

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

# Foot and Ankle Surgery

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 \_\_\_\_\_

Physiotherapist \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Social Worker \_\_\_\_\_

District Nurse \_\_\_\_\_

\_\_\_\_\_

Māori Health Services \_\_\_\_\_

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

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## Our values

### CARE

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



# Introduction

Na, ko tēnei mea te whakauru mai ki roto i te hōhīpere he āhuatanga hou pea ki a koe. Mā te āta mārama ka ahatia i mua, i waenga, i muri hoki o tō nohoanga mai ka mauri tau ake ai tēnei āhuatanga ki a koe, hei āwhina i tō whakapiki ora.

He mea waihanga e ngā kaimahi o Hauora a Toi (Bay of Plenty District Health Board) tēnei pukapuka e mārama pū ake ai koe ki te ara whakahou mārika ake i tō/ōu waewae. Mā ngā kōrero o roto koe e whakamārama me pēhea te whakarite i a koe mō te pokanga, waihoki, mō te wā e puta atu ai koe i te hōhīpere. Ko te manako ia ka haria mai e koe tēnei pukapuka ki te hōhīpere.

Tēnā, ko te īnoi rā ia, ka āta horoa e koe ngā kai o roto i te pukapuka nei i mua i tō pokanga, ka tuhituhi ai hoki i ō patapatai mehemea he patapatai āu ki ngā whārangi o muri rawa nei.

Pēnā kei te mātua rite ā wairua, ā tinana, ā hinengaro hoki koe, ka tere kē atu te tae mai a toiora a taihoa ake nei.

Entering a hospital may be a new experience for you. Understanding what happens before, during and after your stay will make your experience more pleasant and assist your recovery.

This booklet has been designed by staff at Te Whatu Ora Hauora a Toi Bay of Plenty, and is designed to provide you with information about having foot or ankle surgery. The booklet will explain how to prepare for your surgery, what you can expect after your surgery and how to prepare for your discharge home from hospital. We encourage you to bring this booklet with you into hospital.

It is recommended that you read this booklet thoroughly before your surgery and write down any questions you may have in the blue question pages throughout this booklet.

The more prepared you are for surgery, physically and emotionally, the quicker you will recover from it.

## Why do I need surgery on my foot/ankle?

The ankle is known as a hinge joint and allows the up-and-down movement of the foot. The ankle joint is formed by three bones; the tibia and fibula of the leg and the talus of the foot. The tibia and fibula are bound together by strong tibiofibular ligaments, producing a bracket shaped socket, which is covered in hyaline cartilage. A healthy ankle joint is able to withstand the stresses of supporting the body's weight, while standing, walking, and running.

Severe arthritis of the ankle joint, is the result of progressive wearing down of the layer of articular cartilage that cushions the joint's moving surfaces. This results in bone-on-bone grinding and pain with any movement of the joint. You can also get arthritis between the smaller joints in the middle and front of the foot. Multiple types of arthritis commonly affect the ankle. These include osteoarthritis, post-traumatic arthritis and rheumatoid arthritis. This 'end stage' arthritis results in pain. This combined with loss of function and mobility may limit normal activity. At this stage when

options such as medication, injections and bracing have been exhausted, surgery may be an option.



Healthy Foot and Ankle

Arthritic Foot and Ankle

There are many different options for foot and ankle surgery. These depend on the area of pain and the joints involved. Some of the options are described in the following pages, however other options may be available as well. Please ensure you discuss your surgery with the Surgeon at your appointment.

Surgery is performed for any of the following reasons:

- To improve alignment and correct deformity.
- To improve function (such as walking and standing).
- To prevent any future problems.
- To treat infection.
- To reduce or relieve pain.

## What is a total ankle replacement?

A total ankle replacement is a surgical procedure for replacing the ankle joint. It involves taking out the worn-out ends of the tibia and talus bones and replacing them with man-made (artificial) ends made out of plastic or metal. An ankle replacement allows the joint to move after surgery. Your ankle will be placed in a half cast or back slab for the first two weeks and you will not be allowed to put weight through the operated leg. After two weeks the Surgeon will review the wound, and decide whether to put you in a full cast or moon boot. The Surgeon will also review the x-rays and you may be able to start putting a little bit of weight through the ankle at this time. However, this will depend on the healing and what else has been done to your ankle. Movement will be gradually increased, and you will be weaned out of the boot as your pain lessens, and the Surgeon allows it.



## Ankle Fusion

Ankle fusion involves removing the damaged ankle joint and fusing your talus bone to your tibia to form a stiff but pain free ankle. Your foot is fused at a right angle to your leg, in the position it would be if you were standing up. The bones are held together using screws and new bone grows across this area, creating one bone where there were two. It normally takes at least 12-14 weeks for the fusion to be complete and your bone continues to become stronger after this. It is important to look after the bones while they are healing, and you will not be allowed to put any weight on your operated leg for up to 12 weeks after your operation.



After surgery your ankle will be in a half cast or back slab for the first two weeks. Once the Surgeon is happy with the wound you will go into a full cast for at least the first six weeks after your operation. After six weeks your Surgeon will decide if you are able to go into a moon boot or whether you will continue with the cast. The Surgeon will also look at your x-rays and talk to you about when you can begin weight-bearing on the foot. This will depend on how it is healing. It may be a gradual process.

## Triple Fusion

This is the surgical fusion of three joints (the talonavicular, subtalar, and calcaneocuboid joints) below the ankle.



A combination of plates, screws or staples is often used to achieve this. Similar to an ankle fusion it takes at least 12-14 weeks for the fusion to be complete.

You will likely be in a cast for at least the first six weeks, and if the Surgeon is happy with your progress, you may change to a moon boot. The Surgeon will review the x-rays and decide when you can start putting weight on your foot. Please be aware that this could be a gradual process and you may not be able to start walking on your foot until at least 12 weeks after the operation.

## Midfoot Fusion

The midfoot refers to the bones and joints that make up the arch and connect the forefoot to the hindfoot.



Midfoot fusion is a procedure in which the separate bones that make up the arch of the foot are permanently fused into a single mass of bone. Fusion eliminates the normal motion that occurs between these bones which could have previously caused pain.



Your Surgeon will look at your x-rays and decide which bones in your foot need to be fused together to minimise the pain you are experiencing.

After this surgery you will be placed in a half cast or back slab initially. After two weeks this will be changed to a full cast. You may be in this for up to 12 weeks to allow the fusion to heal. The bones will continue to get stronger over time. It may take 6 months to a year for a full recovery.

You will need to be non-weight bearing after the surgery. Your Surgeon will talk to you about timing and when you will be able to start weight bearing on the foot.

## MTPJ Fusion and Osteotomy

A first MTPJ fusion is performed due to arthritis or deformity of the ball joint of the great toe which has become chronically painful and interferes with everyday activities. Fusing the joints together with screws or plates and screws is a way to reduce the pain.

It can sometimes be done in conjunction with an osteotomy. This is when a piece of bone is removed or broken to help with alignment of the joint. You may find that your toe will be stiff however it shouldn't significantly affect the way you walk. You may also have difficulty wearing high heeled shoes.



After a MTPJ fusion and osteotomy you may have a bandage around the front of your foot. You will be fitted with a shoe to protect this. The shoe will also allow you to walk with most of your weight going through your heel. This is to protect the front of your foot. You may require crutches for balance initially. Your Surgeon will guide you as to when it is safe to remove your shoe and begin to walk normally.

## What can be expected from having foot and ankle surgery?

The purpose of your operation is to improve the function of your foot and ankle and the quality of your life. At first, you will not be able to put weight on that foot. Over time your foot should be strong enough to begin limited weight bearing. Depending on the surgery, you will be encouraged to walk short distances. The swelling on the operated foot and the range of motion of the surrounding joints should then gradually improve over the first six months. You should then be noticeably better than before the operation. However, different people vary in their recovery time, so you should not be too concerned about a delay in your recovery.

## Are there any restrictions or changes in lifestyle?

We want you to remain as active as possible. Exercise is vitally important for your overall health. As directed by your Surgeon, swimming, walking, and cycling are a few of the options for low-impact exercise. Running is not recommended after foot and ankle surgery. There are things you can avoid to protect your ankle such as running, jumping and carrying heavy loads. Many patients find that following surgery, they are able to increase their activity level as the pain should improve.

## What complications (risks) can occur?

This section is not meant to frighten you but help you to make an informed decision on whether to have surgery, the intention is 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.

Foot and ankle surgery is usually very successful but a small percentage of patients may develop complications. Certain illnesses, as well as smoking and obesity, increase the chance for complications. Though uncommon, when these complications occur, they may delay or limit your full recovery.

An infection can occur in the wound or deep tissue. This could happen while you are in hospital, after you go home or can even occur years later. Any infection in your body can easily spread. Minor infections are usually treated with antibiotics but major infections can sometimes require further surgery.

Other complications that may occur include:

- Nerve damage during the operation which may cause altered or loss of feeling.
- Non-union, failure of the bones to join, causing pain, reduced function and stiffness.
- Bleeding and wound haematoma. (a wound haematoma is when blood collects in the wound). It is normal to have a small amount of blood leak from the wound after any surgery, and this usually stops within a couple of days.
- Painful screws or pins. These may be removed once the bone is healed.
- Wound healing problems.

- Loosening and wear of the joint replacement parts. This applies to joint replacements only.
- Blood clots, deep vein thrombosis (DVT). This is a term used when a blood clot develops in the deep veins in the back of your lower leg. If a DVT is detected whilst in hospital, the treatment may involve bleeding thinning injections followed by a course of tablets which will be decided by your Surgeon. This depends on your individual risk factors.
- Swelling. This may be permanent or take many months to resolve.

If you have any questions related to potential complications, please do not hesitate to speak to your Surgeon.



## Reference Material

### Ease your arthritis with physical activity

With arthritis, everyday tasks can be challenging, and the idea of becoming more physically active could be daunting. Experiencing ongoing pain, joint stiffness and fatigue can be extremely discouraging. However studies show that regular and appropriate physical activity help improve pain tolerance, mood and quality of life for people with arthritis.

A good physical activity programme is possible for people of all abilities, sizes, ages and attitudes. For more information see the link below.

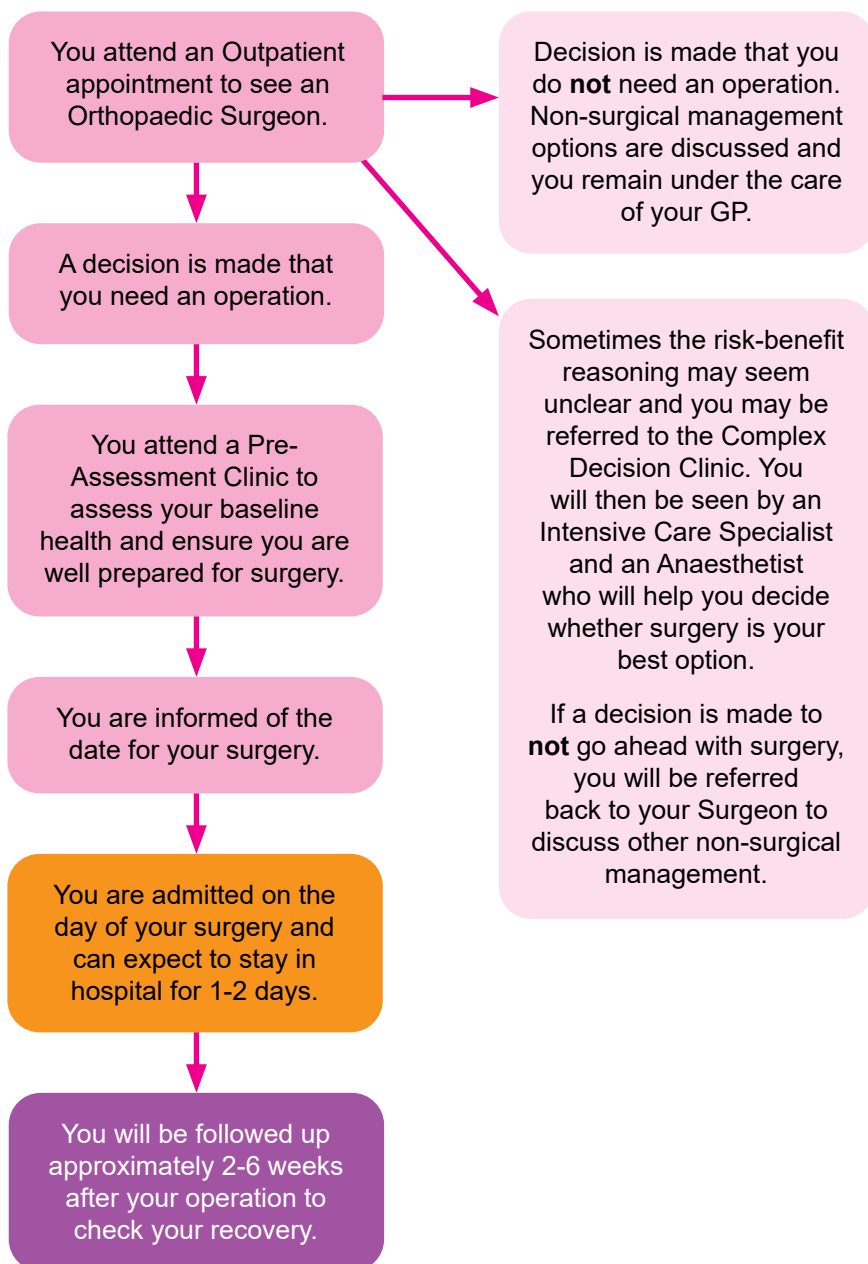
**[http://www.arthritis.org.nz/wp-content/uploads/2011/07/4391\\_art\\_PhysicalActivity\\_Flyer6-0.pdf](http://www.arthritis.org.nz/wp-content/uploads/2011/07/4391_art_PhysicalActivity_Flyer6-0.pdf)**

The following link is provided with agreement from Grace Orthopaedic Centre, Tauranga.

**<https://orthocentre.co.nz/patient-information/conditions-procedures/foot-ankle/>**

# Before coming into hospital

## Your hospital journey



## Your appointments

You **must** attend these appointments.

Keep a record of your appointment times here:

<b>Who</b>	<b>Where</b>	<b>Appointment Date and Time</b>
Orthopaedic Outpatient appointment to see the Surgeon	Outpatients Department at the hospital	
Pre-assessment to see a nurse	Pre-assessment clinic at Tauranga Hospital or Surgical Assessment Unit at Whakatāne Hospital	
Pre-assessment to see an Anaesthetist (if required)	Pre-assessment clinic at Tauranga Hospital or Surgical Assessment Unit at Whakatāne Hospital	
Therapy pre-assessment (if required)	Physiotherapy Department at the hospital or your home	
Day of surgery / hospital stay	On arrival - Surgical Admission Unit (SAU) After your surgery –Surgical Ward at the hospital	
Outpatient appointment to see Surgeon after 2 - 6 weeks	Outpatients Department at the hospital	



## Pre-Assessment Clinic - Nurse

The Pre-Assessment Nurse will ask you about your general health and medical history. Previous anaesthetics will be discussed to check whether there had been any problems. Please bring this book and all your current medications in their original packaging with you.

It is important that you are assessed prior to your operation to lessen any risks associated with your surgery. Most people will have their first health assessment with the Pre-Assessment Nurse in a Pre-Assessment Clinic. This clinic typically takes place soon after you have seen the Orthopaedic Surgeon in clinic. It may even occur the same day.

The Pre-Assessment Nurse will arrange any tests or treatments you may need before your operation. This may involve sending you for blood tests, or requesting an appointment for you to see the Anaesthetist prior to your surgery. You may also be referred to see other hospital doctors or services.

If you have a chronic health condition that requires attention prior to surgery you will likely be referred back to your GP. Your GP will know how to help you achieve the preassessment goals. It will be your responsibility to let the Pre-Assessment Clinic know when everything has been completed, and you are ready for surgery.

The Pre-Assessment Nurse will also provide you with information about what to expect on the day of surgery along with the type(s) of anaesthesia you are likely to be offered.

## Instructions for taking your medicines prior to your surgery

Your medicines have been reviewed and you should follow these instructions prior to your surgery date.

<b>STOP</b> these medications before your surgery	
	
<b>DO NOT TAKE</b> the following medications on the morning of your surgery	
	

Take the following medications on the morning of your surgery




Blood Test 2-4 days before your operation:  
Please go to any Pathlab for a blood test. Please take your blood test form with you.


Other Instructions


## Pre-Assessment Clinic – Anaesthetist (if required)

A specialist Anaesthetist is a highly trained doctor that specialises in the care of patients before, during and after their operation.

You may see an Anaesthetist in a Pre-Assessment Clinic before your surgery, and you **will** see your Anaesthetist on the day of your surgery. This will be to talk through any questions you may have and to discuss the anaesthetic plan.



## Types of Anaesthetics

There are several types of anaesthetics available. There are specific reasons that one type of anaesthetic will be preferred over the others. Your Anaesthetist will discuss the type of anaesthetic when you see them on the day of your surgery. Sometimes, there may be more than one option for your anaesthetic and in these cases you will be given a choice.

## **General anaesthesia**

You are put into a state of unconsciousness for the whole operation. This involves giving an injection of medication or breathing a special gas to anaesthetise you. While you remain unaware of what is happening around you, the Anaesthetist is always with you, constantly monitoring your condition and adjusting the level of anaesthesia. You are also given pain relief through your IV line during the anaesthetic.

## **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. Your Anaesthetist is always near you and you can speak to them whenever you want to.

If you prefer, you can usually 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.

## **Surgical infiltration**

Local anaesthetic is injected in and around the joint by the Surgeon at the time your new joint is put in place. It is usually combined with spinal or general anaesthesia.

## **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 your leg properly during this time.

## Blood products

There is a small risk that you may need to have a blood transfusion. A transfusion of blood or blood products is only given when the benefits outweigh the risks.

You have the right to decide whether you want to have the treatment or not. You can ask as many questions as you need to ensure you are making the right choice.

You will be asked to sign a consent form to show that the benefits, risks and alternatives for your treatment, including transfusion of blood products, have been explained to you. The consent form will confirm that you have been able to ask any questions and you agree to receive the treatment. You can change your mind at any time and withdraw your consent.

If you refuse to have a transfusion when needed, the risks to your health are likely to increase.

Further information about blood transfusions can be found at:  
**[www.nzblood.co.nz](http://www.nzblood.co.nz)**

## Therapy Pre-Assessment

Before your operation you may be contacted by a member of the Allied Health department from the hospital. This will be to discuss your equipment needs following your operation. They will also discuss the way you will be getting around after your operation.

Please consider the following questions and discuss any questions or concerns you may have with the allied health therapist who contacts you.

### Preparing your home – things to think about before surgery



#### Entrance

- How will you get in/out of your house after surgery?
- Do you have steps at the front/back door – can you avoid these by using another entrance?
- Do you have a rail beside the steps – can you ask family or friends to help you install one before surgery? You can purchase rails from hardware stores, such as Mitre 10 or Bunnings.

#### Bedroom

- Where will you sleep following your surgery?
- Do you have stairs to access the bedroom?
- Is there enough room to fit your frame/wheelchair/knee scooter down the side of the bed – if not, can you sleep in another room or ask family/friends to help you move your bed against the wall so that you have plenty of space to manoeuvre?

#### Bathroom

- Can you get the frame/wheelchair/knee scooter into the bathroom – if not, is there another bathroom you can use or furniture that can be moved to make room?
- Do you have any steps to get into the shower/bath?

- Do you have a separate toilet?
- Will you need help to shower/dress?

### **Living room**

- Do you have a comfortable chair to sit in?
- Is there space around the chair to manoeuvre your frame/ wheelchair/knee scooter?
- Can you get out of your chair while standing on one leg – if not, please start practising to build up strength?





## Preparing for your discharge home from hospital

It is important to start planning for when you are discharged from hospital now, as it is important to consider how you will manage your care at home.

Before you come to hospital, organise your daily living needs, in preparation for your return home.

Please note you should be ready to go home by 11am on the day you are discharged.

Please make plans for your transport home.

This list will help you prepare for your return home:

- Arrange for someone to take you to hospital.
- Arrange for someone to take you home on the day you are discharged.
- If you live alone, arrange for someone to stay with you for a few days after discharge.
- Tell family, friends and/or neighbours about your operation.
- Organise family/friends who are willing to help with chores/ housework.
- Cook extra meals and freeze them.
- Buy extra groceries and/or arrange for someone to do your grocery shopping.
- Use a supermarket delivery choice.
- If necessary, cancel your home help, Meals on Wheels, or other services that come to your home for the time, you are in hospital.
- Organise appropriate seating at your home.
- For easy access, place commonly used items at waist height.

- Get a clothes horse for your laundry.
- Organise a gardener for six weeks if needed. If you have pets, organise someone to look after them.
- Check my house security, cancel paper delivery and organise for your letterbox to be cleared.
- Make a list of useful contact numbers.
- Remove rugs and mats, loose cords and anything that can be a trip hazard.
- Pack ALL your medications.

## Preparing for your hospital stay

### Smoking and your lungs

We strongly advise that you try to avoid getting chest infections (stay away from people with coughs and colds) and give up smoking at least two weeks before the operation date. Continuing to smoke doubles your risk of complications, smoking compromises healing and can add to the risk of developing confusion after your operation. It can also intensify the effects of your anaesthetic.

If you need help to quit smoking, please contact resources such as your Doctor (GP) or Quitline (0800 778 778) [www.quit.org.nz](http://www.quit.org.nz) or [www.health.govt.nz/tobacco](http://www.health.govt.nz/tobacco)

Te Whatu Ora Hauora a Toi Bay of Plenty has a “No Smoking” policy on-site and throughout hospital grounds. To minimise withdrawals from nicotine, nicotine patches are available for free for the duration of your hospital stay.

### Alcohol and drugs (such as Cannabis and P)

We encourage you to minimise your drug/alcohol consumption prior to and after your surgery. Drug/alcohol consumption significantly increases the risk of complications, compromises healing and can add to your risk of developing confusion after your operation. It can affect your anaesthetic and pain relief requirements.

## **Reduce sources of infection**

Surgery may be cancelled if you have any source of infection such as ulcers, tooth problems, sores or open wounds. We advise you to have a dental checkup prior to having surgery. There is a risk of infection if bacteria from dental problems get into your bloodstream. Please visit your GP to have ulcers and other sores checked.

## **Managing your weight**

If you are overweight, recovery can be more difficult as you have more strain on your muscles and joints. It can be hard to lose weight, especially with reduced mobility. Exercise and changes in diet even without weight loss can reduce your chance of complications after surgery. Talk to your GP or other health professionals about managing your weight. It is also important to tell them if you have had a recent weight loss.

## **Exercise**

It is good to remain as active as possible leading up to your surgery, to strengthen your muscles and speed up recovery. There are exercises on page 47 that will help you to get strong before surgery. They will help you to stand up and hop on one leg.

## **What to do if you become unwell**

It is important that we know if you have any of the following:

- A cold or cough.
- Skin infections – such as a sore, graze, pimple or eczema, especially around your operation site.
- Burning pain or passing urine more often than usual.
- You are generally unwell - such as diarrhoea, vomiting or high temperature.

Any of these conditions could cause your operation to be postponed. For your safety it is important that we know about them prior to your operation. You will receive a phone call from the Surgical Admission Unit two days before your operation day to check whether you are unwell.

**If you do not receive a call from the hospital prior to your surgery and you are unwell, please phone the hospital where you are having your operation and ask to speak to someone in the Surgical Admission Unit.**

Tauranga 07 579 8000

Whakatane 07 306 0999

### **What do I bring to hospital?**

- 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.
- You may bring something to read.
- Night clothes, easy to wear day clothes, shoes or slippers, and toiletries.
- Walkers or other aids you may use.
- You may also 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).
- Please bring all your current medications in their original packaging.

Please name your personal belongings.

Mobile phones may be used on the ward, but please be considerate of other patients.



## The day before your operation

### Your skin – using the body wash

To help prevent a wound infection after your operation, we ask that you use the Chlorhexidine 4% skin wash. The tube is intended for two washes before your operation. We ask that you shower or bath the night before and on the day of your surgery. If possible, we would prefer that you shower rather than bath.

When you shower or bath, wet your body all over and then turn the shower off or stand up in the bath. Using half of the tube of Chlorhexidine soap, lather your body from your neck down with foam including all skin folds and inside your tummy button.

### Be careful to avoid contact with your eyes.

Leave the foam on the skin for at least two minutes and then rinse off and dry your body thoroughly using a clean towel. Get dressed in clean clothes.



### Don't shave, pluck or wax your skin

It is very important that you do not shave or wax anywhere within the vicinity of the operation site before your operation. If it is necessary for hair to be removed, the staff will clip the hair with a specially cleaned surgical clipper on the day of surgery. This is to help reduce the risk of infection.

## Eating and drinking

An empty stomach is important for a safe anaesthetic. We suggest you have a generous supper (after dinner snack) the night before you come to hospital. Unless you are a diabetic you will have been given two packs of pre-op drink when you attended the Pre-Assessment Clinic. Please follow these instructions carefully. The Pre-op\* is a clear carbohydrate (sugar) drink designed to prepare your body for your operation; it is best served chilled. Shake well before drinking it.

**Please do not drink the Preop if you are a known diabetic or taking medications for diabetes.**

## Eating and drinking instructions

You may eat (unless you have been instructed otherwise) up to six hours before your operation.

You must not eat any food from \_\_\_\_\_ (time) \_\_\_\_\_ (date)

**Up to two hours before the time of your operation you may continue to drink clear fluids (up to 400mls only);** this will include your two cartons of Pre-Op which need to be drunk just prior to the two hours before your operation.

**Clear fluids** are any liquids that you can see through; this includes water and clear fruit juice without pulp and tea or coffee without milk. You should avoid carbonated (fizzy) drinks.

### **Morning surgery admit Tauranga 7am, Whakatāne 7.15am**

- Drink one Pre-Op drink at 5.30am.
- Drink the second Pre-Op drink at 5.45am (finish both by 6.00am).

### **Afternoon surgery admit Tauranga 12.00pm, Whakatāne 11am**

- Drink one pre-op drink at 10.30am.
- Drink the second pre-op drink at 10.45am (finish both by 11.00am).

**In the six hours prior to surgery DO NOT** chew chewing gum, suck lozenges or lollies.





# In hospital

## The day of your surgery

You will be admitted to hospital on the day of your surgery.

### Medications

On the morning of your surgery, take medication as instructed by pre-assessment staff. Refer to Pre-Assessment Nurse section – see page 16.



### Keeping warm

Please bring clothing to keep you warm before your operation. Keeping your body warm reduces the risk of complications during surgery. Please also bring warm, comfortable clothes and supportive shoes/slippers into the hospital for you to wear in the days after your operation.

Jandals or slip on footwear are not suitable.

## Where do I go before surgery?

You will have been advised of the date of your surgery by letter from the Surgical Booking Office. You will need to report to the Surgical Admission Unit. Please ask at the main reception of the hospital if you are unsure of how to get there.

## The operation itself

### Getting ready for theatre

Before surgery you will be given a gown and may be fitted with an elastic stocking on your non-operative leg to help prevent blood clots. Your blood pressure, temperature and heart rate will be checked. All your belongings will be taken directly to the ward where you will recover after surgery.

You will be visited by the Surgeon and Anaesthetist. The Surgeon will check your leg, and mark with a marker pen to highlight the side for operation. A full explanation of the surgery and risks will be discussed with you before you sign the consent form. You will also need to give consent for anaesthesia and a blood transfusion if required. You are also likely to have a drip placed in your arm.

### In the operating room

You will be taken to the operating room. An Anaesthetist, 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.

### In recovery

Following your operation, you will be transferred to the recovery room. Nursing staff will check on you frequently to make sure you are safe and comfortable.

You may have:

- a foot/calf pump attached to your non-operated leg

- 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 few sips of water if you feel able to have this
- a pain pump (patient controlled analgesia) with a button to push whenever you need pain relief.

The PCA is a computer controlled machine which delivers small amounts of strong pain relieving medication at the push of a button. The PCA is prescribed by the Anaesthetist with a dose that is appropriate and safe for you.

Side effects can sometimes occur but can usually be treated effectively. The most common side effects with PCA medications are drowsiness, nausea, vomiting or itching.

### **On returning to the ward**

When the recovery staff are satisfied that you have recovered safely from the anaesthetic, you will be taken back to the ward.

On returning to the ward you can expect the following to happen:

- Your condition will be monitored regularly particularly in the first two hours.
- You will be encouraged to drink and eat as soon as you are able.
- Your wound dressing or cast will be checked regularly.

## The day after your operation – Day 1

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. The aim is to wean you off this help as soon as it is safe to do so.



On day one after your operation you can expect the following to happen:

- You will be seen by a doctor from the Orthopaedic Team.
- Your pain pump (patient controlled analgesia) will be stopped.
- You will receive regular oral medication to minimise your pain, nausea and help prevent constipation.
- Your oxygen will be stopped if you no longer require it.
- A simple blood test may 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 a foot/calf pump attached to your non-operated leg whilst in bed.

- Nursing staff will assist you with washing and dressing as required. You will be encouraged to wash, dress and toilet yourself as independently as possible.
- You will be encouraged to sit out of bed for meals and dress in your own clothes.
- Your Physiotherapist or their assistant will visit you to practice with the mobility aid you are going to use on discharge.
- Your Physiotherapist may also take you up and down some stairs to check you are safe to do this.
- Your Occupational Therapist may also issue you with any essential equipment you may need at home.

**You may be able to be discharged from hospital on this day if the Surgeon is happy with your progress and the allied health team do not need to see you anymore.**

## **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 personal 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, but you will need to ask your nurse for these. You must inform the nurses who will give you these extra painkillers. It is important that you are comfortable enough to be able to participate in physiotherapy to help your recovery.

## The second, and following day after your operation

You will be discharged when it is safe for you to do so.

You may be transferred to our transit lounge. This is provided for your comfort while you are awaiting discharge. A nurse will be present during this time.



You can expect the following to happen:

- You will be seen by a doctor from the Orthopaedic Team.
- You will continue to receive regular oral medication.
- You should be able to wash, dress and toilet yourself independently.
- Your Physiotherapist will visit you to check you are able to mobilise safely while non weight-bearing.
- Your Physiotherapist will also check you are safe to go up and down stairs (if you have steps at home).
- You may receive a visit from a Social Worker to assess any social needs for your discharge.
- Your Occupational Therapist will 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 in line with post-operative precautions.
- Your Occupational Therapist will also issue you with any further equipment you may need at home.
- Nursing staff will discuss your discharge arrangements to ensure everything is in place for a safe return home.







# After being discharged home

## Medication

You will have been given a prescription for pain medication. It is recommended that you take the medication as instructed. Continue all other medication unless advised not to.

## Follow up appointments

You may have a follow up appointment with your Surgeon 2-6 weeks following your surgery. You will receive an appointment in the mail. Make sure you write this into the appointments section of this book for safe keeping.

Any further follow up appointments will be made at your review.

## 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.

For more information on healthy eating the following internet links are useful.

**<http://www.health.govt.nz/publication/eating-and-activity-guidelines-new-zealand-adults>**

**<http://baynav.bopdhb.govt.nz/public-health/weightmanagement/?pathways>**

## Constipation after your operation

### Normal bowel action

The normal frequency of passing bowel motions should be from 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.

**With constipation it is important not to wait too long before you seek assistance. If your symptoms persist for three 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

## **Exercise and Mobility**

It is important you continue to regularly undertake the exercises you were given by your Physiotherapist. It is important to maintain non-weight bearing at all times. Once you are allowed out of the cast, if it is required, your Orthopaedic Surgeon may refer you to outpatient physiotherapy.

## **Surgical Stockings**

You may be required to wear your surgical stocking for six weeks following your surgery.

## **Wound care**

Prior to discharge nursing staff will discuss wound care management with you and provide a plan of care.

## **Limb swelling**

If you have significant swelling of one or both of your legs that does not reduce by having your leg up, then consult your GP. Your GP may decide to perform an ultrasound scan or send you to the hospital to investigate for a blood clot.

If you have any concerns regarding your health after your discharge from hospital, please seek advice from your GP.

The following signs and symptoms are especially important:

- Chest pain
- Calf pain or swelling
- Shortness of breath
- Fever or chills
- Nausea or vomiting
- Bleeding
- If your wound becomes red, painful, inflamed, or has a lot of oozing.

## Returning to work/hobbies

After your surgery it is important not to take on too much too soon. Plan your day so that you spend small amounts of time doing different tasks. Remember that you need to rest when you are tired.

At your follow-up appointment with your Surgeon, you will be advised when you can return to work, drive a car, and take part in other physical activities including sport, hobbies.

If in any doubt, do not return to work without discussing it with your Surgeon.



## Household tasks

You will need help with everyday household tasks. Please ask your family/whānau and friends if they can help you with this.

### Dressing and undressing

Wear loose-fitting clothing. It is recommended that you sit in a chair or on the side of the bed to dress.

### Sleeping positions

The best position to sleep in is on your back. You may be able to sleep on your side depending on pain or irritation from the cast. It may be helpful to use pillows to support the leg.

### Making your bed

Stay in bed and pull up the top sheet and duvet. When you get out of bed the task should be simply smoothing the covers. Make sure the floor is clear around the bed to avoid tripping or falling.

### Meal preparation

The contents of your cupboards should be arranged so that essential items are within reach without bending or stretching (between shoulder and waist height).

Avoid lifting heavy saucepans. Slide them across the bench instead. If you live alone, you may need a trolley to move heavier items across the room.

You should think about using a stool while preparing food, washing up and using the stove top.



Small items can be carried in a backpack or an apron with pockets. Think about using a frozen meal or meal delivery service.

## Laundry

Wash small loads of clothes over the week, rather than one large, heavy load.

Adjust the clothesline to avoid stretching or try using a clotheshorse for smaller items.



## Showering / body washing

Your Occupational Therapist will provide you with the appropriate equipment for using in your shower or bath. For safety, sit on the shower chair, stool or bathing equipment provided to you. This will be adjusted to the correct height for you.

You will need to cover your leg with a plastic bag and ensure that it is taped securely so that it is watertight when you are showering. Do not have a bath or go to the pools/beach with the cast on.

## Shopping

Shop with someone who is happy to carry items for you.

Avoid shopping during peak times.

Do smaller, regular shopping trips to avoid heavy shopping bags and trolleys.

Consider shopping for groceries on the internet.



## Cleaning

You will likely need help from family/whanau or friends with cleaning.

## Getting in and out of the car

If possible, get into the car on a flat area such as a driveway or road. Have the car parked away from the curb so your feet are on the road. This allows room for your mobility aid and makes the car seat higher.

Avoid very low and very small cars. Do not get into the back of a two door car.

Have the passenger seat pushed as far back as possible with the back of the seat in a recline position.

Back yourself up towards the car so that you are facing away from it. You will be getting into the car bottom-first.

Reach for the seat back or dashboard, not the car door.

Gently lower yourself down to the seat, keeping your operated leg off the ground so that you maintain non-weight bearing.

Shuffle yourself backwards into the seat as far as possible, leaning back against the seat until you are able to bring both legs into the car.

Getting out of the car is done in the same way, only in reverse.

**Tip:** Raise the passenger seat by placing a folded blanket on it, and put a plastic bag on top of the blanket to help you swivel around and slide your bottom around much easier.

## Driving

You may not be able to drive for up to twelve weeks following your surgery. You should discuss this with your Surgeon. Before you return to driving you need to be able to get in and out of the car safely, have good range of motion and strength in your ankle. You need to be able to control the vehicle. Please check with your insurance company if you are going to drive.



## Air travel

If you are planning on flying within New Zealand or overseas, it is important that you discuss this with your Surgeon.



# Pre-op exercises – to do before surgery

These exercises will help you to get strong before surgery.

They will help you to stand up and hop on one leg and recover from surgery more quickly.

Aim to do them at least once a day, every day before your surgery.

## Leg lifts

Lying on your back with one leg straight and the other leg bent.



Exercise your straight leg by pulling the toes up, straightening the knee and lifting the leg 20cm off the bed. Hold approx 5 seconds – slowly relax.

Repeat 15 – 20 times on each leg.

## Bottom lifts

Lying on our back with knees bent and feet on the bed.



Lift your pelvis and lower back off the bed. Hold the position. Lower down slowly returning to starting position.

Repeat 10 – 15 times.

## Chair squat

Bring your bottom to the front of the chair.

**Easy:** Practice standing up from the chair without your arms.

**Hard:** When you can do this easily, use your arms but keep your affected leg lifted off the floor.

Repeat 5 – 10 times.



## Push up from chair

Sitting on a chair, back straight.

**Easy:** Practice lifting your bottom off the seat using your arms only.

**Hard:** When you can do this easily, try with your affected leg lifted off the floor.

Repeat 5 – 10 times.



## 1 leg balance

Hold onto something stable. Stand on your strong foot.

Keep your balance.

Hold 10 seconds.

Repeat 3 – 5 times.



## Getting around while non-weight bearing (NWB)

Following surgery, your foot and lower leg may be in a cast for 6 – 12 weeks. At first, you will need to keep your foot raised during the day, to let the swelling go down. It will also hurt if you have your leg hanging down, so this is another reason to keep it raised a lot in the initial period after surgery.

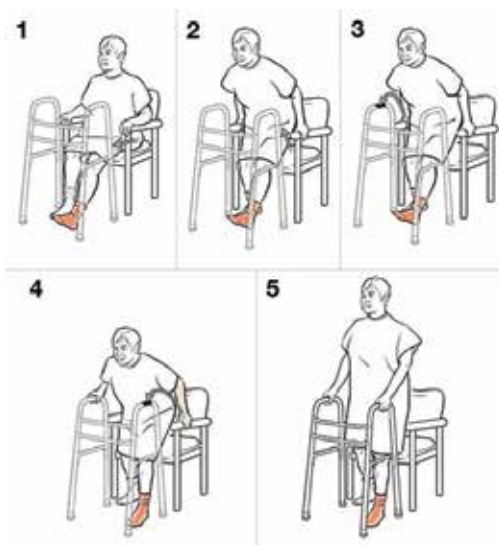
Depending on the type of surgery you have, you may not be allowed to stand or walk on your foot for 6 – 12 weeks. This is vital to allow the bones to heal. This means you will have to stand on one leg and hop to get around the house. As this can be difficult for some people, it is a good idea to practice this before surgery. It is helpful to build up some strength in your non affected leg, and both arms.

You will need a walking aid to help you stand and hop. This may be a frame, elbow crutches or a knee scooter. The allied health professional who contacts you prior to surgery, or when you are in hospital, will let you try these walking aids and help you to work out which one is appropriate for you.

Once the bones have healed and they are strong, the doctor will let you start to walk on your foot again. From this point on you will be able to start your rehabilitation and begin doing some of the activities that you enjoy.

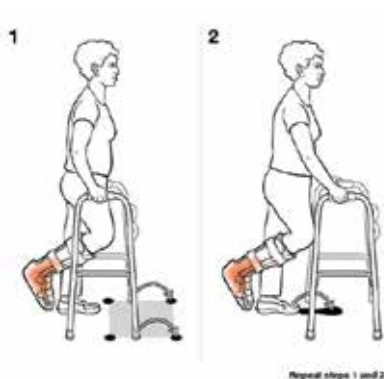
## How to get up from a chair on one leg

- Hold your affected leg off the ground.
- Lean forward and push heavily through your arms and strong leg.
- Stand up keeping your affected leg off the ground.
- Transfer your hands one at a time to your frame.
- Practice this at home before surgery.



## How to hop on one leg

- Place your frame out in front of you and hold onto it.
- Lift your affected leg off the ground.
- Push hard through your frame and do a small hop towards your frame.
- Move your frame forward and hop towards it again.
- Keep your affected leg off the ground at all times.
- Practice this at home before surgery.



Repeat steps 1 and 2

## Knee Scooters

It is beneficial to try and keep as mobile as possible after your operation to maintain the strength in your upper body and non-operated leg while non-weight bearing.

However, if you are unable to hop due to restrictions from either your upper limbs or non-operated leg then a knee scooter may be an option for you.

To use a knee scooter, the operated leg rests on the knee rest and you propel yourself forward with the non-operated leg. It does require some balance. If this is an option for you, it will be trialed with your Physiotherapist, or Occupational Therapist.



## 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, the transport is 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 the 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 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 arthritis)
- 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](mailto:info@boprc.govt.nz)**

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## 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. This could be 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
- after using the bathroom
- 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 your 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 dimly lit 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. This includes 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 a 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 at this time can save lives, improve recovery, and reduce ongoing costs 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. 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.

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



### 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.

## Flu

### Have you had your flu vaccine?

Influenza spreads very easily. 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.

Can I get a  
**FREE**  
Flu Vaccine?

Flu vaccines are usually administered free between the 1st March – 31st August each year.

If you do not have one of these eligible conditions, you still benefit from an influenza immunisation. This is available at a small cost.

## 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



## 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 yourself or 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. 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 Māori Health Services, Tauranga Hospital (07) 579 8560 or Te Pou Kokiri Māori Health Services, Whakatāne 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**



## 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 than 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

<b>D</b>	<b>DANGER</b> Check for danger to yourself, bystanders and patient.	
<b>R</b>	<b>RESPONSE</b> Check for response, talk and touch.	
<b>S</b>	<b>SEND FOR HELP</b> Call an ambulance on <b>111</b>	
<b>A</b>	<b>AIRWAY</b> Clear and open airway Adult/child – full tilt Infant – neutral head position	
<b>B</b>	<b>BREATHING</b> Look, listen and feel for breathing. If not breathing normally, start CPR.	
<b>C</b>	<b>CPR</b> Perform 30 compressions followed by 2 breaths. If unwilling/unable to perform rescue breaths continue chest compression.	

## Useful telephone numbers and internet links

**In the event of an emergency dial 111**

**Ministry of Health Healthline 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. This is available 24 hours a day, 7 days a week.

If you require an appointment to see a doctor, contact your GP. For after-hours medical centres and pharmacies in your area please see the BOPDHB website.

**BOPDHB website [www.bopdhb.govt.nz](http://www.bopdhb.govt.nz)**

Send a patient a message link



**Arthritis NZ**.....0800 663 463

**Age Concern** .....07 578 2631

**Family Violence** .....0800 456 450

**Health & Disability Commission** .....[www.hdc.org.nz](http://www.hdc.org.nz)

**Quitline** ..... [www.quit.org.nz](http://www.quit.org.nz) 0800 778 778

**St Johns Health Shuttle** (Tauranga only) .....0800 785 646 or  
07 578 2011











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

**[www.bopdhb.govt.nz](http://www.bopdhb.govt.nz)**

November 2022