

Patient Information Guide



westmeadprivate.com.au



Westmead
Private Hospital
Part of Ramsay Health Care

Welcome

We would like to extend a warm welcome to you and your family. Our aim is to provide you with the best possible hospital experience and to make your stay as pleasant as possible.

Mike Flatley

Chief Executive Officer

Acknowledgement to Country

Westmead Private Hospital operates on the traditional lands of the Burramattagal people, upon the Land of the Darug Nation.

We acknowledge the Burramattagal and Darug Nation, as the traditional custodians of the Westmead region and pay our respects to the Elders today and those that walked this land in the past and those that grace their footsteps to walk in Westmead Private Hospital in the present.

We are committed to a positive future for all the Aboriginal community.

Goals of Care

We recognise that admission to hospital and surgery can be a daunting experience.

We encourage you to discuss with staff what's important to you regarding your stay so we can aim to alleviate any concerns.

Department of Veteran's Affairs

We have a DVA Liaison Officer available to speak to you during your stay. Please contact 8837-9997, between 8am – 4pm, or ask your nurse to contact them. They will do their best to visit with you and assist in any way they can.

Veteran Well Being

If you or your family member are in need of support or even just someone to talk to, please contact Open Arms - Veterans and Families Counselling (former VVCS). This service provides free and confidential counselling and support for current and former serving ADF members and their families. This service can be reached 24 hours a day, seven days a week on 1800 011 046 or visit Open Arms website – openarms.gov.au for more information.

Access to DVA services online

MyService gives veterans and their families a way to connect with DVA online. To register or sign in to MyService go to myGov.

Important numbers

DVA – 1800 838 372

Transport bookings – 1800 550 455



INFORMATION REGARDING YOUR STAY

Your safety and well-being are important to us during your stay. This brochure will outline important information regarding the prevention of falls and complications and pain and wound management.

Hospital Bag Checklist for your surgery

General tips on what to take to hospital for surgery

- Only bring items you need
- Leave valuables at home
- Do not wear jewellery
- Remove nail polish
- Wear comfortable clothing and non-slip footwear

OVERNIGHT STAY

Administration

- Consent forms – if your doctor has given these to you
- Medicare card
- Health fund card, pharmaceutical safety net card, pensioner concession card if applicable
- DVA card for veterans
- Certified copy of Power of Attorney or Advance Health Care Directive if applicable
- Method of payment (EFTPOS or Credit Cards)

Medical

- Any relevant X-rays or scans
- Doctor's letters or reports
- List of current medications
- Medications in their original packaging
- Inhalers, creams, ointments, patches, eye or ear drop, injections etc
- Sleep apnoea machine

Personal Items

- Comfortable clothing including sleepwear
- Underwear
- Toiletries: toothpaste, toothbrush, deodorant, shaver, brush, moisturiser
- Feminine hygiene products if needed
- Glasses and or hearing aids
- Mobility aids – walking stick, walking frame
- Technology and chargers – you can bring your mobile phone, tablet or computer to help you stay in touch – ensure it is fully charged and that you have your charger or a portable battery pack
- Headphones
- Eye mask if you are a light sleeper

DAY SURGERY PROCEDURE

- Consent forms – if your doctor has given these to you
- Medicare card
- Health fund card, pharmaceutical safety net card, pensioner concession card if applicable
- DVA card for veterans
- Certified copy of Power of Attorney or Advance Health Care Directive if applicable

- Method of payment (EFTPOS or Credit Cards)
- Any relevant X-rays, doctors letters or reports
- List of current medications
- Glasses and or hearing aids
- Mobility aids – walking stick, walking frame

Falls Prevention – Keeping on your feet in hospital

Important advice for patients on avoiding falls

It's surprisingly easy to fall or slip while in hospital. That's why we ask you to take particular care when standing or moving about remembering:

- Medication or fatigue may affect your balance
- It is an unfamiliar environment
- You may not be as fit or as steady on your feet as you normally are

Medication

Some medication, particularly pain medication, and changes to your medication can make you feel dizzy. Always take special care when walking or getting to your feet.

Unfamiliar surroundings

Make sure you know the layout of your room and where the furniture is placed. Take particular care if moving around at night and ensure you have the lights on.

Flooring

Tiled floors, lino or other hard surfaces can be slippery, particularly if wet or when you are wearing certain kinds of footwear. Check the floors in your area and avoid using talcum powder whenever possible.

Your condition

Ask your doctor or nursing staff to fully explain your condition so you know if you should ask for help with standing or walking.

Your physiotherapist or occupational therapist can also give you advice with balance or mobility. If you use walking aids at home, please bring these with you.

Visiting the bathroom

You may need to use the toilet unexpectedly or more often than usual while in hospital. If you need help, or think you may need to visit the toilet more frequently, please ask the nurses. They are here to help you feel as comfortable and safe as possible.

Clothing

Loose or full-length clothing like pyjamas or dressing gowns can cause you to trip and fall. Make sure these are the right length for you.

Footwear

Check that your slippers or other footwear fit securely. If your doctor has asked you to wear pressure stockings, it is a good idea to wear slippers over the top so you don't slip.

- Always remember that your condition may reduce your ability to stand or move freely
- Help us to care for you by taking extra care when walking
- If you need help, please call one of our nurses



Preventing Complications

Prevention of complications whilst a patient

During your time in hospital the nursing staff will be assessing your progress on a daily basis as part of your recovery.

As you may be restricted to bed or have limited mobility you are at risk of 3 common complications that may arise as a result of surgery or reduced mobility due to illness.

These potential complications are:

1. Deep vein thrombosis (DVT)
2. Chest infection
3. Pressure areas

There are a number of things that you can do to help prevent these complications.

Deep Vein Thrombosis (DVT)

A DVT is a clot that forms in the veins of the lower leg and thigh: this risk is due to prolonged sitting or bed rest. DVT's are more common in adults of the age of 60 +, but can occur in any age group.

Symptoms include:

- Pain in calf on standing and walking
- Swelling of your legs
- Increased warmth of the calf
- Changes in skin colour (redness) to your legs

Please report to your nurse should you notice any of the above symptoms

Prevention

There are 3 ways to help prevent DVT's from forming these are as follows:

1. Anti embolic stockings
2. Prophylactic (preventative) anticoagulant therapy as a daily or twice daily injection as ordered by your doctor
3. Improving your own circulation by movement and ambulation

Anti-embolic stockings

If necessary you will be fitted for white anti-embolic stockings that you should wear during your whole admission. These stockings help to aid the circulation in your lower legs. If you have previously had a DVT or are at a higher risk then sleeves will also be applied to your legs that intermittently compress your leg to further aid circulation. Please note that if you have had surgery on or have a problem with your legs these devices may not be used.

Please note: If your stockings are causing discomfort, or pain or rolling down please notify the nurse looking after you.

Anti-coagulation therapy

Your doctor, depending on your length of stay and type of surgery or illness, may treat you with a prophylactic (preventative) injection of an anticoagulant or an oral anti-coagulant (blood thinner). Please speak to your nurse or pharmacist should you require more information on this type of medication. Please note that not all patients are suitable for this type of medication. It will depend on your medical history.

Improving your own circulation

There are three leg and foot exercises you can perform yourself, whilst you are in bed that will help improve your circulation. Perform each exercise slowly while lying flat or sitting in a chair.

1. With your legs out straight, point the toes and both feet towards the end of the bed. Relax. Then, point your toes up towards your chin. Repeat this exercise five times.
2. Move each foot at the ankle, making circles. Repeat this five times.
3. Bend one knee at a time, (if able) sliding the foot along the bed. Repeat five times.

Leg exercises should be repeated every one to two hours while you are in bed and can be decreased as you become more mobile. The best way to improve your circulation is to try and mobilise, even sitting in a chair for an hour a day can help. The physiotherapist can help you if you find mobilising difficult. Speak with the nursing staff if you would like a referral to a physiotherapist.

Chest infection

Chest infections may occur as a result of anaesthetic gases that are used in surgery not being completely expelled or due to shallower breathing as a result of pain when you breathe in.

Prevention

Deep breathing & coughing

Deep breathing expands the lungs and helps to cough out any mucus that may have collected in your lungs. Deep breathing can be done in the following positions.

- Lie in bed with the head of the bed raised
- Sitting on the side of the bed
- In a chair
- Flat on your back or even on your side

When you deep breathe and cough you may be more comfortable by gripping a pillow, blanket or towel roll over your incision/ surgery site or area of pain. Bending your knees may also help take the strain off these areas. Do not be afraid to cough. Your incision has been secured with stitches or staples (if you have had surgery) and will not open. If you have not had surgery, deep breathing and coughing will not cause any internal damage.

Deep breathing exercises

1. Relax particularly your neck and shoulder muscles
2. Rest your hands on the sides of your rib cage
3. Slowly take in a deep breath through your nose and hold for one or two seconds. Then, slowly blow it out through your mouth. When you breathe in, your hands should be pushed out by your rib cage. As you exhale, you will feel the area under your hand relax
4. Take two or three deep breaths, then several normal breaths. Repeat ten times each hour while awake for the first two days decreasing the amount as you become stronger

Coughing exercises

1. To cough, take three deep breaths. In and out
2. Hold the next breath for a count of three. Support your incision and give a good deep cough to help clear the mucus from your lungs. The cough should come from deep in your abdomen, not your throat
3. Cough only two or three times, then rest before continuing

A hand held device (incentive spirometer) is often used to promote deep breathing. Use the incentive spirometer every hour while awake. Your nurse and/or physiotherapist will instruct you on its use where necessary.

In some cases, a physiotherapist may assist you with deep breathing and coughing. For best results, follow the physiotherapist guidelines. The physiotherapist or nurse can also answer any question you may have about breathing treatments.

Pressure Injuries

Pressure injuries occur when pressure is applied to one area for a long period of time. There are different grades of ulcers that require different treatments. The areas where pressure injuries mostly form are: sacrum (bottom), heels, elbows and the back of your head. Should these areas feel sore or look red please inform the nursing staff.

The nursing staff will assess your skin integrity on your admission using a scoring system called the Waterlow Risk Assessment. If you have any broken skin areas on admission please inform the nursing staff.

Prevention

The best prevention is reduction of pressure on the commonly affected areas. Depending on your risk factors the nursing staff may suggest you lie on a softer mattress or an air mattress. Heel protectors and raisers may also be applied.

Turning

- It is important to turn when you are in bed to improve your circulation and prevent pressure ulcers
- You should turn at least every two hours unless otherwise instructed
- It is likely that you may need help from a nurse or physiotherapist but your assistance with turns is important
- Some types of surgery, or medical problems may restrict your ability to turn and move in bed. Your nurse will guide, educate and assist you prior to any movement

How to turn

- Identify the direction you want to turn
- Raise your arm above your head on the side you will be turning towards
- Bend the opposite knee, planting the foot firmly on the bed
- Push off with the bent leg
- With the opposite hand, reach across your chest and grip the bed railing. Pull yourself over onto your side
- To move back, bend the leg again and push off with your hand on the bed

Wound Management

Staff are competent and trained in attending to your post-operative wound management requirements. The staff will educate you on how to attend to your wound care prior to your discharge.

Signs and symptoms of wound infection:

- Pain
- Heat
- Redness
- Swelling
- +/- discharge or leakage

We ask that you follow your nurse/doctors post-operative wound management instructions.

REMEMBER it is unlikely that you will experience any of the complications described. However, being aware of these potential complications helps to reduce your risk of developing them.

Pain Management

Pain is a concern for all patients that come to health care facilities for procedures. Pain is a personal experience and is different for everyone. At Westmead Private we use many different modalities to manage pain after your surgery.

We believe that patient education pre-procedure is the best place to start, when it comes to managing acute pain, this enables you to have input on the way your pain is managed that best suits your needs.

Before your operation

On admission, the nurse will discuss your medical history, medication regime and any previous issues or concerns regarding pain management. There will also be an opportunity for you to ask questions and provide any information you may feel important for the doctors and nurses to know.

Pain management after your procedure

Westmead Private Hospital follows evidence based pain management guidelines to ensure that all our patients receive a high quality holistic care to maximise patient comfort during the recovery period. During your hospital admission nursing staff will ask you questions related to your pain.

Questions related to pain that will be asked will include: Rate your pain on a scale of 0-10 with 10 being the worst pain and 0 being nothing. We assess your pain scores both at rest and when you move, this information allows us to ensure that your pain is managed effectively so you can participate in physiotherapy and recovery after your surgery.

The pain relief you will receive depends on the pain scores you report. For the treatment of mild-moderate pain a combination of pain relief (known as analgesia) will be prescribed by your doctor or anaesthetist.

0-4 / 10
Mild pain

5-7 / 10
Moderate pain

8-10 / 10
Severe Pain

Simple analgesia is a class of medications that are considered to be gentle on the system and include commonly used drugs such as Paracetamol, Voltaren and Ibuprofen.

It is important even if you don't feel pain to continue to take these medications regularly. When taken in combination with other pain relief medication these simple analgesics enhance the effect of the other medications.

Immediate release opioids are drugs that belong to the drug group known as opioids, These medications provide pain relief by binding to specific receptors to diminish the pain signal.

Some examples of immediate release opioids are Oxycodone (Endone), Tapentadol (Palexia) and Tramadol

For **severe pain** the treatment includes slow release opioids in combination with invasive pain control.

Slow release opioids are a class of medications that are designed to release slowly over a time frame of 12 hours; they work in the background of the other pain relief medications you will receive.

Some examples of slow release opioids are Oxycodone (OxyContin SR), Targinoxycodone (Targin), Tapentadol (Palexia SR)

Patient controlled analgesia (PCA) is a device that is controlled by the patient. When pain is experienced the patient (ONLY) can press the button (See picture) and they will be delivered a safe amount of pain relief. At Westmead Private we mainly use fentanyl or morphine, these two drugs are strong opioids used to treat severe pain. Some potential side effects are nausea, vomiting, constipation, and drowsiness. While you have this machine the nursing staff will need to check your blood pressure, heart rate, oxygen, and pain scores every 2 hours and you will need to wear oxygen, this is due to the potential side effect of drowsiness. Assessment ensures adequate safe pain management.



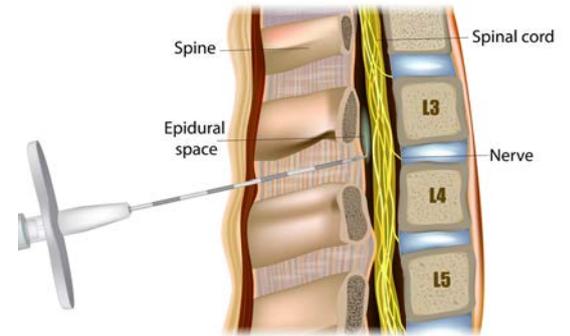
Epidural is a way to continuously deliver local anaesthetic into the epidural space. Your Anaesthetist will place an epidural catheter in a certain point in your back; depending on the area to be operated will depend on the level to which the epidural catheter is placed.

The epidural catheter is held in place with dressings and is covered, you will notice a yellow filter taped to the front of your shoulder this is not the insertion point, and the filter prevents microorganisms entering the epidural space.

The pain relief you receive via the epidural will be delivered by an epidural pump, your anaesthetist will determine the rate at which they want your epidural to run.



Spinal anaesthetic for some procedures your doctor/ anaesthetist may want to give you a spinal anaesthetic. This is where the doctor will administer morphine/ or fentanyl into your spine, depending on your procedure will depend on the area the pain relief will be injected. You will notice your legs start to feel heavy, then numb. 9 out of 10 patients experience itch after a spinal anaesthetic, this is due to the way the medicine interacts with the nerve endings, you will notice as the day progresses the itch will decrease. If you need something to relieve the itch you can ask the nursing staff and they can give you naloxone to help manage the itch. The spinal anaesthetic will provide pain relief for 12-18hrs.



Potential side effects

As with all medication there are some potential side effects that you may experience. Common side effects include:

- Nausea and vomiting
- Constipation
- Decrease in your blood pressure
- Drowsiness
- Dizziness/ light-headedness
- Rash
- Reflux
- Itch (after spinal morphine and after 2-3 days of Fentanyl PCA)

Non-pharmacological interventions

There are other ways to manage pain other than medication. Some other techniques include;

- Hot and Cold packs
- Physiotherapy
- Massage Therapy (by family/physiotherapy)
- Distraction techniques

The Ramsay Rule for Patient Safety

The Ramsay Rule is about keeping our patients safe by partnering with you and your family in care. Our commitment is to provide excellent care to our patients by focusing on your safety. The Ramsay Rule helps us to do this.

When to Activate the Ramsay Rule

Patients: When you are concerned about a change in your condition, feel that you may be getting worse or feel that your concerns have not been followed up.

Families & Carers: You are concerned that your loved one is looking unwell, getting worse or their behavior is unusual for them.

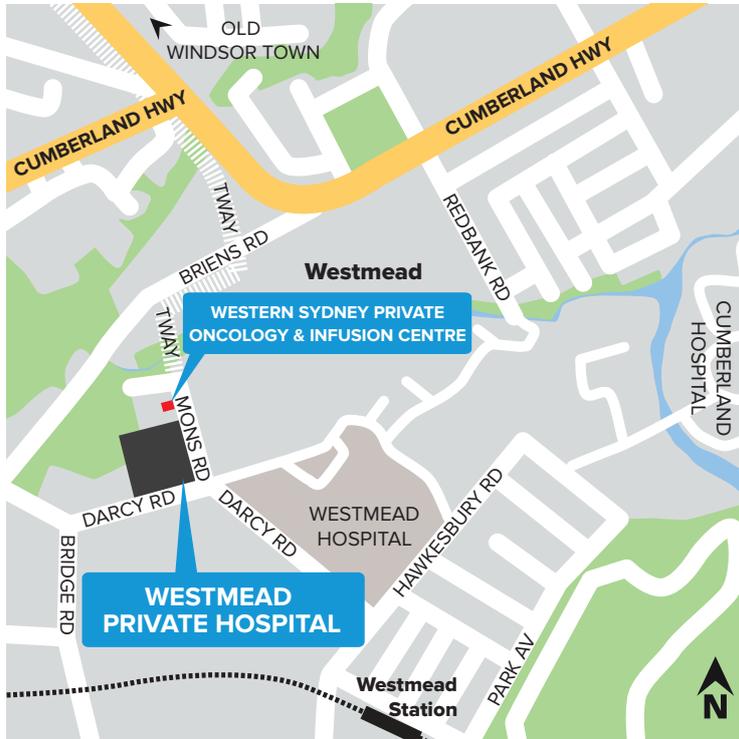
You know yourself or your loved one best. So if you are worried, follow these three simple steps to alert us of your concerns.

How to Activate the Ramsay Rule

Follow these steps to raise your concerns:

1. **Talk to the Nurse, Doctor or Midwife regarding your concerns;** and if you are not satisfied that your concerns have been addressed,
2. **Ask to talk to the Nurse in Charge of the shift;** and if you are still concerned then you or a family member or carer can,
3. **Activate the “Ramsay Rule” by ringing these phone numbers**
 02 8837 9137 between 7am & 3pm
 02 8837 9172 between 3pm & 7am

A Ramsay Rule nurse or doctor will talk to you and arrange a review of the patient.



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People caring for people.