



# Preparing for your stay in hospital - Starved

## Before your stay

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

## Confirming acceptance of your surgery date

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

## Admission time

You will be advised of your admission time prior to your admission date.

## Admission on the day of surgery

Please check your admission letter carefully and note the admission date and admission time. It is essential that eating and drinking guidelines are followed in order for your treatment to be carried out safely.

- You can drink plain water up to **1 hours before your admission time.**
- Drinking enough water will help your wound to heal and will reduce your risk of pressure ulcers and blood clots
- You must not have any food, boiled sweets, chewing gum, mints, tea, coffee, milk, fizzy drinks or juices for **6 hours before your admission time.**

## On the day of your admission

If you require assistance (e.g. wheelchair) you can contact the porters on the phone located opposite the Courtyard Garden.

## Visiting

Visitors are welcomed between 2-4pm and 6-8pm. No one should visit if they have COVID or cough or cold symptoms. For more information about visiting please contact the Patient Experience Team on 0121 685 4128 or roh-tr.PALS@nhs.net

## Nutrition

Having a varied and balanced diet is important pre and post surgery to aid with recovery and to reduce risks of complications. A good target is to aim for  $\frac{1}{4}$  of your plate being a protein source,  $\frac{1}{4}$  complex carbohydrate (wholegrain rice, wholemeal bread, wholemeal pasta etc.) and  $\frac{1}{2}$  vegetables. When choosing meat protein sources, try to pick lean cuts and prepare products by grilling, baking or steaming rather than frying or roasting. Non-meat sources of protein include eggs, milk products, lentils, beans and tofu. It is also important to incorporate 5 portions of fruit and vegetables per day into your diet as these provide essential vitamins, minerals and fibre required for wound healing and to help avoid complications such as constipation.

## Personal belongings

Storage space is very limited in ADCU and on the ward. Your luggage will be kept in a lockable locker measuring length 60cm x width 40cm x height 30cm (23 x 15 x 11 inches) for the safekeeping of your belongings whilst you are in theatre. Therefore we ask you to only bring a bag which will fit in to the lockable space. Your bag will be transferred to your ward following your operation/procedure. The Trust does not accept any responsibility for losses of property, including money, unless it has been handed to staff for safe keeping. Please



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leave valuable items such as jewellery, large amounts of cash and electrical items at home. Please note that electrical items cannot be used without being safety checked by the hospital.

### What to bring check list

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

### What to expect in ADCU

Once you are booked in you will be asked to take a seat and will be seen by members of the team prior to surgery. This is to ensure that you are fully aware of the procedure and that nothing has changed in regards to your health since your last visit/assessment. After you are seen by the team Theatres will be informed that your pre-admission checks have been completed. Before your procedure you will be called through to the changing area. Your privacy and dignity is very important to us. With this in mind, the unit has individual changing cubicles for you to use prior to your procedure. Staff will be available to support you and answer any questions that you might have. As a measure to help prevent infection you will be given a pack of wipes with instructions of use.

Personal belongings will be stored on the unit until they are sent to the ward on which you will spend the remainder of your stay. Please keep belongings to a minimum as storage space is limited.

### Infection prevention and control

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

- There is a no flowers policy at the ROH
- You are encouraged to ask any member of staff to clean their hands before touching you.
- Eat a healthy balanced diet in the weeks prior to treatment.
- In order to reduce the risk of infection and give you the best possible outcome we would ask that you take a hot soapy bath or shower on the night before surgery and the morning of surgery, including washing your hair. Do not use deodorant spray, body lotion or perfume.
- Please ensure you wear a full set of clean clothes for admission.
- Clip your nails.
- Remove any nail polish.
- Do not shave the area of surgery.
- While in hospital keep your bed space as clear as possible.
- Always wear slippers or light shoes.
- Inform the nurse if your dressing is wet or loose.
- Never share your toiletries.



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### Discharge information

You will be informed about when and where your discharge will take place after your procedure.

You will only be discharged home once you have completed all assessments safely. If following these assessments you are requiring further assistance or rehabilitation the ward staff will discuss this with you and liaise with other agencies as appropriate. When you are ready to return home, make sure you have everything you need for your recovery. Make sure that you have plenty of food, drinks and other essential items in your home. Buy food that is easy to prepare, such as frozen ready meals, cans of soup or beans, and staples, such as rice and pasta. Arrange your home so that you do not have to climb, bend or reach for items. If you live alone you will be able to go home alone. The therapists will make sure you are safe and independent with all tasks e.g. washing, dressing and kitchen activities.

### Medication information on coming into hospital

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

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

medication is prescribed for you during your hospital stay.

#### How will I take my medication?

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

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

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

If your medication runs out, a further supply will be dispensed from our pharmacy department. If the dosage of any medication has changed then the pharmacy team will supply a new pack or re-label your own pack with new instructions on how to take or use your medication. If any medication has been stopped, then these will



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be removed and destroyed by pharmacy, where consent has been given. If you are not happy for the removal and destruction of any stopped medication then we would ask you to make arrangements for these to be sent home with relatives or friends. These should not be used during your stay as any deviation from what is prescribed by the hospital doctors can be potentially harmful to your health.

### Physiotherapy

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

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

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

### Occupational therapy

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

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

### Pain

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

### Preventing blood clots

#### What are hospital-associated blood clots?

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

There are two kinds:

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

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

Health professionals use the term venous



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

### Are blood clots common?

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

### Who is at risk?

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

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

### What can be done to reduce my risk?

Inflatable sleeves: You may be asked to wear calf or foot pumps; special inflatable sleeves around your legs or feet while you are in bed or sat still in a chair. These will inflate

automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

Stockings: In hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs. Your stockings will be removed for a short time every day so that you can have a wash and check for any skin problems.

Blood thinners: Most patients at risk will be prescribed a small dose of an anticoagulant (blood thinner). These reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The blood thinner most often used is a type of heparin, which is given by injection. Please be aware that some 'blood thinners' are derived from animal origins. Please discuss with your nurse or doctor if this is a concern to you.

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

### What can I do to help myself?

If possible, before coming into hospital:

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

When in hospital:



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

### Research

You may be contacted to discuss research at The Royal Orthopaedic Hospital, which takes place to improve patient care and develop new treatments.

The Royal Orthopaedic Hospital routinely collects and stores leftover tissue from surgery, that would otherwise be disposed of, in a Research Tissue Bank so that it can be anonymously provided to support ethically approved research studies. Research is completely voluntary and opting out will not affect any of the care you receive. Should you wish to opt out of any research activities, please let us know by contacting the research team via email on [roh-tr.research@nhs.net](mailto:roh-tr.research@nhs.net)

### What happens when I go home?

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

### Useful sources of information

Please ask your doctor or nurse for more information.

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

### Car parking

Parking is available at gate entrance A and C. Further information about parking can be found on our website [www.roh.nhs.uk](http://www.roh.nhs.uk)

### Useful contact numbers

Main hospital number  
0121 685 4000

Outpatients  
0121 685 4153

Pre-Operative Assessment Clinic  
0121 685 4035

Discharge liaison sister  
0121 685 4000 ext. 55204

Patient Advice and Liaison  
0121 685 4128

If you would like a copy of this leaflet or require a copy in another language or format please contact the Communications team on 0121 685 4329.