

## Your Hospital stay

### What to bring in to hospital:

**This Patient Guide:** It will be referred to during your stay in hospital

**Your medication:** You should bring all your usual medication into hospital with you in the original containers, they will be locked away in a medicines locker beside your bed. Please bring them in their original containers rather than decanting them or bringing in single strips. This is so we can check your dosage instructions and positively identify them as belonging to you. Please ensure that if you are taking regular medication you have a supply to last when you get home.

**Daywear:** Lightweight loose fitting clothing and underwear (they will be easier to get on after surgery).

**Nightwear:** Lightweight pyjamas or night-dress and mid length dressing gown (so not to get in the way when you are walking after the operation).

**Footwear:** Good supportive walking shoes. Slip-ons, narrow or high heels are not safe

**Toiletries:** Face cloths (towels will be provided) and soap.

**Aids:** If in current use - gadgets, walking sticks, crutches and wheelchairs. Ensure all items are marked with your name.

**Glasses / hearing aids:** Please bring your glasses and hearing aids with you, in an appropriate container.

**Something to keep you occupied e.g.** a radio (with personal headphones) or books and magazines.

**Do not bring** valuables with you. However, a small amount of money will be useful to cover purchases from the shop / trolley. You may wish to bring small change for the TV. If you cannot avoid bringing jewellery or valuables with you we would strongly

recommend that you hand them over to the nurse, who will give you a receipt and then put them in the hospital safe.

## **Day of surgery:**

### **What to do**

You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please continue drinking non-fizzy water, clear fluids, black tea or coffee (no milk) until 6.30 am unless you have been told otherwise. You may also be given special pre-op drinks to take until two hours prior to surgery.

Please arrive as directed on your admissions letter.

If you become ill, however mildly, before you are due to come into hospital, please let us know by contacting your Consultants secretary or, if on the day of surgery Orthopaedic admissions on **01392 408402**.

### **What to expect - immediately prior to surgery**

Once on the ward a nurse will go through your personal details and plan your individual nursing care with you. This is another chance to ask any questions you may have and it is a good idea to write them down when they occur to you. The nurse will also tell you the estimated time of your operation. Operating lists run all day so this may be in the afternoon.

A doctor will see you on the ward. The doctor will talk about your operation and then ask you to sign a consent form, if you have not already signed one in the pre-operative assessment clinic.

An anaesthetist will see you on the day of surgery to discuss a number of things: your general health; any previous illnesses, even if you don't have any problems now; any previous anaesthetics, especially if there have been difficulties with anaesthetics in the past; your current medication and any allergies; the types of

anaesthetic suitable for your procedure and their risks and benefits (see page 12 - 21). Sometimes the anaesthetist will prescribe a 'pre-med', which will help you to relax and/or help with pain control and nausea. You can request an outpatient anaesthetic consultation before the day of your operation if you are worried about your fitness for surgery or have concerns regarding the risks of surgery and anaesthesia.

The usual anaesthetic is a combination of a spinal with a general anaesthetic. If you are having a spinal anaesthetic, you can decide whether you would prefer to be wide awake, relaxed and sleepy (sedation) or have a general anaesthetic. Your anaesthetist will be able to talk to you more about these options.

a) Spinal anaesthetic

This involves placing a needle into your back, injecting anaesthetic into the fluid surrounding the spinal cord, and then removing the needle. The spinal anaesthetic is performed by the anaesthetist in the operating theatre. It is performed with you either sitting on the side of the bed with your feet on a stool or lying on your side with your knees curled up into your chest. Usually it only takes a few minutes to perform a spinal anaesthetic and you should not have any unpleasant feelings. As the injection is made you might be aware of pins and needles or a tingling feeling in your back and your legs will feel heavy and numb. The injection provides anaesthesia for the lower abdomen, pelvis and both legs for about two to four hours, but sometimes the effect can be present for up to 18 hours.

The advantages of a spinal anaesthetic include reduced blood loss during the operation, decreased risk of blood clots forming in the legs and excellent pain relief immediately after the operation. It helps to reduce sickness and vomiting and allows for an earlier return to eating and drinking after the operation. Older patients are often less confused after the operation compared with a general anaesthetic.

## b) General anaesthesia

General anaesthesia means inducing an unconscious state using drugs. To do this, we will need to place a needle in a vein (probably in your hand or arm), and then drugs and fluid given through it. You will fall asleep 30-60 seconds after receiving the drugs, and will be woken up when the operation is over. During the operation you may have a tube placed in your mouth or windpipe to help with your breathing. The anaesthetist will monitor your pulse, blood pressure, breathing and blood oxygen levels; making sure that everything is safe whilst you are asleep.

Before you go to theatre, you will be given a theatre gown to wear. When it is time for your operation, one of the nurses from theatre will take you to the anaesthetic room.

## The operation

When you have been anaesthetised, you will be taken into the operating theatre. The operation to replace your hip takes about 60-90 minutes and during this time the anaesthetist will remain with you, monitoring you to ensure you are safe.

## Post-operative care

### Day 0 - Day of Surgery

At the end of surgery, you will remain on the recovery ward for one to two hours under the care of a specially trained recovery nurse who will monitor your progress and make sure that pain is well controlled. You may find several items in place to help your recovery. An oxygen mask over your mouth and nose helps your breathing. Sometimes a tube will have been placed in your bladder (urinary catheter). This is usually in place only for a short time and makes passing urine easier after the operation.

You will then return to the Orthopaedic ward. Only one or two close family members or friends should visit you at this time. You will be aware of calf pumps on both lower legs. These will help maintain good circulation in the legs and help to prevent blood clots forming in your legs.

If you have your operation early in the morning, the physiotherapists will visit you later in the day to help you out of bed and take a short walk.

## **Pain Management**

You may experience some discomfort or pain following surgery. You will be given regular painkillers so you are able to exercise and move your new hip. Scoring your pain from 1 to 10 can help you and the nurses decide which painkillers are most suitable:

- Mild pain (1 - 3)
- Moderate pain (4 – 6)
- Severe pain (7 – 10)

Please remember to let the doctors and nurses know if your pain score is four (moderate) or above or if the pain stops you doing your exercises.

If the pain is significant, pain killers may be given to you through a drip into your arm. This is called PCA (Patient Controlled Analgesia). You will be given more information about this if it is used. You can also be referred to the Pain Specialist Nurses if your pain is difficult to manage.

Some painkillers can cause side effects including:

- Drowsiness
- Nausea or sickness
- Indigestion and 'heartburn'
- Constipation

## Day 1 - After Surgery

The intravenous 'drip' and catheter can be removed as soon as you are drinking regularly. You will have an x-ray of your hip. The clinical team will confirm with you the day and time of your discharge home.

You will be encouraged by the physiotherapists and nurses to move and become more active through the day. You can sit in a chair and walk using a walking aid such as crutches or a walking frame to begin with.

The following exercises help the circulation and reduce swelling in the legs and should be repeated frequently for the first six weeks after your surgery. You can start these on the day of your operation:

- Move your ankles and feet when you are sitting or lying.
- Lying on the bed with your leg straight, pull your toes up and tighten your thigh muscles by pushing your knee down against the bed. Hold for five seconds. Relax and repeat.
- Lying on the bed, squeeze your buttock muscles together and hold for five seconds. Relax and repeat.
- Lying on the bed, bend the knee of your operated leg whilst keeping the knee pointing upwards. Keep the foot in contact with the bed. Relax and repeat.
- Lying on the bed, take your operated leg out to the side, keeping the knee straight and toes pointed to the ceiling. Relax and repeat.
- When sitting, keep the foot on the floor, bend the knee on the operated leg as far as comfortable, sliding the foot towards the chair, as you do this exercise take care to have the knee rolled outwards and avoid the leg rolling in. Relax and repeat.

## Day 2 and 3

Your wound and general health will be checked by the nurses.

By now you should be feeling stronger and be able to move from the bed and chair and walk to and from the bathroom yourself with the help of a walking aid. You will be encouraged to get dressed and sit in a chair for longer periods.

Before you are discharged home, the Physiotherapists will show you how to climb a flight of stairs safely.

Once you have begun to mobilise an Occupational Therapist will see you on the ward and ensure that you are independently getting in and out of bed, can manage to get on and off a chair and toilet and are able to get dressed. They will ensure that you have planned your discharge and have appropriate equipment at home.