

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

# Shoulder Replacement

**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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# 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 ā Toi tēnei pukapuka e mārama pū ake ai koe ki tea ra whakahou mārika ake i tō/ōu pokohiwi. 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 shoulder replacement 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 shoulder?

People can require shoulder replacement surgery for a number of reasons including osteoarthritis or rheumatoid arthritis of the shoulder, fractures (broken bones), dislocations, failed previous surgery with ongoing pain and decreased function in the arm.

Osteoarthritis is a common reason for shoulder replacement surgery and can cause shoulder pain and limit activity.

Osteoarthritis is a common disease affecting many joints in the body. The joint surfaces, which are covered in smooth cartilage, become damaged over time which can produce pain.

The rotator cuff is also an important part of the shoulder's stability and its ability to function. Having a tear of these muscles can lead to increasing pain and poor movement. A tear of these muscles can lead to the need to have shoulder replacement surgery, with or

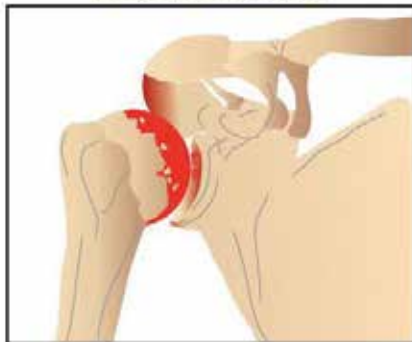
without a repair of the rotator cuff.

The risk of having a rotator cuff tear does increase with age and can be part of the degenerative process.

**Normal shoulder**



**Arthritic shoulder**



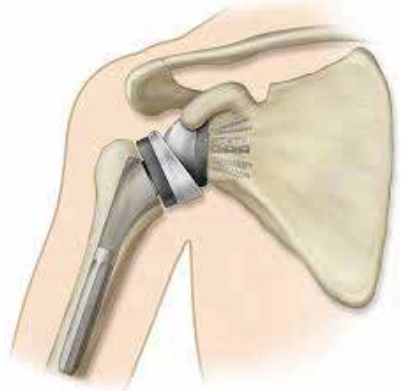
## What is a total shoulder replacement?

A total shoulder replacement is surgery to replace the arthritic or painful parts of the shoulder to restore comfort and function. The arthritic ball of your shoulder is replaced by a metal ball with a stem that fits into your arm (humerus bone). The socket is also resurfaced with a metal component.



## What is a reverse total shoulder replacement?

A reverse total shoulder replacement is when the natural ball and socket joint of the shoulder is reversed. The ball is attached onto the shoulder blade and the socket is fixed to the head of the upper arm (humerus bone). This surgery is preferred in cases where the rotator cuff is torn, as well as there being arthritis. This surgery allows one of the other muscles in your arm, the deltoid muscle, to do the work of the rotator cuff. Sometimes the surgeon will also repair the rotator cuff at the same time.



## What can be expected after surgery?

The benefits of having shoulder replacement surgery include improving strength and function while decreasing the pain in your shoulder. Although the aim of the surgery is to improve the pain and function it is important to know that your shoulder may not return to 100% full function. It will take time to slowly increase your movement and then build up strength in your shoulder so that you can return to doing the activities which were difficult before surgery. You will be expected to follow the rehabilitation plan set out by your surgeon and physiotherapist. Your participation in this will be instrumental in getting a good outcome following your total or reverse total shoulder replacement.

Do expect to have some pain following your shoulder replacement surgery; however it is important to have this pain controlled with oral pain relief before you leave the hospital. It is also important to keep taking your pain relief regularly as prescribed to ensure you can complete your exercises and everyday activities. When doing your exercises be cautious not to push it too far causing increased pain.

You will be wearing a sling for up to six weeks following your surgery. This may be removed for exercises, washing and dressing and you will be instructed on how to do this safely while you are in hospital.

Due to this surgery, you will not be able to lean or push down through the operated arm. This is important to note even when doing everyday activities such as getting out of bed, standing up and eating.

Your exercises will be prescribed by your surgeon and taught to you by a therapist when you are in hospital; they are explained in detail later in this book. Having a rotator cuff repair may limit some of the movement you are allowed to do. If this is the case it will be explained by the surgeon and therapist.

The aim is for you to resume your normal everyday activities without pain after following the rehabilitation plan. You will likely find that your shoulder function should improve compared to what it was like prior to the operation, however it may never return to 100% function.



## 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, 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. Total shoulder and reverse total shoulder replacements are no exception.

Total shoulder and reverse total shoulder replacement surgery is usually very successful but a small percentage of patients may develop complications. Illness, smoking and obesity may increase the chance for complications. Though uncommon, when these complications occur, they may delay or limit your full recovery.

### **Infection**

An infection can occur in the wound or deep tissue around the new prosthesis. This could happen while you are in hospital, after you go home and can even occur years later as any infection in your body can spread to your joint replacement. Minor infections are usually treated with antibiotics but major infections can sometimes require surgery and removal of the prosthesis.

### **Dislocation**

Occasionally after total shoulder or reverse total shoulder surgery the head of the prosthesis can become dislodged from the socket. This risk will decrease as the deltoid and the shoulder muscles are strengthened through physical therapy and there will be post-operative movement restrictions. However, the risk will never completely go away, which is why doctors recommend restricting activities that stress the shoulder joint, such as racquet sports. In most cases the shoulder can be relocated without surgery. Your arm will be supported in a sling and instructions will be given on how to use it.

### **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 you are admitted to the hospital, you will be assessed by a doctor for your level of risk of possibly developing a DVT. The doctor will discuss with you the assessment findings and treatment options to help prevent a DVT.

If a DVT is detected whilst in hospital, the treatment may involve blood thinning injections followed by a course of tablets which will be decided by your surgeon depending on your individual risk factors. If a clot develops and part of it breaks away, it can travel to the lungs where it is called a Pulmonary Embolus (PE). A PE is potentially life threatening and so everything is done to prevent a DVT from developing.

## **Blood vessel or nerve injury**

The surrounding nerves and blood vessels can be injured during surgery. Although this risk is low, between 0.6 and 4% of people may experience some nerve injury following shoulder replacement surgery.

## **Fracture (a break) of surrounding bone**

If this happens you may require further surgery, or it may be managed non-operatively.

## **Loosening or joint instability**

If a prosthetic is not sufficiently secured into the natural bone, or if it is not well aligned with other parts of the shoulder, problems can occur. Shoulder replacements do wear and some will require replacing. Wear or loosening of the components may occur between 10-15 years after surgery; this can be accelerated in excessive activity, infections or obesity. Revision operations can usually be performed; however the results may not be as good as the initial operation and the risks or complications are greater.

## **Stiffness**

All patients can become stiff after shoulder surgery and a full range of movement cannot be expected due to the lack of normal musculature in a cuff deficient shoulder. Your physiotherapist will be working with you to optimise your functional range of movement after the operation.



## Reference Material

### **Ease your arthritis with - physical activity**

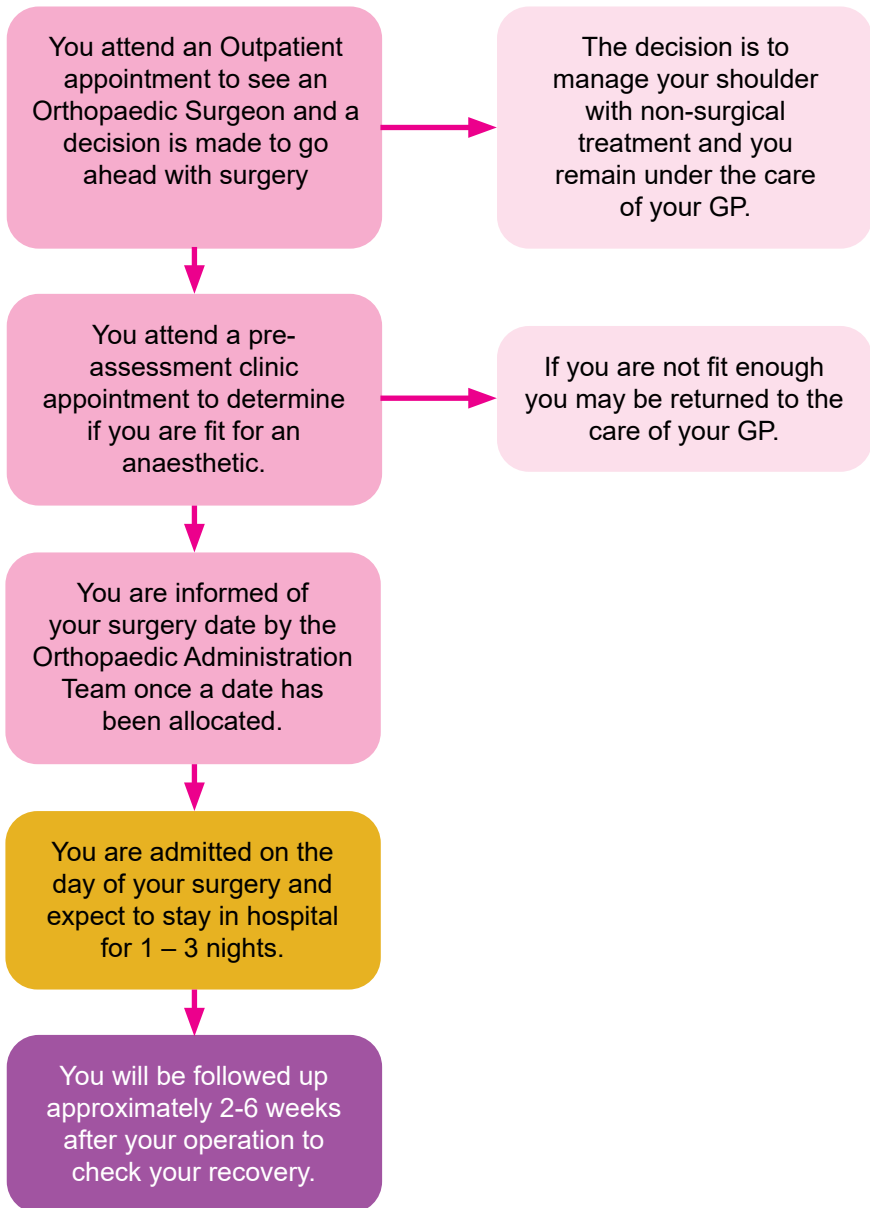
With arthritis, everyday tasks can be challenging, and the idea of becoming more physically active could be daunting. Experiencing ongoing pain, joint stiffness and fatigue can be extremely discouraging. However studies show that regular and appropriate physical activity help improve pain tolerance,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

# Before coming in to 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</b>	<b>Time</b>
Outpatient appointment to see the Surgeon	Orthopaedic 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		

<b>Who</b>	<b>Where</b>	<b>Appointment Date</b>	<b>Time</b>
Day of surgery / hospital stay	On arrival - Surgical Admission Unit (SAU) After your surgery – Ward 4b, Tauranga Hospital, or Surgical Ward at Whakatāne hospital		
2 - 6 week outpatient appointment to see surgeon	Orthopaedic Outpatients Department at the hospital		
2 - 3 weeks outpatient appointment to see a physiotherapist	Physiotherapy Department at the hospital		
One year outpatient appointment to see surgeon (if required)	Orthopaedic Outpatients Department at the hospital		

## Pre-assessment Clinic - nurse

The Pre-assessment Nurse will ask you about your general health, surgical and medical history, previous anaesthetics and if there were any problems, as well noting any existing allergies. If you attend a clinic appointment, 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 minimise the risks associated with your surgery. Most people will have their first assessment for their fitness for surgery with the Pre-assessment Nurse. This assessment takes place soon after you have seen the Specialist (Surgeon). It may even occur the same day.

A record will be made of any family history of anaesthetic problems, medications including any inhalers or alternative medications that you use. Also noted will be any allergies, smoking, alcohol and whether you have any loose, capped or crowned teeth. You may have investigations such as blood tests, a heart trace (ECG), urine tests and X-rays. This helps your anaesthetist consider any medical problems which may either affect the risks to yourself or the likelihood of complications from the anaesthetic or surgery.

The Pre-assessment Nurse will give you time to ask questions about any possible problems and give advice and education on your hospital stay and activities following 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)

The anaesthetist will see you on admission to the Surgical Admission Unit to discuss your health, the types of anaesthetic and pain relief that can be used and their risks and benefits. Consent for your anaesthetic will also be sought at this time.

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested or if you want more information or more time to decide.



## 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.

## Interscalene Nerve Block

This is an injection of local anaesthetic around the nerves that supply your shoulder and arm. The purpose of the injection is to provide pain relief during and after surgery. When you wake up from your general anaesthetic your shoulder and upper arm will feel numb.

## 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 24 hours.

## Pain relief

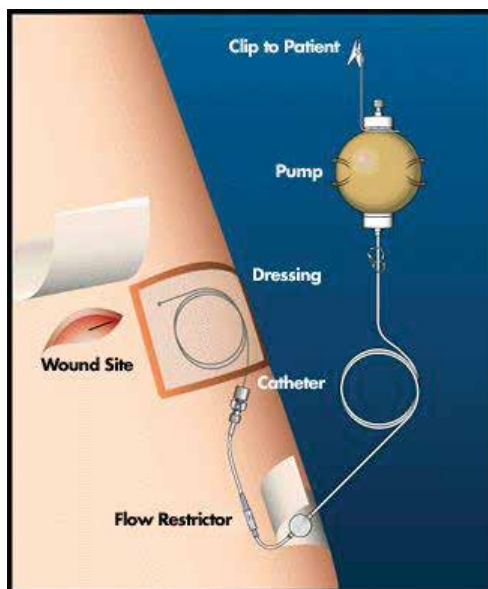
### Patient controlled analgesia (PCA)

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. The PCA gives you the control to attend to your own pain needs because only you know how much pain you have.

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.

### Painbuster Pump (Whakatāne only)

Pain busters are a portable pain relief system that delivers local anaesthetic into your wound through a small tube placed under the skin. It looks like a ball with a string attached and is placed in a bag with a strap across your shoulder to keep it in place. It works by delivering a set amount of local anaesthetic per hour and allows you to also push the top up button if you feel you need extra pain relief. Commonly they only stay in for a couple of days so you may go home with it in place. It will stop working when the ball of anaesthetic runs out and it will look deflated. If you go home with a Painbuster you will be provided with instructions about its removal.



## 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.

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)



## Preparing for your discharge home from hospital

It is important to consider how you will manage your care in your home once you are discharged from hospital. It is essential to start planning now.

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 accordingly.

If you would like to talk to a Social Worker regarding your home situation, or if you have concerns that may affect your recovery, please contact the Social Work department at the hospital.

This list will help you prepare for your return home:

- Arrange for someone to take me to hospital.
- Arrange for someone to take me home on the day I am discharged.
- Arrange for someone to stay with me for a few days after discharge (if I live alone).
- Tell family, friends and/or neighbours about my 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 my grocery shopping.
- If necessary, postpone my home help, Meals on Wheels, or other services that come to my home, while I am in hospital.
- Organise appropriate seating at my home.



- Think about commonly used household items being accessible e.g. kitchen items.
- Get a clothes horse for my laundry.
- Organise a gardener for six weeks if needed.
- Organise someone to look after my pets.
- Check my house security, cancel paper delivery and organise for my 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.
- Practice one handed toileting and dressing at home prior to surgery, using your arm that will not be operated on.
- If you are currently using equipment for toilet transfers already as a permanent solution to help with your transfers ie over toilet frame or toilet surround, then it is not recommended to push up off with one hand due to the risk of tipping the equipment post-surgery due to unequal weight distribution. If you are concerned about toilet transfers post operation please speak to an occupational therapist. You can also consider self-funded permanent rails if you feel this is an appropriate option for you

## 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, 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 the 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 see your dentist to have your teeth checked prior to having a joint replacement operation. 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, but exercise and changes in diet even without weight loss can reduce your chance of complications after surgery. Talk to your GP or other health professional about managing your weight. It is also important to tell them if you have had a recent weight loss.

### **Exercise**

It is advisable to remain as active as possible leading up to your surgery, to strengthen your muscles and speed up recovery.

## 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 before 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 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      Whakatāne 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, 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 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 the tube of Chlorhexidine skin wash, lather your body from the neck down including all skin folds and inside your tummy button. Be careful to avoid contact with your eyes.

Leave the skin wash 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, pluck 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, and shake well before drinking it.

**Please do not drink the pre-op if you are a known diabetic or you are 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 7.30am**

- Drink one pre-op drink at 5.30am.
- Drink one 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 one pre-op drink at 10.45am (finish both by 11.00am).

*Please note your admission time may differ from the one above.*

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





## 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?

### 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 15.



#### 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 advisable.



## 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.

On arrival at the surgical admission unit, please check with the receptionist to ensure that your contact details are correct within the hospital system.

## The operation itself

### Getting ready for theatre

Before surgery you will be given a gown and fitted with elastic stockings 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 shoulder, 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 blood transfusion

### In the operating room

You will be taken to the operating room, an anaesthetist and the anaesthetic team, several nurses, the surgeon and their surgical teams will be present. You will have a drip placed in your arm. Once this is done, 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:

- Foot pumps attached to your feet or calf pumps wrapped around

your leg to encourage blood circulation.

- 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.
- A pain pump (patient controlled analgesia - PCA) with a button to push whenever you need pain relief.

## 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 will be checked regularly.

## The day after your operation – Day 1

We encourage you to be as independent as possible after your surgery. As needed, you will receive help with tasks such as washing, dressing and walking to the toilet, but 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) may 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 be disconnected once 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.

- Nursing staff will assist you with washing and dressing as required.
- You will need to dress in your own clothes.
- You will be encouraged to sit out of bed for meals.
- If needed you may receive a visit from a social worker.
- Your Occupational Therapist or Physiotherapist will assess your ability to manage essential everyday tasks. This may include a review of your mobility, managing stairs safely, managing the sling, ensuring that you can complete personal care tasks in line with post-operative shoulder precautions and completing your exercises. Your Therapist may also issue you with any equipment you may need at home.

## **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 and ask for pain medications when you need them. 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. You will have additional painkillers prescribed to help relieve this pain but you have 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 your recovery.





## The second and following day(s) after your operation

You will be discharged (so long as it is safe) on day two after your operation around 11am.

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.
- Your Physiotherapist and/or Occupational Therapist will visit you again if there are any further assessments required from day one post-surgery.
- Nursing staff will discuss your discharge arrangements to ensure everything is in place for a safe return home. If required some home supports can be arranged for you; this may include assistance with showering, grooming, dressing and basic home management tasks.





# At 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 otherwise. Please feel free to ask to speak to a Pharmacist about your medications prior to being discharged.

### Follow up appointments

You may have a follow up appointment with your surgeon 2-6 weeks following your surgery. You will receive an appointment on discharge from hospital or in the mail. Make sure you write it in the appointments section of this book for safe keeping.

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

### Physiotherapy

The Physiotherapy Department will contact you to organise an outpatient physiotherapy appointment if this has been planned for you.

### 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>

<https://www.healthed.govt.nz/resource/eating-healthy-older-peopete-kai-t%C5%8Dtika-e-ora-ai-te-hunga-kaum%C4%81tua>

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

## **Constipation post operatively**

### **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.

**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.

## **Exercise**

It is important you continue to regularly undertake the exercises you were given by your physiotherapist. Please refer to page 49

## **Surgical Stockings**

Surgical stockings may be recommended for six weeks following your surgery.

## **Wound care**

You should keep your wound covered with the waterproof dressing applied during your hospital stay, for 5-7 days following surgery.

Wounds can take about 10 days to heal and you may notice some oozing for a few days.

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 skin around the wound will be warm to touch for some weeks following surgery. There will be swelling of the tissues around the wound that will decrease over a few weeks.

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**

You will probably be off work for approximately 6 weeks depending on the type of job you have. If you are involved in lifting, overhead activities or manual work, this could be considerably longer. 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. You should avoid heavy household tasks that may put undue stress on your shoulder until approximately 12 weeks after surgery or advised otherwise.

## Showering, dressing and undressing, toileting

Your Therapist will show you how to safely get washed, and dressed whilst in a sling before you are discharged home. Wear loose-fitting clothing. It is recommended that you sit in a chair or on the side of the bed to dress. Make sure you dress your operated side first and use your non operated arm to put the clothing on with and undress the opposite way.



You can take your sling off for showering but be sure to follow your precautions. Do not lift your arm when washing or drying your armpit, lean forward and let your arm hang. Avoid your wound area. Sometimes it is easier/safer to sit to have a shower. Equipment may be provided if required.



Toileting – practice using your non operated hand to do hygiene cares with.

## Sleeping positions

Avoid lying on your operated arm initially. Lying on your back may be the most comfortable position. A pillow placed behind the operated arm may be advised to prevent the arm from following backwards.

Always wear your sling when sleeping unless otherwise directed by your surgeon.

## Meal preparation/eating

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 may want to consider meals that are easier to prepare with one arm. Avoid cutting up food items with a knife one handed.

Also consider easier to eat meals if you live alone, as cutting up food may be difficult to manage with one arm.

Think about using frozen meals or meal delivery services.

## 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 clothes horse (for smaller items).



## 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.

Have items packed into several smaller bags for easier carrying.



If possible, use a trolley to push your groceries rather than carry them. Consider shopping for groceries on the internet.

## Cleaning

Once you return to cleaning, use long-handled aids and lightweight items.

## 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 2-door car.

**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.

## Driving

You may not be able to drive for up to six 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 and also control the vehicle. Please check with your insurance company if you are going to drive.



## Air travel

It is advisable not to fly within the first six weeks following a joint replacement. If you are planning on flying within New Zealand or overseas, it is important that you discuss this with your surgeon.



# Sling Instructions

Your sling is used to limit movement and support your shoulder after surgery.

Wear it at all times except for showering and exercises.

## Fitting your sling

- 1 Rest your forearm on top of the open sling. Leave it there until the sling is fitted.  
Make sure your elbow fits snugly into the corner of the sling.
- 2 Attach the strap on the forearm aspect of the sling by joining the Velcro together near your wrist.
- 3 Lift the shoulder strap (attached to the elbow end of your sling).  
Pull it behind your back over your non-operated shoulder.  
Feed it through the ring on the wrist strap and secure it firmly with the Velcro.
- 4 When your sling is fitted correctly your arm will rest snugly against your body supporting your forearm and wrist.  
Your hand should be higher than your elbow.



## Removing your sling

When removing your sling rest your forearm on a table to keep your shoulder still. Undo the wrist and elbow strap over your forearm and slide the sling away beneath your forearm.

## Caring for your sling

Your sling and its straps are machine washable. Stick the Velcro straps together when washing or put them in a linen bag so the Velcro doesn't stick to other items.

# Shoulder Replacement Exercises

A Physiotherapist will assist you with exercises to help your circulation and help restore movement to your new joint.

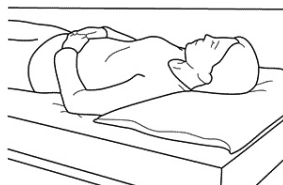
Before you start any of these exercises, your Surgeon and Physiotherapist will discuss your specific programme with you. Only complete the exercises which the Physiotherapist has prescribed for you.

Your Orthopaedic Surgeon may have specific instructions for you to follow after your surgery.

My specific instructions are: \_\_\_\_\_  
\_\_\_\_\_

## 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). Do this regularly (every hour).



## Stage 1 Exercises after your Surgery

To prevent your neck, elbow, wrist and hand from getting stiff it is important that you remove your sling every few hours and complete the following set of exercises:

### Neck Exercises

- Practice turning your head to both sides.
- Practice tilting your head to both sides.
- Practice looking up towards the ceiling and down to the floor.



### Elbow Exercises

- With your arm out of your sling, practice bending your elbow up to touch your shoulder.
- Practice straightening your elbow fully.



- Practice turning your palm up and down.



## Wrist Exercises

- With your arm in your sling, practice bending your wrist up and down.



## Hand Exercises

- With your arm in your sling practice making a fist and spreading your fingers.



## Shoulder Exercises

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

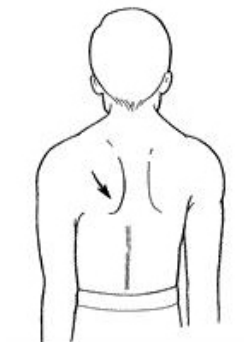
You should be aiming to do all of these exercises about three to four times a day.

To start with, aim to do 5-10 repetitions of each exercise and build to do 20.

### Shoulder Blade Squeezes

With your arm in your sling, and your shoulder relaxed. Gently pull your shoulder blade backwards and downwards towards your spine. **DO NOT** bring your shoulders up towards your ears.

Hold for three seconds and relax.



### Pendular exercises

Take off your sling as shown by your Physiotherapist and hold onto the back of a chair with your non-operated arm. Lean forwards. Sway your whole body gently forwards and backwards. Do not let the arm tense up. Use **ONLY** your body movement to begin this motion.

Repeat for 20 seconds and return to standing. Repeat 5 times.



## Backwards Walking

Take off your sling and stand facing the kitchen bench or dining table, with your stomach almost touching.

Place both hands onto the work top. SLOWLY walk backwards away from the bench. DO NOT let go, keep your hands on the work top. When you start to feel mild discomfort, stop and hold for a count of 5 seconds. Slowly return to the start position.

DO NOT LEAN on your hands.

You will be referred to a Physiotherapist as an Outpatient to guide your rehabilitation, progress your exercises and help you achieve your set goals. You should expect an appointment within 2-4 weeks following your shoulder surgery.



## 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 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, 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 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 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 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.

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 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.

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

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 change.



## 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 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, 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 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 Te Whatu Ora Hauora a Toi Bay of Plenty website.

**Te Whatu Ora Hauora a Toi Bay of Plenty website**

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

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