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To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ فون ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براؤکرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Tel: **01784 884488**

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Tel: **01932 872000**

Website: www.ashfordstpeters.nhs.uk

Orthopaedic Supported Discharge

For Trauma and Orthopaedic Patients



Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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SPELTHORNE

Community Support Services	01784 446389
Meals on Wheels	01784 444265
Age UK	01784 444200/211
Spelthorne Personal Alarm Network	01784 444277
Crossroads	01784 446294
Shopmobility (Staines)	01784 459416
Care & Repair	0845 4086755
Carers Support	01784 446234

RUNNYMEDE

Age UK	01784 444200
Community Meals	01932 425010
Careline	01932 425865
Care & Repair	01932 425885
Carers Support	01932 564446

WOKING

Meals on Wheels	01483 770777
Crossroads	01483 447777
Carer Support	01483 727277 (757272 for minorities)
Age UK	01483 770753
Careline	01483 743647

WHAT IS ORTHOPAEDIC SUPPORTED DISCHARGE?

The aim of Orthopaedic Supported Discharge (OSD) is to provide a greater proportion of your rehabilitation within your home setting rather than in hospital. It may not be suitable for everyone however it has been found that patients can often achieve better outcomes from rehabilitating at home rather than in a hospital setting.

The service can be provided for up to 14 visits while you continue to progress with your rehabilitation. The team may refer you to community services for on-going rehabilitation if necessary.

The team will provide therapy in the home, and can support with / practice activities of daily living (i.e. personal care, kitchen activities) initially on discharge. Long term care needs may be provided by external care agencies. It will not be possible to manage every patient's rehabilitation at home, for example, those patients who would not be safe at home. Those who cannot be managed by the OSD Team will continue to receive their rehabilitation at Ashford & St Peter's Hospitals, Woking or Walton Community Hospitals.

Those suitable for Orthopaedic Supportive Discharge will have to meet certain set criteria, these have been identified as:

- You must be medically stable. You will be assessed by the Consultant who has reviewed the care throughout the admission.
- You must have the mental ability to understand the rehabilitation programme and the support provided in your home.

- You must be able to get yourself in and out of bed and transfer on and off a chair independently and walk short distances with a suitable walking aid.
- You must be resident in the boroughs of Spelthorne, Elmbridge, Runnymede or Woking

WHAT THE SERVICE OFFERS

- A visit on the day of discharge to assess needs and make plans with you.
- Specialist therapy intervention and nursing review for the patient at home for up to 14 visits.
- Advice and emotional support for you, your carer and family.
- Support and help for you to make your own decisions and set your own goals.
- Close working with the Orthopaedic Department and Geriatricians at Ashford & St Peter's Hospital.
- Regular reviews of progress and plans during your rehabilitation with the OSD Team.
- Onward therapy referral if required.

If you have problems or concerns:

If you have any problems the Team Leader can be contacted during normal working hours 08:00hrs-16:00hrs on:

OSD desk: Tel – 01932 726180

USEFUL CONTACTS

St. Peter's Hospital	01932 872000 (switchboard)
NHS Direct	111
Red Cross	0845 0547222
Alzheimer's Society Dementia Helpline	01483 753651 (West Surrey) 0300 222 1122

ELMBRIDGE

Community Support Services	01372 474552
Council Community Transport	01372 474550/1
Meals on Wheels	01372 474552
Crossroads	01372 469942
Care & Repair	01372 474645
Carers Support	01932 235770

- Identify the level that you would be happy to spend most of your time initially upon discharge (downstairs preferably).
- Your environment would require space for easy access to bed / armchair / potential medical equipment with adequate space to walk around.
- Speak to the OT if you are unsure about the suitability of any furniture you have especially with regards to height. The Occupational Therapist will be able to advise you on good seat heights and provide chair raisers where appropriate. The hospital and OSD are unable to provide beds or chairs but may be able to advise on places to hire them from if needed.

CONSENT

In order to receive therapy from the OSD Team, you and your family will need to give consent to allow staff to visit them at home.

You may also be required, with assistance from the Occupational Therapist, to set up one-level living initially in order for you to return home safely. This may only be a temporary measure whilst you recover.

The specialist team who will be involved in both assessing and caring for you after discharge are:

THE SPECIALIST TEAM

The Consultant

Our Consultants will have assessed you on a regular basis during your admission. They will have reviewed any pre-existing medical conditions along with your medication. They will also ensure you are medically stable and are medically fit to be discharged home.

Nurse

The nurse will assess you in hospital and prior to discharge, they will also come and visit you in your home and will ensure all services are in place and you are continuing to recover safely. The first visit will be within approximately 48 hours post discharge from hospital.

The nurse will review your wound and remove your stitches or clips. They will ensure you are progressing well. They will advise you regarding medication especially painkillers and help address any concerns you have.

Physiotherapist

The physiotherapist will assess you at home within approximately 48hrs to assess your mobility and rehabilitation programme.

They will work alongside the therapy assistants to progress your mobility and movement / strength of your affected limb.

Occupational Therapist

The Occupational Therapist will assess you at home within approximately 48hrs to assess your ability in everyday activities such as personal care and meal preparation. They will work with the therapy assistants to optimize your independence and function within your home environment.

Therapy Assistants

The therapy assistants will carry out the rehabilitation programmes set by the physiotherapist and / or occupational therapist.

ADVICE REGARDING COMPLICATIONS / CONCERNS

- Wound oozing / infection.
- Pain.
- Swelling / Deep vein thrombosis (DVT), which are clots in your legs.
- Constipation, this is often due to painkillers and reduced mobility.
- Feeling unwell:- temperature, feverish, urinary tract infection or a chest infection.

How can you prevent pressure ulcers?

- Relieving pressure on the skin is the best way of preventing pressure ulcers.
- It is important to change position and keeping moving as much as possible as this will help. If possible stand up to relieve the pressure on a regular basis throughout the day.
- You should change position at least every 2 hours. When moving, make sure your skin is lifted clear of the bed or chair so you don't rub your skin.

Exercise

Do continue your exercise regime as taught by your physiotherapist, and gradually increase the number of times you repeat each exercise as soon as you feel comfortable to do so.

Do go for short walks regularly. Try to slowly increase the amount you are doing each day. The amount you do will not damage your hip, but might tire you out at first.

One-level Living Requirements

You may require the setting up of one level living due to your level of mobility / safety. This will be highlighted to you once you have been referred to the OSD Team.

The ward Occupational Therapist will advise you on your equipment needs however the following will need to be explored and planned for **as soon as possible**:

- Ensure you have returned the 'Furniture Heights Form' (if applicable).

What causes pressure ulcers?

Pressure ulcers are caused by a combination of:

- **Pressure:** normal body weight can squash the skin and damage the blood supply to the area. Lying or sitting in one position for a long time can cause this.
- **Friction:** poor lifting or moving techniques can remove the top layers of skin or cause blisters.
- **Shearing:** sliding down the bed or chair can damage the skin and deeper layers of tissue.
- A poor diet.
- Lack of fluid (dehydration).
- Moist skin - for example, due to sweating or incontinence.

What areas are more susceptible to getting a pressure ulcer?

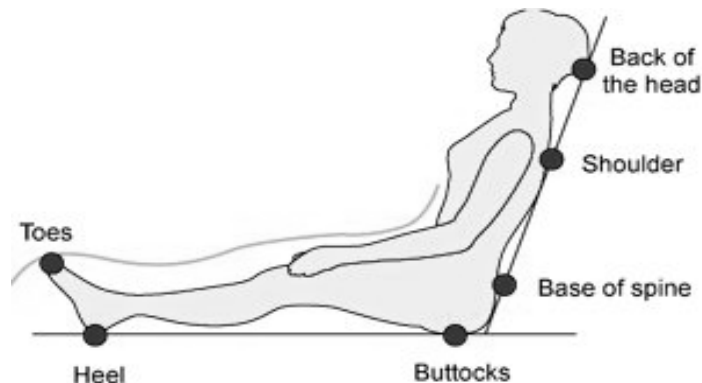


Diagram showing areas of the body at risk of pressure sores when sitting

© CancerHelp UK

Original diagram by the Tissue Viability Society

Wound healing / oozing or redness:

Your wound will have been assessed prior to discharge home to ensure that it is healing. The nurse will also review your wound during the initial assessment at home, if there are concerns the nurse will discuss them with the surgeon.

Inform any member of the team when they visit if you are concerned about your wound.

If you or a member of your family are concerned, you can also contact the nurse.

Pain

If you experience more pain this may be due to several reasons, please inform a member of the team visiting you and they will assess you and refer to the appropriate member of the team.

Painkillers

Only take the tablets you were given on discharge. As the pain eases, these should gradually be reduced. If you require any help or information regarding your medication please inform a member of the team.

Leg Swelling

It is not uncommon to have swollen ankles for at least 3 months following your surgery. **You are advised to rest in bed for 1-2 hours in the afternoon to help reduce the swelling.**

Deep Vein Thrombosis

A Deep Vein Thrombosis (DVT) is a blood clot which forms inside a vein, typically these clots form inside the legs interrupting the blood flow and making the legs swollen and painful.

- To prevent you developing a DVT you will have to continue to wear your compression (anti-embolism) stockings until you're able to move around freely this could be up to 6 weeks.
- It's recommended that you wear the stockings both day and night; they should be removed daily to wash your legs and check that you are not developing any sores.
- You may require help to remove and put on your stockings. A member of family or next of kin can be taught how to do this, or external support can be arranged if there is no one available to assist you.
- In conjunction to wearing your stockings on discharge you may also be prescribed a blood thinning injection called Enoxaparin (Clexane®) this injection also helps to prevent DVT.
- The ward nursing staff will show you or your next of kin how to administer the injection; you will also receive an information leaflet on 'How to inject Clexane® at home'. If you are unable to give yourself the injection the hospital will arrange someone to come in and give it for you.

If your calf becomes swollen and tense to touch, it may be a sign that you have developed a DVT. Inform a member of the team if the symptoms start on the day of a member of team visits, if the

symptoms start after the team have visited contact your GP urgently or attend the Accident & Emergency Department for further advice and treatment.

Constipation

You are more likely to suffer from constipation after a fracture or operation, because of being less mobile, and it is a known side effect of some of the painkillers that you may have been put on so it is important to take the laxatives which have been prescribed to you. Try and increase the amount of fluid you drink this includes water, tea and coffee. Increase the amount of fresh fruit and vegetables and fibre within your diet. Inform a member of the team if you are concerned or feeling uncomfortable or unwell due to your constipation.

Feeling unwell, feverish

If you are feeling unwell, have a temperature, have developed a cough, have pain when passing urine, and / or your urine has an offensive smell it may be a sign of infection. Inform a member of team if the symptoms start the day of their visit, if symptoms start after the team have visited contact your GP or attend the Accident & Emergency Department for further advice and treatment.

Pressure Ulcers

What is a pressure ulcer?

- Pressure ulcers are areas of damage to the skin and underlying tissues. They are sometimes known as pressure sores or bed sores.