Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Fractured Neck of Femur

A HANDBOOK FOR PATIENTS AND THEIR WHĀNAU

Welcome to hospital

This book belongs to:

Name _____

National Health Index – your unique number _____

Your contacts:

Doctor (GP) _____

Surgeon _____

Geriatrician _____
(Specialist in care of the elderly)

Physiotherapist _____

Social worker _____

ACC Case Manager _____
(If applicable)

Your ACC 46 number _____

Occupational therapist _____

Maori Health services _____

District Nurse _____

Please bring this book with you every time you come to hospital.

Index

Our values

C A R E

“Compassion, All-one-team, Responsive and Excellence”

CARE
Compassion All-one-team Responsive Excellence
Manaakitanga

Introduction

Kua kokohuna mai koe ki te hōhīpere nei, nā te mea he tiki hope whati tōu. He mea hanga tēnei pukapuka e mārama ai tō whānau ki ngā āhuatanga ka pā ki a koe.

He kōrero kei roto i te pukapuka nei e pā ana ki te pokanga i mua, ngā momo pokanga hei hono i ngā kōiwi, tō whakaoranga, hei āwhina i a koe inā whakaputaina atu ai koe i te hōhīpere.

Ko ngā tūroro hope whati, he rerekē o rātau taumata oranga, nō reira ka rite pū ngā tikanga manaaki i a koe. Puritia tēnei pukapuka kia tata, kia taea ai e tō whānau a tōna wā

You have been admitted to hospital because you have broken your hip. This booklet has been designed to give you and your family/whānau information about what this will mean for you.

The book will tell you about what happens before your surgery, the different types of surgery used to repair your broken hip. It will cover your recovery and help you plan for your discharge from hospital.

People who have hip fractures have various levels of wellness and fitness and so your treatment will always be planned to suit you. Keep this booklet handy so you and your whānau can refer to it as a guide in the weeks ahead.

The hospital team involved in your care:

Medical Teams

The Medical teams include the Orthopaedic Surgeon and the Geriatrician or Physician, with their junior staff of Registrars and House Officers.

Nursing staff

The Registered Nurses, Enrolled Nurses, and the Healthcare Assistants will support you through your stay, providing necessary care and assistance to achieve your personal recovery goals.

Physiotherapist

The physiotherapists will focus on helping you with your physical recovery. They will teach you exercises to help strengthen your leg after your surgery and help you to get walking again. You may need a walking frame for a short while.

They will help you with your walking/rehabilitation until you are ready to be discharged from hospital.

Occupational therapist

The Occupational Therapist assesses management of everyday essential daily activities. These assessments are to look at how you will manage everyday activities at home e.g. showering, getting in and out of bed, cleaning and preparing meals. This is why it is important to gather general background information of how your home is set up. From the assessments there is an opportunity to create goals in order to work towards a safe discharge home. Help and equipment are available for you at home if required.

Social Worker

The Social Worker will ensure you are ready to be discharged to go home. Should you require assistance this will be arranged through a Homecare provider as part of your discharge from hospital. (In Tauranga Hospital this will be done via a referral to ACC or District Nurses)

If you have any concerns, a Social Worker will undertake a Social Work assessment for any further social needs eg; where to buy your personal alarm and any other queries you have for your personal needs. We can liaise with the ACC co-ordinator on your behalf as appropriate.

ACC Co-ordinator

When required the ACC NARS Co-ordinator provides case management of patients accepted for non acute rehabilitation service (NARS) and works with the team to develop a patient goal orientated rehabilitation programme. Support through ACC can be arranged prior to discharge if required.

What is a ‘fractured neck of femur’?

The femur is your long thigh bone and the neck of femur refers to the narrow part at the top, close to where your thigh bone connects with your pelvis, or your hip. The neck is the most common area for the bone to break, as it is where the bone is at its narrowest.

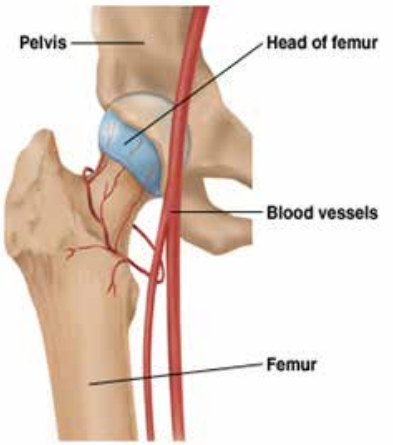
The words break and fracture mean the same thing, so a fractured neck of femur can also be referred to as a broken hip.

Understanding Hip Fractures

The hip is the largest weight-bearing joint in the body. It’s also a common place for a fracture to occur after a fall—especially in older people. Hip fractures are even more likely in people with osteoporosis (a disease that leads to weakened bones).

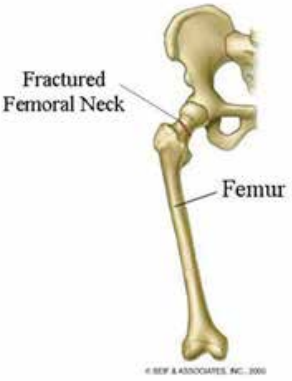
A Healthy Hip

The hip is a ball-and-socket joint where the femur (thighbone) joins the pelvis. When the hip is healthy, you can walk, turn, and move without pain. The head or “ball” of the femur (thighbone) fits into a socket in the pelvis. The ball and socket are each covered with smooth cartilage. This allows the ball to glide easily in the socket. Blood vessels supply oxygen and nutrients to keep the hip joint healthy.



A Fractured Hip

The hip can fracture in many places. Most often, the fracture occurs in the upper part of the femur. You can also have more than one type of fracture at a time.



- A transcervical fracture is a break across the neck of the femur. This type of fracture can interrupt blood flow to the joint.
- An intertrochanteric fracture is a break down through the top of the femur.
- A subtrochanteric fracture is a break across the shaft of the femur.

Why it needs to be repaired…

A broken bone heals by keeping the broken areas close together to allow new bone to grow and knit the broken bone together. The surgeon will determine the best way of bringing the broken bones together and use metal in order to stabilise it in that position.

Once your fracture has been stabilised you are usually able to put all your weight on your leg and start walking again.

Types of Repair

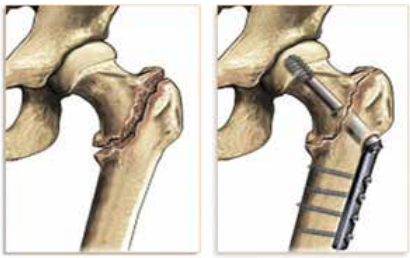
The location of the break will determine which method your surgeon will choose to repair the fracture.

Cannulated Screws

Cannulated screws are attached inside the femur to hold the fracture securely.

Dynamic Hip Screws (DHS)

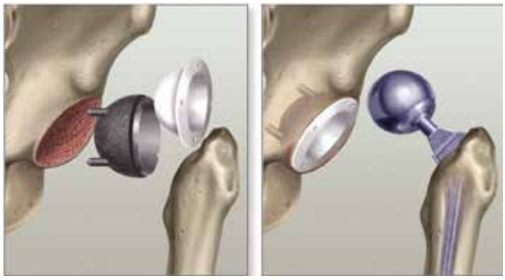
A metal plate on the outside of the femur and screws attached to the femur to hold the fracture securely.



Hemiarthroplasty (Partial hip replacement)

The surface of the head of the femur is replaced with an artificial head (or prosthesis). If you have had this type of repair, you will also need to follow the instructions in the hip precautions section later in this booklet. This will reduce the risk of dislocating your hip.

Total Hip Joint Replacement



Both the hip socket (acetabulum which resembles a cup-shaped bone in the pelvis) and the top of the femur are replaced with an artificial joint (or prosthesis). If you have had this type of repair you will also need to follow hip precautions, later in this book to reduce the risk of dislocating your hip.

Benefits and Risks with having an operation

This section is not meant to frighten you, but help you to understand the reason for surgery and to help you cope better with any complications that may occur. It is important that you understand that there are possible risks linked with any major operation. An operation to repair your fractured neck of femur is no exception.

Benefits

The main benefit of having an operation is that you will be able to get up and start walking again very soon after your surgery. As with all operations there are some risks associated. The team looking after you will do everything they can to minimise these risks

Risks that can occur

A small percentage of patients may develop complications. Factors such as age and other medical conditions may increase the chance for complications and delay or limit your full recovery. By getting up out of bed the day after your operation, you will be helping to reduce many of these risks.

Bleeding

In some cases you may bleed during the operation and you may require a blood transfusion during or after your operation. Whether you decline or accept any blood components or products, your decision will be respected and treated with privacy.

Infection

An infection can occur in the wound or deep tissue around the repair. This could happen while you are in hospital or after you go home. Minor infections are usually treated with antibiotics but major infections can sometimes require further surgery.

Blood clots, deep vein thrombosis (DVT)

This is the term used when a blood clot develops in the deep veins in the back of your lower leg. When detected the treatment may involve blood thinning injections followed by a course of tablets. There is a small risk of developing a DVT following surgery.

Delirium

Delirium can sometimes occur after an operation. Delirium is a state of altered consciousness which occurs suddenly (usually within hours or days) as a result of a physical illness or sometimes in response to treatment such as surgery. Delirium is a common condition that can occur in patients of all ages, but does so more frequently in the elderly or those with pre-existing memory conditions.

Delirium occurs in up to 30% of patients following repair of a fractured neck of femur and can be upsetting. If you develop delirium the team will help by reassuring you and helping you to remember what has happened and where you are.

What should family/whānau look out for?

Sudden and new development of:

- confusion - the patient may seem jumbled and not their usual self
- disorganised thinking or behaviour
- anxiety, bewilderment and/or suspiciousness

- disorientation (not being aware of the correct time and place)
- loss of interest
- restlessness or agitation
- altered sleeping patterns - tendency to sleep at times that are unusual for them
- withdrawn, drowsy, sedated, lethargic behaviour
- misunderstanding what is seen and heard
- delusions (false beliefs) or hallucinations (seeing, hearing or believing things which are not real)

What can family/whānau do to help?

Delirium can be a frightening experience and the calm presence of familiar people can make a big difference in relieving distress. Some things family/Whānau can do to help include:

- visiting regularly; limit visitors to one or two at a time
- identify themselves and speak to the patient by name
- speak slowly and clearly about familiar, simple things
- use a calm tone and a sense of humour; gentle touch can also reassure and calm
- try to gently orientate the patient about where they are and what the time and date are (but don’t argue if they don’t agree)
- minimise background noise such as music, laughter or TV
- bring in hearing aids and glasses if the patient needs them
- encourage and assist with meals and fluids; you can bring in a favourite meal
- inform nursing staff of any special information relating to the person
- ask staff if there is something you can do to help; sometimes one person staying quietly in the evening may help the person go to sleep

Conservative or non-surgical treatment

Conservative treatment is rarely considered, however it may be necessary if surgery is not possible – for example if someone is too frail to cope with surgery, or if the hip fracture occurred a few weeks earlier and has started to heal.

Questions

Please use the space below to write down any questions you wish to have answered.

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In hospital

While in hospital it is important that you are able to answer these 4 questions. Please ask any of the staff if you are unsure of the answers.

1. **What is wrong with me?**
2. **What is going to happen today/tomorrow?**
3. **What needs to be achieved to get me home?**
4. **When is this going to happen?**

Personal items you will need in hospital

It will be helpful if you have some things brought in from home while you are in hospital.

These include:

- Night clothes, easy to wear day clothes, shoes or slippers, toiletries
- Something to read
- Walkers, strollers or walking sticks that you use at home
- You may bring your own pillow which will make your hospital stay more comfortable. Please make sure your pillowcase is not blue or white (these are hospital colours).
- You should leave valuables at home (eg: jewellery, bank or credit cards etc.) Te Whatu Ora Hauora a Toi Bay of Plenty does NOT take responsibility for stolen items.
- Mobile phones may be used on the ward, but please be considerate of other patients.

On the Medication list remember also to note any medication allergies.

Special needs to be noted may include:

- Hearing aid
- Special food requirements
- Food allergies
- Any personal preferences
- Language

List here your medications and any special needs

Medications
Special Needs
Medication allergies

Prompts for family/whānau

1. Children/ family or Pets in the home – someone will need to make arrangements for their care while you are in hospital.
2. Have family advise any services such as Meals on Wheels not to come in.
3. Mats on the floor can be dangerous – you will need to remove those.
4. A backpack or bum bag is great for carrying mobile phone, water, pills etc while on crutches
5. Consider the option of a personal alarm if home alone.

Preparing for your operation

Once you have arrived at the Emergency Department, and before being transferred to the ward, you will have an x-ray to confirm that a fracture has occurred.

If you are transferred from the Emergency Department to the Orthopaedic ward before your surgery, you will have a full medical assessment to determine your general health and fitness for surgery. During this assessment, you will be asked about your general health, which medications you take, as well as your living arrangements.

You will be given pain medication to keep you comfortable. You will also need to have a urinary catheter put in and a drip inserted into your arm.

You will be scheduled to have an operation as soon as possible; however this may be delayed if you are not well enough.

Your skin will be marked by the surgeon to indicate which leg is being operated on. You will be washed with a pre-operative solution. You will be put in a theatre gown and may be fitted with special stockings to help prevent blood clots developing in your legs.

You will not be allowed to eat for 6 hours before your surgery; however, you will be allowed to drink clear fluids up to 2 hours before your surgery. You may be given a carbohydrate drink the morning of your surgery which is given to help reduce your hunger and thirst. At the time of surgery, you will be taken down to the operating theatre on your bed by a staff member.

Tests:

You may need to undergo some tests as part of your medical assessment to determine your general health and fitness for surgery. Some of these tests may include a chest X-ray, and ECG (a tracing of your heart), blood tests and a urine test.

Consent:

Before you have the operation to repair your fractured hip, one of the surgeons will explain the procedure to you and your family/whānau. They will also outline possible risks and complications. You will get the opportunity to ask any questions. You will also meet the anaesthetist to discuss the type of anaesthetic you will be having.

In some cases a family member may be asked to provide the consent on your behalf. This will only be if you are unable to provide a signature or if you have an Enduring Power of Attorney (EPOA) in place.

Questions

Please use the space below to write down any questions you wish to have answered.

In the operating theatre

In the operating room, an anaesthetist and the anaesthetic team, several nurses, the surgeon and their surgical teams will be present. Once in the operating room you will receive an anaesthetic as previously discussed with you by your anaesthetist.

Types of Anaesthetics

General anaesthesia

Produces a state of controlled unconsciousness during which you feel nothing. You will receive anaesthetic drugs, strong pain relieving drugs, oxygen to breathe and sometimes a drug to relax your muscles. You will need a breathing tube in your throat once you are unconscious, and will be put on a breathing machine (ventilator) during your operation. When the operation is finished the anaesthetic is stopped and you regain consciousness.

Advantages

You will be unconscious during your operation.

Risks

Common side-effects (<1 in 100) include headache, sore throat, feeling sick or vomiting, dizziness, bladder problems, damage to the lips or tongue, temporary confusion or memory loss, aches and pains and bruising/soreness.

Uncommon side-effects (<1 in 1000) include chest infection, muscle pains, damage to teeth, becoming conscious during your operation, slow breathing and existing medical conditions getting worse.

Rare side effects (less than 1 in 10,000+) include damage to the eyes, serious drug allergy, nerve damage, equipment failure, heart attack, stroke or death.

Spinal anaesthesia

A measured dose of local anaesthetic is injected into the area of the back that contains spinal fluid using a very small needle. The injection is generally well tolerated and will make you go numb from the waist down. This means you will feel no pain, though you will remain conscious. A screen will shield the operation so you will not see the operation unless you want to. Your anaesthetist is always near you and you can speak to them whenever you want to.

If you prefer, you can also have drugs that make you feel sleepy and relaxed (sedation). This will mean you will not be aware of what is happening during surgery though you may hear the noises of what is going on around you.

Advantages

This generally provides better pain relief, and as such you do not need so much strong pain relieving medicine in the first 24 hours after the operation.

There is some evidence that less bleeding may occur during surgery which would reduce your risk of needing a blood transfusion or developing blood clots.

You remain in full control of your breathing. Your breathing should be better in the first few hours after the operation, so you have a lower chance of developing a chest infection. You should have less sickness and drowsiness after the operation and may be able to eat, drink and walk sooner.

Risks

Common side-effects (less than 1 in 100) include headache, dizziness, bladder problems, aches and pains and bruising/ soreness.

Uncommon side-effects (less than 1 in 1000) include itching and existing medical conditions getting worse.

Rare side effects (less than 1 in 10,000+) include serious drug allergy, nerve damage, equipment failure, heart attack, stroke or death.

Surgical infiltration

Local anaesthetic is injected in and around the joint by the surgeon at the time your new joint is going is being replaced. It is typically combined with spinal or general anaesthesia.

Advantages

Provides good pain relief immediately following surgery. Reduces the need for strong painkiller injections like morphine and therefore reduces side effects like nausea and vomiting. It also allows early mobilisation and physiotherapy.

Risks

May not provide adequate pain relief and hence may need to be combined with morphine injections.

Nerve block

This is an injection of local anaesthetic near the nerves which go to your leg. This will numb part of the leg and make it pain-free for several hours after surgery. You may also not be able to move it properly during this time.

Advantages

You won't need such strong pain relieving medication during and after your anaesthetic, and therefore won't feel so sick.

You should be more comfortable for several hours after your operation.

Risks

The numbness and weakness may last up to 16-24 hours, delaying your ability to walk and do your exercises.

Rarely there is risk of damage to the nerves.

After your operation

Immediately after your operation you will be transferred to the recovery room. Nursing staff will look after you and monitor you closely to ensure you are safe and comfortable.

You may have:

- An intravenous (IV) drip in your arm – this is used to give you fluids, antibiotics and painkillers.
- A facial mask or nasal prongs to give you oxygen.
- A pain pump (patient controlled analgesia) so you can control your pain by pushing a button that will give you a prescribed amount of pain relief.
- A urinary catheter in place.
- A few sips of water if you feel able.

On return to the ward you will continue to be monitored closely by the nursing staff. You will be encouraged to eat and drink as soon as you are able.

You will also be encouraged to start moving your leg in bed. The goal is to get you up and stepping around to a chair next to your bed within 24 hours after your operation. This is to map your recovery and help prevent complications.

If you have other injuries or you are currently unwell, your recovery may differ slightly.

Pain relief

Good pain control helps you recover more quickly after your operation. It is important to tell the doctors or nurses if you are in pain. Do not wait to be asked and do not feel afraid of being a nuisance. If your pain is well controlled, post-operative complications are reduced, you sleep better and it helps your body heal more quickly.

Pain relief is important and some people need more pain relief medication than others. An assessment scale is used to measure your pain regularly. The nurses will ask you to rate your pain at rest and on movement. They may use a number scale of 0 – 10, 0 meaning no pain and 10 being severe pain. It is important that you are honest about your pain so that you can receive the correct treatment for you.

Occasionally, despite regular painkillers, you may experience stronger pain. This may occur during physiotherapy exercises or walking. You will have additional painkillers prescribed to help relieve this pain. Please ask your nurse for these. It is important that you are comfortable enough to be able to participate in physiotherapy to help your recovery.

The first day after your operation

We encourage you to be as independent as possible after your surgery. You will receive help with tasks such as washing, dressing and walking to the toilet, but the aim is to wean off this help as soon as it is safe to do so.

On the first day you can expect the following to happen:

- You will be seen by a doctor from the Orthopaedic Team.
- Your pain pump (patient controlled analgesia) may be stopped.
- You will receive regular oral medication to lessen your pain, nausea and help prevent constipation.
- Your oxygen will be stopped if you no longer require it.
- Your wound drain (if you have one) will be removed.
- A simple blood test will be taken to check you are not anaemic (have low red blood cells or haemoglobin) after your operation.
- Your IV fluids will stop if you are able to drink.
- Your IV cannula will be removed once you have been given a final dose of antibiotics.
- You may receive a small daily injection to help reduce the risk of developing a blood clot.
- You may have pumps attached to your lower legs or feet whilst in bed.
- Nursing staff will assist you with washing and dressing as required.
- You will be encouraged to sit out of bed for meals.
- Your physiotherapist or their assistant will visit you at least once a day to help you with your exercises and help you to walk.
- ACC forms will be completed by staff
- You may receive a visit from a social worker.

The second and following days after your operation you can expect the following to happen:

- Your urinary catheter will be removed.
- You will be seen by a doctor from the Orthopaedic Team.
- You will continue to receive regular oral medication
- Your pain pump (patient controlled analgesia), if not stopped yesterday, may now be removed.
- You will be encouraged to wash, dress and toilet yourself as independently as possible.
- You will need to dress in your own clothes.
- You will sit out of bed for all your meals.
- Your physiotherapist or their assistant will visit you at least once a day to help with your exercises and supervise your walking.
- You may receive a visit from a social worker to assess any social needs for your discharge.
- Your occupational therapist may assess your ability to manage essential everyday tasks. This may include transfers on and off a bed, chair and toilet. They will also ensure that you can wash and dress yourself.
- Your occupational therapist may also issue you with any equipment you may need at home.
- You may be transferred to a rehabilitation area. This may be in the same ward or in a different ward.

The physiotherapists will work with you and your nurse to make sure that you have had pain-relief before you participate in physiotherapy. It is really important that you do not have too much pain as this can slow down your recovery.

Looking after yourself

Eating well will help build up your strength and help your bones to heal. Your family are welcome to bring in any food that you may want in addition to the food you will be served at the hospital.

It is also important to keep up your intake of fruit and vegetables to help with good bowel habits. On some occasions pain relief medication can make you constipated, if this happens it is important to let your nurse know.

Questions

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Rehabilitation

The rehabilitation process aims to help you get you back to your previous level of function (or as close to as possible) while you are in hospital. If you are over 65 and require rehabilitation in hospital you may be transferred to a rehabilitation setting. This is often 3 to 5 days after surgery.

The rehabilitation environment aims to provide an opportunity for you to get back to your normal routine by checking your ability to cope with normal household tasks.

You will still have a physiotherapist, an occupational therapist and a social worker involved in your care.

In the rehabilitation setting you may have a Geriatrician responsible for your medical care until you are discharged from the hospital.

Your fracture may have been related to Osteoporosis, a condition where bones become weak and brittle. While in hospital you will be assessed to determine if this was a factor and if so you may be advised how to reduce the risk of further fractures through life style, diet and possibly medication.

The focus now is to start planning for your discharge and setting goals with you and your family/whānau.

An Occupational Therapist will assess that you are able to manage everyday activities prior to going home. This may include being able to shower independently or prepare your own meals. In some instances you may be assessed as needing a higher level of support and you may require rest home care.

Physiotherapy Exercises

Day of Operation

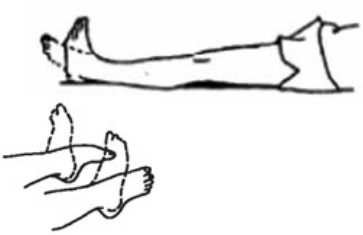
It is important that you start with some simple exercises straight after your surgery.

Deep breathing exercises

Lying or sitting down, take a deep breath in through your nose and feel your tummy rise. Then breathe out slowly through your mouth. Take four to five breaths like this.

Repeat five to six times a day.

Circulation exercises



With your knees straight, stretch your ankles up and down. This helps your circulation and will help to prevent a DVT (deep vein thrombosis).

Repeat 10 times each hour

Gluteal (buttock) exercises

Lying on your back, squeeze your buttocks firmly together. Hold for three seconds, then relax.

Repeat 10 times each hour

Day 1 After Your Operation

These exercises are designed to increase the mobility of your new hip. All exercises should be done slowly and in a controlled manner.

You should be aiming to do all of these exercises about four to five times a day.

As you get stronger you will be able to do more each time. To start with, aim to do

10 repetitions of each exercise and build up to do 20.

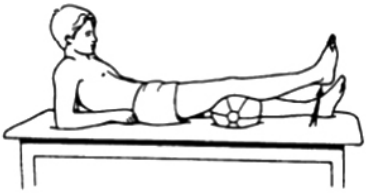
Quadriceps (thigh) exercise

With your toes pulled towards you, tighten your thigh muscles by pushing your knee down into the bed.

Hold for five seconds and relax.

Repeat 10 times each hour

Knee extension



Place a rolled towel under your knee. Keep your thigh resting on the rolled towel and lift your heel off the bed so that you fully straighten your knee.

Hold for five seconds and slowly lower.

Repeat 10 times each hour

Hip and knee flexion

Lying on your back, slowly slide your heel up the bed, bending your knee, then slowly straighten again.

Repeat 10 times each hour

Hip abduction

Lying on your back, keep your knee straight and your toes facing the ceiling and slide your leg out to the side. Slide it back to the middle.

Repeat 10 times each hour

Your Physio will tell you when to start these exercises

Standing Exercises

Hip Abduction

Stand straight holding on to a support. Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise.

Repeat 10 times each hour

Hip Extension

Stand straight holding on to a chair.

Bring your leg backwards keeping your knee straight.
Do not lean forwards.

Repeat 10 times each hour

Mini Squats

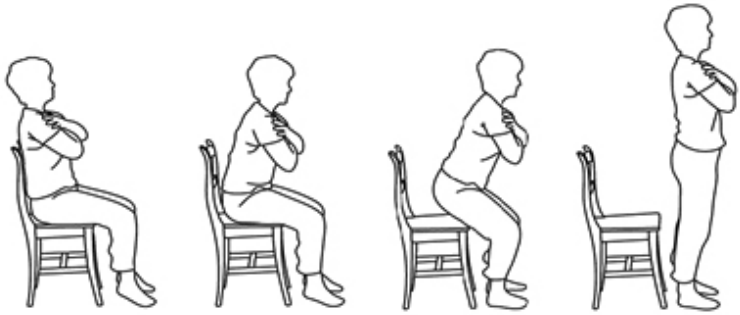
Stand behind a chair and support yourself with both hands.
Slowly bend your hips and knees, trying to push your bottom back.

Stand up tightening your buttock muscles.

Repeat 10 times each hour

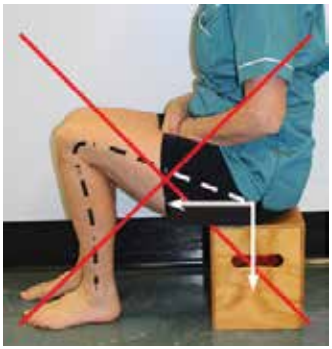
Sit to Stand

Sit on chair, if needed use arm rests. Lean forward. Put your weight on your feet while leaning forward.

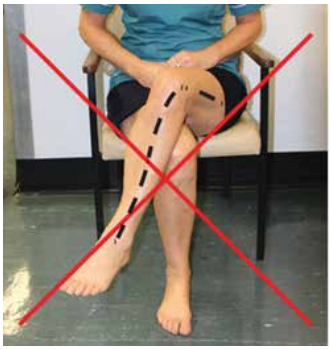


Hip Precautions (applicable if you have had a total hip replacement or a Hemiarthroplasty – see page 7 and 8).

DO NOT bend your operated hip further than 90 degrees. Sit in a high chair so that you do not bend your hip too far when you are sitting/standing. When bending down to pick something up, keep your operated leg behind you.

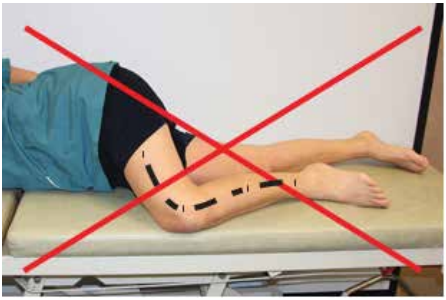


DO NOT cross your operated leg over the midline of your body when sitting.



DO NOT turn your operated leg inwards or twist on your operated leg.

DO NOT cross your operated leg over the midline of your body when lying down.



After being discharged to go home

When you are first discharged from hospital you may need a bit more help than you did before your admission.

It is important to remember that it can take time to recover from the fracture and the operation to repair it.

Home support

If you require assistance with home tasks eg; cleaning floors, hanging washing and your own personal showering and dressing then the Social Worker will discuss with you what can be put in place appropriate to your circumstances. Not everyone is entitled to cleaning assistance. If there is someone else in the house who is able-bodied and has capacity to do these tasks, you may not be eligible. Please discuss this with your social worker if you have any concerns.

If you previously had home support you will need to advise the Social Worker/nursing staff of which home care provider you use. The home care provider will then be informed of when you are going home so they resume your home care support.

If your injury has been caused by an accident, such as a fall, then home support services will be provided via ACC. If your injury is not related to an accident then support will be organised by the Hospital.

Re-instating home support…

District Nurse

Following discharge from the hospital, a district nurse may need to call on you to check your wound and remove any stitches or clips that you may have.

Equipment to help at home:

Depending on the type of surgery you have had, you may require some equipment to help you to manage safely in your daily activities within your home environment. Your needs will be assessed by your Occupational Therapist in relation to essential equipment.

Accident date

What operation

Date of operation

Discharge date

Future appointments

Services

Loan equipment return dates

Personal Care	End Date

Diet

You may eat your usual diet but we suggest you eat more fruit, vegetables and fibrous foods. We also encourage you to drink plenty of fluid.

Constipation

Normal bowel action

The normal frequency of passing bowel motions should be between three times per day to three times per week. Bowel motions should be formed and easy to pass.

What is constipation?

Constipation is when you have hard, dry, difficult to pass bowel movements, or you go longer than usual between bowel movements.

Note - A mixture of hard and runny loose bowel motions can be a sign of severe constipation.

What causes constipation?

- Not drinking enough water.
- Having too much fibre in your diet.
- Limited intake of food.
- Lack of exercise or mobility.
- Ignoring the urge to go to the toilet.
- Medications – many pain relief tablets can lead to constipation.

What are the signs and symptoms of constipation?

- Straining to pass a bowel motion.
- Pain or bleeding from the rectum during your bowel movement.
- A feeling that you did not empty your bowel completely.
- Nausea/reduced appetite.
- Stomach cramps and bloating.
- Headache.

What can I do to manage my constipation?

- Increase your fluid intake to 1-2 litres a day.
- Eat regular healthy meals including all the food groups.
- Exercise – go for regular short walks.
- Go to the toilet around ten minutes after you have eaten.
- Sit leaning forward slightly with your elbows on your knees.

It is important not to wait too long before you seek assistance with constipation. If your symptoms persist for 3 days, please contact your GP.

Treatment

You should talk to your GP about your constipation to ensure you are taking the most suitable bowel medication for you. These include:

- Stool softeners
- Bowel stimulants
- Osmotic laxatives
- Bulk formers
- Suppositories and enemas

Physiotherapy when you leave hospital

It is important you continue to regularly do the exercises you were given by your physiotherapist. If you require physiotherapy after you have been discharged from hospital your physiotherapist will discuss this with you before you are discharged from hospital.

In some cases the injury is covered by ACC in which case you can attend any private practice physiotherapist, or in some exceptional cases a physiotherapist may be able to visit you at home.

Wound care

You should keep your wound covered with the waterproof dressing applied during your hospital stay, for 10 days following surgery. Wounds can take about 10 days to heal and you may notice some oozing for a few days. After 10 days no dressing is required if the

wound has healed and you may remove the dressing. If the wound is red, or oozing longer than a week after surgery, or is very swollen and painful then you should seek advice from your GP. Your GP may decide to inform your surgeon by phone call, or send you to the hospital for review. The wound and skin around the wound will be warm to touch for some weeks and sometimes months following surgery. There will be swelling of the tissues around the wound that will decrease over a few weeks to months.

Employment / Finances

Employment and financial needs can be discussed with the Social Worker who would assist you in understanding the forms required for Work and Income.

If your injury is covered by ACC and you were employed at the time of your accident, please discuss your ability to work with your doctor as an ACC medical certificate may be required to ensure you get the appropriate income support if eligible.

Medical certificate

If you require a Medical Certificate for your employer, then this will be provided to you on your discharge.

Driving

You are not allowed to drive for at least 6 weeks after your operation. This can be due to the type of surgery you have had but in many cases car insurance will not cover you for 6 weeks after an operation. You should discuss this with your surgeon.

General Advice

Total Mobility is a nationwide scheme designed to help eligible people with impairments to use appropriate transport to help make their community participation better. This help is given in the form of subsidised door-to-door transport services wherever scheme transport providers operate.

In the Bay of Plenty it's run by Bay of Plenty Regional Council. The scheme gives financial assistance by way of a voucher that allows registered users of the scheme to a 50% discount on taxi fares. The user is required to pay the other half of the fare to the taxi driver, at the time the trip is taken. Users of the scheme must carry a Total Mobility photo ID card to be able to use vouchers.

The definition of eligibility for participation in the scheme is as follows:

An eligible applicant must have an impairment that prevents them from undertaking any one or more of the following five components of a journey unaccompanied, on a bus, train or ferry in a safe and dignified manner:

- getting to the place from where the transport departs
- getting on the transport
- riding securely
- getting off the transport
- getting to the destination

The following list of disabilities is an aid to assist decision making on the level of mobility impairment which would qualify for eligibility:

- Inability to walk to the nearest bus stop or board and alight from a bus for reasons such as pain, respiratory problems, sensory disabilities, neurological fatigue, reliance on complex walking

aids, or requiring the constant assistance of another person for mobility.

- Total loss of or severe impairment of vision preventing the independent use of public passenger transport.
- Intellectual, cognitive or psychiatric disabilities which may necessitate the constant assistance of another person for travel on public passenger transport.
- People with impairments who meet the criteria for the Total Mobility scheme, and are able to use bus, train or ferry services some of the time, but not all the time, are eligible for the scheme (e.g. people with impairments such as epilepsy or athritis).
- People who meet the criteria for the Total Mobility scheme and have an impairment that has lasted, or is expected to last for six months or more are eligible.
- People with impairments who meet the criteria for the Total Mobility scheme and live in residential care are eligible for the scheme.
- Children with impairments who meet the criteria for the Total Mobility scheme are eligible.

Phone 0800 884 880 Fax 0800 884 882 Email info@boprc.govt.nz

Advanced care planning / EPOA

If you have an Enduring Power of Attorney (EPOA), a certified copy of this can be kept on your Medical Records file.

If you would like to discuss Advance Care Planning, please ask for the Social Worker or Doctor to provide you with the information.

Hand hygiene

Hand hygiene is the single most important way to prevent the spread of harmful germs (bacteria and viruses) that can cause infection.

In hospital you can expect your healthcare workers (doctors, nurses, healthcare assistants and others) to perform excellent hand hygiene before, during and after caring for you.

Healthcare workers should clean their hands:

- Before they touch you.
- After they have touched you, before they leave.
- Directly before and directly after they perform a procedure on you.
- After they are exposed to body fluids.
- After touching your surroundings (e.g. bed) if none of the above have occurred

It's OK to ask

We take hand hygiene seriously, however, we are not perfect and there may be times when we do not clean our hands as often as we should. If you are worried that a staff member has not cleaned his or her hands properly it is ok to remind us, in fact, we welcome it.

What you can do

Germs are present all around us. When we are ill we are more at risk of developing an infection from harmful bacteria or viruses that we may pick up, either from something we have touched or from someone passing it onto us. The risk of infection being spread from a healthcare worker's hands to you is reduced when they perform correct hand hygiene. In addition, it is important that you clean your own hands at the following times while you are in hospital:

- Before eating food.
- After using the bathroom.

- At any time a healthcare worker has advised you to do so (e.g. caring for your own catheter).

If you have visitors, they can protect you from harmful germs by cleaning their hands:

- Before they touch you.
- Before they give you food.
- At any other time a healthcare worker has advised them to do so (e.g. assisting with your wound dressings).

Moving Safely and preventing falls while in Hospital

Our “Keeping You Safe from Falls” programme starts when you enter hospital.

Slips, trips and falls can happen to anyone and sometimes patients can fall while in hospital.

Why does this happen?

- A number of medical conditions can increase your risk of falling
- Disorientation due to unfamiliar surroundings
- The effect of medications
- Problems with walking and balance

Unfortunately some patients will still fall despite all of us following the advice given on this page. However by working together with you, your relatives and carers, we aim to minimise the risk of falls.

So what will the hospital do?

We may:

- Move your bed to a more suitable position on the ward to allow us to observe you more closely
- Assist you if you are having difficulty with walking, or if you need help with your personal care
- Teach you how to move safely with appropriate walking aids

Remember that if you need help, please ask!

CALL – DON'T FALL

What can I do to keep myself safe?

You can:

- Use your call bell
- Keep everything you need within easy reach and reduce clutter by sending home anything that you don't need
- Bring with you all your necessary personal items such as your glasses and hearing aids
- Bring any walking aids from home and follow the advice provided by therapists, nursing and medical staff
- Wear non slip socks, slippers or shoes that fit well – socks alone are slippery
- Wear clothes that are not too long or too loose
- Take your time when standing or getting out of bed
- At night, turn on the light before you get out of bed, and turn on the light in the toilet.
- Take extra care on wet or slippery floors
- Watch out for any clutter or obstacles in your way, and ask one of our team to move them
- Do not use hospital furniture for support as it may not support you

How can my friends and family help?

They can:

- Tell us if you have had any falls in the past
- Put back anything that they may have moved during their visit
- Minimise clutter by taking any unnecessary personal items home

Preventing falls while at Home

Take action and fight the 5 home hazards

Moss, rugs, power cords, chairs and puddles - these are just 5 of the many things responsible for over 280,000 serious falls around New Zealand homes last year.

Find out how to take action and Fight the 5 – you'll see that it's surprisingly easy to avoid injury and make your home a safer one.

1 Moss

Moss on outside steps, paths and decks can be very slippery.

Action:

- Waterblast, scrub or spray these areas with moss removal products
- Cut trees and shrubs back to prevent shade – conditions which moss thrives in
- Highlight step edges with painted strips
- Light any dim outside areas
- Build new decks with grooved timber
- When painting decks, use non-slip paint or a grit-additive.

2 Power Cords

Snaking power cords, telephone wires and general clutter are easy to trip over.

Action:

- Get them out of harm's way with cord clips, quick-release power cords or multi-boxes
- Secure any loose cords or wires to the wall
- Tidy away general clutter, use baskets and other storage systems.

3 Rugs & Mats

Unsecured rugs and mats on floors and stairs can cause falls.

Action:

- Secure them with anti-slip tape or spray on a non-slip coating
- Use carpet grips for mats
- Repair damaged carpet on stairs
- If you're buying a new rug, then look for one with a non-slip backing
- Wear shoes or slippers (rather than socks) on wooden floors.

4 Chairs

Chairs aren't ladders and are very unstable if you stand on them.

Action:

- Use a ladder or step-ladder to reach high objects
- Store heavy, regularly used objects down lower
- Use long-life smoke alarms and light bulbs so you don't have to change them so often.

5 Puddles

Wet areas are hazardous.

Action:

- Wipe up spills as soon as they happen with mops, sponges or cloths
- Use non-slip bath/shower mats
- Use floor mats to absorb any excess water
- Install handrails to assist getting out of the bath/shower
- If renovating, install non-slip flooring in wet rooms (bathroom, kitchen and laundry).

Recognising heart attack

Warning signs vary from person to person and they may not always be sudden or severe. Although chest pain or discomfort is the most common symptom, some people will not experience chest pain at all. Symptoms may include pain, pressure, heaviness or tightness in one or more parts of the upper body including chest, neck, jaw, arm(s), shoulder(s) or back in combination with other symptoms such as nausea, shortness of breath, dizziness or a cold sweat.

Knowing the warning signs of heart attack and acting quickly by calling Triple One (111) can reduce damage to your heart and increase your chance of survival. It could save your life, or the life of someone you love.

If you experience the warning signs of heart attack for 10 minutes, or if they are severe or get progressively worse, call Triple One (111) immediately and ask for an ambulance.

Recognising Stroke

Is it a stroke? Check it out the FAST way! Call 111 immediately if you suspect a stroke!

The FAST campaign encourages New Zealanders to learn the key signs of stroke and to act fast by calling 111 if they suspect a stroke. Prompt action can save lives, improve recovery and reduce ongoing costs from stroke to families, caregivers and the health services. It is vital to recognise when someone is having a stroke and to start treatment as soon as possible, because the sooner medical treatment begins, the more likely brain damage can be reduced and a better outcome achieved.

What are the symptoms of stroke?

The signs and symptoms of stroke usually come on suddenly. The type of symptoms experienced will depend on what area of the brain is affected.

Common first symptoms of stroke include:

- sudden weakness and/or numbness of face, arm and/or leg especially on one side of the body
- sudden blurred or loss of vision in one or both eyes
- sudden difficulty speaking or understanding what others are saying
- sudden loss of balance or an unexplained fall or difficulty controlling movements, especially with any of the other signs.

How can you tell if someone is having a stroke?

By learning to recognise the symptoms of stroke you could save a life! Learn the FAST check.

Face
Smile – is one side drooping?

Arms
Raise both arms – is one side weak?

Speech
Speak – unable to? Words jumbled, slurred?

Time
Act fast and call 111. Time lost may mean brain lost

Stroke is always a medical emergency. Even if the symptoms go away quickly or don't cause pain call 111 immediately

Flu

Have you had your flu vaccine?

Influenza spreads very easily and up to 1 in 5 of us come in contact with influenza every year.

At its worst, influenza can put you in hospital and can even be fatal. In many cases, influenza can keep you in bed for a week or two, and drain your energy keeping you from work, sport or just about anything that requires leaving the house.

For adults with long-term health conditions and people aged 65 years and older, influenza can be a serious illness. For this reason the influenza immunisation is provided FREE to these groups.

Don't take the risk! Call your local general practice or medical clinic to arrange a FREE vaccination if you are in any of the following groups:

- regularly use an asthma preventer
- have diabetes
- have heart disease
- have kidney problems
- have cancer
- have a serious medical condition
- are aged 65 years or over

If you do not have one of these eligible conditions, you still benefit from an influenza immunisation. available at a small cost. Flu vaccines are administered free between the 1st March – 31st August each year, beginning and start dates however can be variable.

Osteoporosis

Osteoporosis is a common bone disease which affects both men and women. Osteoporosis affects all bones in the body, with fractures most commonly occuring in the hip, spine, wrist or shoulder. People who suffer a first fracture are considerably more likely to suffer further fractures. The good news is osteoporosis can be treated and fractures prevented.

Medications are indicated for some patients and your GP will know if this is appropriate for you.

In addition to medications much can be done to reduce further bone density loss by means of lifestyle advice. The key points are to:

- Stop smoking
- Limit your alcohol intake
- Keep up with regular exercise
- Calcium rich diet

Exercise programmes and exercise groups can help provide significant improvement in pain levels, activity and wellbeing. Age Concern Tauranga has a list of fitness classes in the Tauranga Region.

Your rights and responsibilities

Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

Patients' Code of Responsibilities

Te Whatu Ora Hauora a Toi Bay of Plenty staff are committed to working in partnership with you to achieve the best possible outcomes. Help us to help you by:

- Being completely frank and honest about your health, family history of illness, current medications and treatments
- Cooperating and being involved in your care and treatment
- Asking questions about anything you do not understand
- Informing us if you are unable to keep an appointment
- Understanding your rights and telling us if you feel they are not being met
- Showing consideration to other patients by respecting their comfort, privacy and confidentiality
- Respecting the staff and property of Te Whatu Ora Hauora a Toi Bay of Plenty

smokefree

ZERO tolerance to violence

If you need more information:

- Ask a staff member or the manager of the ward / department
- Contact Quality and Patient Safety Team, Mon-Fri, 8am-4pm on 07 579 8176 or the After Hours Manager on Tga 07 579 8000 or Whk 07 306 0999

How to feedback to Te Whatu Ora Hauora a Toi Bay of Plenty

Why Feedback?

At Te Whatu Ora Hauora a Toi Bay of Plenty we understand that being in a hospital, whether it is youself or for a loved one, can be a very distressing experience. We welcome feedback as it provides us with an opportunity to review the services we offer and guides us to make quality improvements as we strive for health excellence.

Ways to provide Feedback

If you wish to provide feedback, make a compliment, comment or complaint, there are a number of ways you can do so:

- Speak to any staff member, Nurse, or Doctor
- Speak to Regional Māori Health Services Kai Awhina (07) 579 8737 or Regional Maori Health Services, Tauranga Hospital (07) 579 8560 or Te Pou Kokiri Māori Health Services, Whakatane Hospital (07) 306 0954.
- Complete our “Would you like to tell us something?” form available throughout the hospital and leave it at any reception
- Phone the Quality & Patient Safety Team by calling the on-call Quality Coordinator on 021 791 864, or calling the telephone operator on (07) 579 8000 and ask to be put through to the on-call Quality Coordinator, or call (07) 579 8176
- Fill out an online form on Te Whatu Ora Hauora a Toi Bay of Plenty’s website at https://www.bopdhb.health.nz/contact-and-feedback/patient-care-feedback/
- Write a letter to:
  Quality & Patient Safety Administrator
  Te Whatu Ora Hauora a Toi Bay of Plenty
  Level 2, Tauranga Hospital
  Private Bag 12024
  Tauranga 3143
- Email the Quality and Patient Safety Administrator on:
  Qualityandpatientsafety@bopdhb.govt.nz

Useful telephone numbers and internet links

Police / Fire / Ambulance dial 111

Ministry of Health Healthline www.health.govt.nz 0800 611 116

If you or a family member are feeling unwell but not sure whether you need to see a doctor, you can call the Healthline for free advice from trained registered nurses 24 hours a day, 7 days a week.

BOPDHB website

Send a patient a message link 

Arthritis NZ.....0800 663 463

Age Concern.....06 759 9196

Family Violence.....0800 456 450

Disability Information Centre.....06 759 0019

Health & Disability Commission.....www.hdc.org.nz

Quitline..... www.quit.org.nz 0800 778 778

Social worker Whakatane.....07 306 0999

Tauranga.....07 579 8460

ACC co-ordinator ACC Helpline.....0800 101 996

Health benefits when you quit smoking

Every hour, day week, month and year that you go without smoking, your health will improve.

When you quit, your body starts to repair itself straightaway – you'll notice the difference! Quitting is a great thing to do at any age – you'll live longer, and your quality of life will improve.

8 hours	Your heartbeat slows down to normal, and your blood pressure goes down.
24 hours	Carbon monoxide is out of your system within a day, and your lungs work better.
3-5 days	Your senses of taste and smell begin to improve. The phlegm in your lungs loosens, and you start to cough it up and get rid of it.
1-6 months	You feel fitter and are able to exercise more easily. The blood flow (circulation) to your hands and feet improves. You produce less phlegm. If your blood pressure has been high, it is likely to fall.
1 year	You have almost halved your risk of sudden death from heart attack.
5 years	Your risk of cancers of the mouth, throat and oesophagus is half that of a person who continues to smoke.
10 years	Your risk of lung cancer is less that half that of a person who continues to smoke.
15 years	Your risk of sudden death from heart attack is almost the same as that of a person who has never smoked.

Basic life support

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www.bopdhb.health.nz

November 2022