

CLAREMONT
PRIVATE HOSPITAL

Patient Diary
Helping you get better sooner

Joint Replacement Surgery Advice



Welcome to exceptional healthcare



PART OF ASPEN HEALTHCARE

Introduction

Following joint replacement surgery, patients used to stay in hospital for somewhere between five and ten days. It has been shown that by altering how patients are managed both before and after surgery they can be safely discharged home in 2 - 4 days. Research has proven that early mobilisation and early discharge from hospital help to reduce the risk of complications of this type of surgery such as chest infections and blood clots. Furthermore, current evidence shows that the sooner patients start to use and move their new joints the more likely they are to have improved mobility and reduced muscle wasting leading to an earlier return to normal activity.

At Claremont Hospital, we like to encourage patients (and relatives and carers) to be fully involved in their treatment, care and recovery and we would like you to be involved in completing the pages of this diary along with the health professionals looking after you. The diary will provide you with information on the care you should receive each day and offer the opportunity to record if this happened or not.

We will encourage you to use this diary to capture your experiences, what you liked and what you didn't like and any other feedback you would like to give us. The information you provide will be used to help us evaluate the care we deliver and to make improvements.

Please try and update your diary 2 – 3 times a day. The nursing staff will also remind you. We value your feedback and all of your comments are confidential.

Please will you also complete the patient satisfaction questionnaire before you leave the hospital.

Thank you

Contact us

The Ward – 0114 2630330 ext. 7401 or 7403 or, after 9pm ext. 7404

Name:
Address:
DOB:
Or hospital sticker

DAY OF ADMISSION

Admission date: Proposed discharge date: Who will take you home:	Actual discharge date: Time of discharge: 10.00am Reason for any delay:
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Planning My Discharge:

Will there be family and friends at home? Yes No

Are they aware of your proposed discharge date? Yes No

Do you have / need social services support? Yes No

If yes, are social services aware of your discharge date? Yes No

Proposed operation:

Actual operation:

Did you see a physiotherapist before your operation? Yes No

Were you given an exercise booklet? Yes No

On the morning of your operation:

Have you signed a consent form? Yes No

Have you been given a copy of your signed consent form? Yes No

Patients are admitted in blocks relating to theatre start times. For example 07.00 for a list starting at 08.00, 12.00 for a list starting at 13.00 and so on. We do not stagger admissions as this will require the surgeon to move from theatre through the duration of the list and this practice increases the risk of cross infection. This **may** mean that you have a long time to wait before going to theatre – someone will always be first, someone will always be last. You will not be the only person on the list. Bring a book or magazine to keep you occupied – waiting is often the worse part of having an operation!

Notes / Questions



The afternoon / Evening after your surgery

- When you come back from theatre you need to make sure you are doing plenty of deep breathing and coughing to prevent chest infection. You should also do ankle movements to help prevent DVT (blood clots). Repeat these hourly until discharge.
- Your temperature will be checked half hourly initially on return to the ward, then hourly for a couple of hours, then two hourly and then four hourly until you go home. You will be woken in the night for blood pressure checks to be done on the first night.
- Each time you have your blood pressure done, your nurse will ask you about your pain. If pain killers are not working, let the nurse know. It is unrealistic to expect to be pain free, but discomfort should be tolerable.
- Your wound will be checked for oozing.
- You can start drinking around half an hour after return from theatre. It is important to drink plenty as this will help your blood pressure and your ability to mobilise.
- After about 4 hours, if you have not passed urine, a nurse will perform an ultrasound of your bladder. If there is over 600ml in your bladder (or less if you are uncomfortable) and you are unable to pass this normally, we will pass a catheter to empty your bladder.
- You will be able to get out of bed and sit on a commode by the bed to try to pass urine assuming sensation has returned to your legs. You will not harm your new joint.

Drinking:

You can drink almost as soon as you return from theatre.

How much did you drink on the evening after your operation? _____

Breathing:

You may be given oxygen through a mask or nasal prongs. In most cases, this is routine.

Have you done deep breathing exercises? Yes No

Have you done coughing? Yes No

Mobility:

Did you get out of bed on the same day as your operation? Yes No

Did you do leg/ankle exercises as described in your booklet? Yes No

Diet:

Did you eat anything after your operation? Yes No

If yes, what? _____

Pain and Nausea:

Were you in pain?

Yes No

If yes, rate your pain. 0 is no pain at all, 3 is the worse you can imagine.

0 1 2 3

If yes, have you had medication to help?

Yes No

If yes, write down what this medication is:

Did this stop the pain?

Yes No

Have you felt sick?

Yes No

If yes, have you had something to help it?

Yes No

If yes, did it help/stop the nausea?

Yes No

Planning My Discharge:

Has a nurse discussed my home circumstances with me?

Yes No

Questions I want to ask about going home:

Notes / Questions



Day 1 After Surgery

- Your pain will be regularly assessed, usually at the same time your blood pressure is checked. Please tell a nurse if your pain relief is not working. If you need pain relief between the regular drug rounds, you can ask for extra.
- One of the nursing team will help you to have a wash.
- The Resident Medical Officer (RMO) will visit you today to check on your progress. Your consultant will visit sometime in the day/evening.
- Your theatre dressing/bandage will be removed (Knee patients).
- The drip in your arm will be removed today, providing you are drinking plenty of fluids.
- If you had to have a catheter left in your bladder, this will normally stay in until you are more mobile.
- You will be able to eat a normal diet today.
- The staff will help you out of bed with the aid of a frame and you should spend six hours out of bed throughout the day. You may start to use crutches
- A physiotherapist or nurse will assist you to walk if you are able to tighten your thigh muscle and move your ankle. By the end of the day, you should be able to walk short distances with walking aids and assistance.

Drinking and eating:

Aim to drink at least two litres of fluid today. How much did you drink today? _____

What did you eat today?

Breakfast _____

Dinner _____

Lunch _____

Snacks _____

Breathing:

You may be given oxygen through a mask or nasal prongs. In most cases, this is routine.

Have you done deep breathing and coughing exercises? Yes No

Mobility:

Have I been out of bed for six hours today? Yes No

If not, what prevented me from achieving this?

Have I walked around my room today? Yes No

Can I do my straight leg lift? Yes No

Can I bend my knee? Yes No

Have I been doing regular leg/ankle exercises? Yes No

Has a nurse removed my stockings and shown me how to apply them? Yes No

Pain and Nausea:

Was I in pain today that I could not tolerate? Yes No

If yes, rate your pain. 0 is no pain at all, 3 is the worst you can imagine.

0 1 2 3

If yes, have you had medication to help? Yes No

If yes, write down what this medication is:

Did this stop the pain? Yes No

Have you felt sick? Yes No

If yes, have you had something to help it? Yes No

If yes, did it help/stop the nausea? Yes No

Planning My Discharge:

Am I constipated? Yes No

If yes, do I need something to help me go to the loo before I go home? Yes No

What normally helps me? _____

Has a nurse discussed my home circumstances with me? Yes No

When am I going home? _____

What time am I going home (normal discharge time – 10.00) _____

Questions I want to ask about going home:

Notes / Questions



Day 2 After Surgery

- The Resident Medical Officer (RMO) will visit you today to check on your progress. Your consultant will visit sometime in the day/evening.
- Your temperature, pulse, blood pressure and wound will still be monitored, but perhaps less frequently.
- If you had a urinary catheter put in, it will be removed.
- If you had extra oxygen, it will be discontinued today.
- You will be encouraged to get dressed today and to have a shower.
- You can increase the length of time you are out of bed and also the distance you walk. You will start using crutches today.
- If you are comfortable using the crutches, the physiotherapist will encourage you to try going up and down stairs using the crutches. If you are confident on the stairs you may go home today.
- It is important that you continue to drink plenty of fluids and eat well.
- If you are leaving today, you will be given your tablets, letters and a discharge information leaflet.
- If you are going home after 10:00am you may be transferred to the Discharge Lounge to wait for your transport.

Drinking and eating:

Aim to drink at least two litres of fluid today. How much did you drink today? _____

What did you eat today?

Breakfast _____

Dinner _____

Lunch _____

Snacks _____

Breathing:

You may be given oxygen through a mask or nasal prongs. In most cases, this is routine.

Have you done deep breathing and coughing exercises?

Yes No

Mobility:

Have I been out of bed for six hours today?

Yes No

Have I walked around my room and into the bathroom & corridor today? Yes No

Can I do my straight leg lift?

Yes No

Can I bend my knee?

Yes No

Have I been doing regular leg/ankle exercises?

Yes No

Has someone removed my stockings and shown me how to apply them? Yes No

Pain and Nausea:

- Was I in pain today? Yes No
- If yes, have you had medication to help? Yes No
- Did this stop the pain? Yes No
- Have you felt sick? Yes No
- If yes, have you had something to help it? Yes No
- If yes, did it help/stop the nausea? Yes No

Planning My Discharge:

- Am I constipated? Yes No
- If yes, do I need something to help me go to the loo before I go home? Yes No
- What normally helps me? _____
- Has a nurse discussed my home circumstances with me? Yes No
- When am I going home? _____
- What time am I going home (normal discharge time – 10.00) _____

Notes / Questions



Day 3 After Surgery

- Continue to take regular pain relief and report any pain to the nursing staff. Your doctor will visit to check your progress.
- You can increase the length of time you are out bed and also the distance you walk.
- If you are unable to do a straight leg raise, then a physiotherapist will discuss options with you today.
- If you are comfortable using the crutches, the physiotherapist will encourage you to try going up and down stairs using crutches.
- If you are confident on the stairs you will go home today.
- Your temperature, pulse, blood pressure and wound will continue to be monitored.
- Continue to drink plenty and eat well.
- You will get dressed in your day clothes.
- The nurses will continue to plan your discharge with you. You may be transferred to a community hospital to continue your rehabilitation.
- If you are leaving the ward today, you will need your tablets, letters and discharge leaflet.
- If you are going home after 10:00am you will be transferred to the Discharge Lounge to wait for your transport.

By today, we would expect you to have gone home. However, for many reasons, some people are unable to do so. If you are unable to go home by today, a member of the nursing and physiotherapy team will have discussed other options with you, your family and consultant and a plan should have been agreed. Please use the space below to write any questions you want answering or any concerns you may have.

Notes / Questions



Am I ready to go home?

Often the thought of going home is a little daunting but any plans that have been put into place are usually enough to enable you to cope for the first week or two following discharge. You may go home to be cared for by a family member.

Remember, you are not disabled. You are able to walk along a corridor, get in and out of bed, dress and wash yourself and go up and down a flight of stairs safely. You may need some help with arranging shopping for food and so on.

My pain is controlled with tablets I have been given Yes No

I am eating and drinking Yes No

I have had my bowels opened Yes No

If not, are you concerned about this? Yes No

I know where to ring if I have any concerns when I am at home Yes No

I have been shown how to change and care for my stockings Yes No

I know how I am getting home Yes No

Family

Friend

Taxi (accompanied)

Has my transport been arranged?

Notes / Questions



If you experience any of the following symptoms in the first 4 weeks after surgery or you have any concerns then please call the Outpatients Department to make an appointment to have the wound checked.

Excessive fluid or blood leaking from under your dressing.

Red, hot skin spreading around the dressing.

Excessive pain or a bad odour coming from the wound.

The dressing moves and the wound is exposed.

OPD 0114 2630330 ext. 7310

Ward 0114 2630330 ext. 7401

It is important to continue to do your exercises at home to increase your mobility and aid healing.

We hope your stay was a positive experience and that you continue to make a good recovery



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