for your recovery. It may be helpful to get a friend or relative to stay with you or visit you regularly.

If this can't be arranged, make sure that you have plenty of food, drinks and other essential items in your home. Buy food that is easy to prepare, such as frozen ready meals, cans of soup or beans, and staples, such as rice and pasta. Arrange your home so that you do not have to climb, bend or reach for items. If you live alone you will be able to go home alone. The therapists will make sure you are safe and independent with all tasks e.g. washing, dressing and kitchen activities.

### **The Discharge Lounge**

The lounge is located next to hydrotherapy pool and is open from 09.15 until 17.30pm. Where possible, we aim to discharge patients during the morning. On the day of your discharge you will be transferred to our discharge lounge to receive your discharge paperwork, aftercare advice and medication. This comfortable lounge is staffed by trained nurses at all times and hot and cold drinks and snacks will be provided whilst you await your transport. Please note that transfer to the discharge lounge is an expected stage in a patient's journey home and the main purpose is to maximise patient flow and improve patient experience. On the day of discharge your relatives and friends will be asked to collect you before midday. Patients are expected to arrange their own transport home, however, in

exceptional circumstances transport may be arranged for you.

## Medication information on coming into hospital

### What do I need to bring with me?

You will be given a green medication bag at your pre-operative assessment appointment to put all your medication in. On admission, please bring in all the medication that you take, including Tablets, liquids, capsules, creams, eye drops, inhalers, patches, sprays, injections, and any other medication you may have bought from a chemist, supermarket or health food store. If you have any tablet organiser boxes (dosette), please also bring these in. If you have a repeat prescription request slip normally attached to the green NHS prescription from your GP, please also bring this with you. Wherever possible please ensure that all medication is in its original box with a label attached to it that explains how your correct medication is prescribed for you during your hospital stay.

### How will I take my medication?

When you come into hospital, your medication will be stored in a medication locker next to your bed. Your medication will be reviewed by the doctor and a pharmacist. The nurse will give them to you as prescribed or you may be able to give them to yourself as you would at home. If you choose to do this, you will be given a key to your medication responsibility for this. Before you are able to participate in this self-administration scheme, you will be required to discuss with your nurse and pharmacist exactly what self administration involves and what the possible benefits are. For safety reasons, identified criteria must be met and there are certain times during your stay that it is not appropriate to be self-administering your medication, e.g. following recovery from a general anaesthetic. Self-Administration is not compulsory and you must not feel that you have to take part even if asked. If you are asked and agree to take part, then before starting a trained member of

the nursing staff or the ward pharmacist will explain:

- The self-administration process
- Which medicines you will be taking
- Dosages
- Possible side effects

### What happens if my medication runs out or changes?

If your medication runs out, a further supply will be dispensed from our pharmacy department. If the dosage of any medication has changed then the pharmacy team will supply a new pack or re-label your own pack with new instructions on how to take or use your medication. If any medication has been stopped, then these will be removed and destroyed by pharmacy, where consent has been given. If you are not happy for the removal and destruction of any stopped medication then we would ask you to make arrangements for these to be sent home with relatives or friends. These should not be used during your stay as any deviation from what is prescribed by the hospital doctors can be potentially harmful to your health.

### Physiotherapy

Following your surgery you may be seen by a physiotherapist or given a Physiotherapy information sheet. Physiotherapy is a very important part of your post-operative treatment and will speed up your recovery. Physiotherapy helps to restore movement to near normal as possible as well as building strength in the muscles around the area where you have had surgery.

Physiotherapy treatment can range from:

- Advice and education about your surgery
- Exercises
- Assessing mobility and issuing of walking aids
- Stairs assessment
- Hydrotherapy

It is very important that you follow the advice and exercises that you are given by the physiotherapists so that you get the best outcome from your surgery.

## Occupational Therapy

You may be seen by an Occupational Therapist (OT) before you come in to the hospital for certain orthopaedic procedures. The OT will review your home situation and discuss precautions which you may need to follow after your operation. They also identify and order equipment which you may need for your safe discharge home from the hospital.

- **Please note:** Equipment is ordered from stores outside of the hospital and may take some time to be delivered.
- Please return your heights questionnaire as soon as possible, to ensure delivery prior to admission.
- Certain equipment may need to be privately purchased. Your OT will advise you of this.

## Pain

You will be assisted with pain control after your operation. You will be given additional advice if you are on long-standing painkillers prior to admission, on patches or strong opiates. You will be advised about any post-operative pain concerns. When you go home you will be given pain killers which should last you for up to a week. Information on how to take your painkillers will also be given to you. If you still require pain relief after this time you will need to see your GP who will discuss further options with you.

## Preventing Blood Clots

### What are hospital-associated blood clots?

A hospital-associated blood clot occurs in patients when they are in hospital, and up to ninety days after a hospital admission.

### There are two kinds:

**1. Deep vein thrombosis (DVT):** a DVT is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause no symptoms at all or cause swelling, redness and pain.

**2. Pulmonary embolism (PE):** If a clot becomes dislodged and passes through your blood vessels it can reach your lungs, this is called a PE. Symptoms include coughing (with blood stained phlegm), chest pain and

breathlessness. If left untreated a PE can lead to death.

Health professionals use the term venous thromboembolism (VTE), to cover both DVT and PE. **If you develop any of these symptoms either in hospital or after you go home, please get medical advice immediately.**

## Are blood clots common?

Blood clots occur in the general population in about one in 1000 people every year. You may have heard about DVT in people who have been on an aeroplane, but you are much more likely to get a blood clot after going into hospital. In fact, about two thirds of all blood clots occur during or after a stay in hospital. Each patient's risk is assessed on admission to hospital. If you are at risk, your doctor or nurse will talk with you about what will be done to offer you protection against clots.

## Who is at risk?

Any unwell adult admitted to hospital is at risk. Other examples of factors that put people at greater risk include:

- having an operation
- a previous clot
- a recent diagnosis of cancer
- certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden
- being overweight
- being immobile
- oestrogen-containing contraceptives and hormone replacement
- significant injury or trauma during and after pregnancy

## What can be done to reduce my risk?

**Inflatable sleeves:** You may be asked to wear calf or foot pumps; special inflatable sleeves around your legs or feet while you are in bed or sat still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

**Stockings:** In hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs. Your stockings will be removed for a short time

every day so that you can have a wash and check for any skin problems.

**Blood thinners:** Most patients at risk will be prescribed a small dose of an anticoagulant (blood thinner). These reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The blood thinner most often used is a type of heparin, which is given by injection.

There may be reasons why some of the above are not suitable for you. To be effective, these methods of prevention must be used correctly and the course prescribed completed. If you have any questions or concerns, please ask your doctor or nurse.

### What can I do to help myself?

#### If possible, before coming into hospital:

- Keep a healthy weight
- Talk to your doctor about contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation and will provide advice on temporary use of other methods if your usual contraceptive is stopped.
- Do regular exercise

#### When in hospital:

- Keep moving or walking and get out of bed as soon as you are able after an operation – ask your nurse or physiotherapist for more information
- Ask your doctor or nurse: “What is being done to reduce my risk of clots?”
- Drink plenty of fluid to keep hydrated.

### What happens when I go home?

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will tell you how to put them on and what you should check your skin for. If you need to continue anticoagulation injections at home, your nursing team will provide information and teach you how to do this. If you have any concerns make sure you speak to a nurse before you leave. It is important that you complete the prescribed yourself you develop any sign or symptoms of a clot at home, seek medical advice immediately, either from your General

practitioner (GP) or your nearest hospital's emergency department.

### Useful sources of information

- Please ask your doctor or nurse for more information.
- **NHS Choices** website patient information on blood clots visit [www.nhs.uk/thrombosis](http://www.nhs.uk/thrombosis)
- **Patient Advice and Liaison Service (PALS)** – To make comments or raise concerns about the Trust's services,
- **NHS 111**– Offers health information and advice from specially trained nurses over the phone 24 hours a day. [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### Car parking

Patients and visitor parking is available at gate entrance A and C, the main visitor car park is located off gate entrance C, close to the Outpatients Department. The hospital operates a pay and display system and the following charges apply:

Up to 20 minutes :	Free
Up to 2 hours:	£3.80
Up to 5 hours:	£5.00
Up to 24 hours:	£7.50
Blue Badge up to 5 hours:	£3.80
7 day pass:	£17.50
28 day pass:	£50.00

For information on how to obtain car park passes please ring 0121 685 4201 before your visit for more information.

### Visiting hours

#### Ward 1,2 and Ward 12:

10am-12pm, 1pm-5pm, 6pm-8pm

#### Ward 3:

9.00am - 9.00pm (Open daytime visiting - please check with the ward regarding suitability of your visiting time).

#### Ward 11:

8.00 am - 8.00 pm (Open daytime visiting - non-family members are asked to leave by 8.00 pm).

#### The Private Suite

Open daytime visiting (10.00am - 9.00pm). For information regarding individual circumstances please contact:

Ward Administrator:	0121 685 4172
Ward Sister:	0121 685 4010

### **Café Royale**

Café Royale is situated on the first floor of the Treatment Centre (down the corridor from X-ray), serving hot and cold meals and drinks, light refreshments and snacks.

#### **Opening times**

Mon - Fri 7.30am -6.00pm  
Sat 8.00am -1.30pm

#### **Breakfast Service**

Mon-Fri 8.00am-10.30am  
Sat 8.30am-10.30am

#### **Lunchtime Service**

Mon-Fri 12.00-2.00pm  
Sat 12.00-1.30pm

Please note: There is currently no restaurant service on Sundays.

### **Vending Machines**

**Vending machines are available 24/7 and are located in the corridor by the restaurant**

#### **WRVS Kiosk**

There is a WRVS kiosk in Outpatients department where you can purchase hot or cold drinks, snacks, magazines, newspapers and toiletries. The opening hours are:

Mon to Fri: 8am to 6pm  
Sat & Sun: 10:30am to 4pm

#### **Snack Trolleys**

WRVS run a trolley service to the wards on a daily basis, selling newspapers, confectionary, snacks and cold drinks.

### **Useful Contact Numbers**

Main hospital number 0121 685 4000  
Outpatients 0121 685 4153

Pre-Operative Assessment Clinic  
0121 685 4035

Discharge Liaison Sister  
0121 685 4000

### **Confidentiality**

The Trust is committed to keeping your information safe and secure, and to protecting your confidentiality. For more information about how we do this please read the Trust's leaflet:

#### **"Ensuring Information Confidentiality"**

This is available in waiting areas, on the Trust website or by contacting the Communications Team on 0121 685 4329. If you would like a copy of this leaflet or require a copy in another language or format please contact the Communications team on 0121 685 4329.