Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Admission for Surgery

Patient Information

Pre-operative Assessment Unit

Name of your Pre-operative nurse:……..

Name of your Surgical operation:……

Name of your Surgeon:……

Date of your admission:……

Expected length of stay:……..days

The Patient Information Leaflets page on the Trust website is available on the link: https://www.wwl.nhs.uk/patient-information-leaflets or scan the QR code.

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Pre-operative Information

Thank you for attending your pre-operative assessment appointment. Preparing for your planned surgery before coming into hospital avoids delays on the day of your admission and reduces the risk of cancellation. The results of any tests and investigations completed today will be available in plenty of time and can also be re-checked if they are not within the normal range. Your pre-operative nurse will contact you if any test results are abnormal.

During your pre-operative assessment, your nurse will have discussed the following things:

Diet

Please ensure you eat a well-balanced diet prior to your surgery. Being overweight will increase the risks connected with having an anaesthetic, reducing your weight will help to reduce these risks. For more information, please telephone 01942 496496 or visit website at www.LWFG.co.uk. It is important to advise staff when you have had your bowels open as this can sometimes be affected by medication given to you during your stay.

Fasting

Please contact the ward you are to be admitted to between 6pm and 8pm the evening before your surgery for your fasting instructions. If your admission is on a Monday or Tuesday after a bank holiday, please ring on the Friday before. Please do not have any of the following after your fasting time: food, fluids, sweets, chewing gum, cigarettes, and alcohol.

You may drink clear still water until 6am.

Personal Hygiene

Please have a bath or shower on the morning of your operation. It is important that the area of your body which is to be operated on is clean and your skin is intact otherwise your surgery may be cancelled. Please do not shave your operation area. Please avoid gardening or sporting activity where you may get injury to your skin. Please avoid contact with animals or pets that may cause skin irritation or injury.

Please do not use talc, deodorant, hair products, make-up, perfumes, aftershave, body lotions, nail varnish, false nails, or jewellery when you come in for your operation.

You may keep your wedding ring on if you are having lower limb surgery.

Sleep Rest and Play

Staying physically active before your operation, will help you get better faster. It is important to take exercise and to continue with exercise after your operation.

Smoking

Smoking increases the risk of complications during and after surgery, increases the risk of anaesthetic and delays wound healing. As many smoke-free days as possible, prior to surgery will help to reduce these risks. Use this as an opportunity to stop or cut down. Advice and support are available from the following:

Healthy Routes **Telephone 01942 489012**

Text HUB to 61825 (normal network rates apply)

Visit www.healthyrouteswigan.co.uk

National NHS Smoke free Helpline - **Freephone 0300 123 1044**

A member of the preoperative assessment team or ward staff can refer you to the Stop Smoking Service and arrangements can be made to supply Nicotine replacement therapy.

Alcohol

Use this as an opportunity to stop or cut down. Men should not regularly drink more than 3-4 units of alcohol per day. Women should not regularly drink more than 2-3 units per day. Regularly means drinking every day or most days of the week.

You should also take a break for 48 hours after a heavy session to let your body recover.

National Advice is available from www.alcohol.gov.uk

Medication

It is important that you take all your routine medication, with a small glass of water, and inhalers on the day of your surgery. It is important to bring all your medications in with you on admission.

Vaccination Advice

Avoid 7 days before surgery:

- COVID
- FLU
- SHINGLES

IF YOU ARE UNSURE OF ANY OTHER VACCINATIONS, PLEASE CONTACT THE DEPARTMENT ON:

01257 256340 or 01257 256355

It may be necessary to stop certain medication for several days before your admission.

Please **stop** taking the following medication:

Date from:

Please ask the doctor when it is safe for you to start taking your routine medication. Please bring all your medication/inhalers with you on the day of your admission; in their original packaging with a prescription list (your GP should be able to provide a copy). Please bring enough medication to last you the duration of your stay; you will be informed at the pre-operative assessment clinic how long your stay will be.

Recreational Medication
Recreational medication must be avoided prior to your surgery. Please discuss this with your GP if you feel you need help. Please discuss this with the anaesthetist on the day of surgery.

Please let the hospital and your GP know as soon as possible if:

- You have developed a bad cough, cold, chest infection, fever, urinary infection or diarrhoea/vomiting
- You have a skin infection or a broken sore area of skin
- You do not want to have your operation
- You have been in contact with someone who is known to have MRSA infection (after your visit to pre-operative assessment clinic)
- Your symptoms have resolved
- You have any dental problems
- You have developed or been diagnosed with any new conditions
- You have been prescribed a course of antibiotic within 4 weeks of your operation date

If you cannot attend for any reason, please let the admissions department know as early as possible on **01257 256560**, as another patient may be able to benefit from your appointment.

Preparing for your discharge home

When you are discharged home following your surgery, please ensure:

- That you have arranged for a relative, friend or carer to collect you when you are discharged from hospital. We aim to discharge patients by 11am.
- If you are having a planned day case surgery with general anaesthetic, that a relative, friend or carer will collect you and stay with you for 24 hours following your surgery.
- That you do not drive a car, operate machinery, or drink alcohol for 48 hours following a general anaesthetic.
- That you have access to a telephone in case of an emergency following your discharge.
- That you have arranged support for yourself when you are discharged
- That you have arranged transport to bring yourself to hospital.

MRSA

You have been screened for Methicillin-resistant Staphylococcus Aureus (MRSA) today. If you are admitted to another hospital as an inpatient or come into contact with someone that has MRSA, please contact the admissions department.

CPE (Carbapenemase producing enterobacteriacea)

You will be screened for CPE if you have been in hospital for an overnight stay in the UK or abroad in last 12 months at listed hospital only.

Bone donation

If you are having a primary hip replacement, your pre-operative assessment nurse will ask you if you wish to donate your bone. If you are willing, a nurse will answer any questions you may have, and you will be asked to sign a consent form.

Bone Grafting

If you are having surgery that requires bone grafting, your consultant will discuss this with you at the time of your consent process.

Pre-operative assessment clinic contact details

Please contact this department if you have any concerns regarding your admission on **01257 256340 / 01257 256355** Email: wri.preoperativeassessment@wwl.nhs.uk

It is important that you follow the advice given by your pre-operative nurse carefully to help prevent your surgery being cancelled.

Confirming your admission

When you have received a letter regarding your admission for surgery, please confirm your acceptance by contacting the admissions department on the number on your letter.

Wound Care

Your local district nurse may need to change your dressings or remove stitches once you are discharged from our care. Please could you obtain the telephone number and fax number of your local district nursing service from your GP and bring it with you when you are admitted for surgery.

Your admission time and other information

If you are having a Total Hip or Knee Replacement Surgery a member of staff will contact you before your surgery to ensure that your health has not changed since your pre-operative assessment. If you require further blood tests and x-rays, you may need to be admitted the day before your surgery. We will advise you what time to arrive at the ward and what time you will need to fast from.

All other surgical procedures

All patients having surgery, please contact your allocated ward the day before admission between 6pm and 8pm. We will advise you what time to fast from and what time to arrive on the ward on the day of your surgery. **If your admission is on a Monday or Tuesday after a bank holiday, please ring the ward on Friday**.

D Ward 01257 256269

Ward 1 01257 256272

The day of your surgery

Fasting

It is important that you follow the fasting instructions given to you by the ward the day before your surgery. Please do not have any of the following after your fasting time: food, fluids, sweets, chewing gum, cigarettes and alcohol. You may drink clear still water until 6am.

Medication

Your pre-operative nurse or anaesthetist has advised you which medication you can take on the morning of your surgery. Please take your medication with a small amount of water. If you use pain patches, please do not remove them.

It is important that you follow this advice carefully as your surgery may be cancelled if you have taken the wrong medication.

Please bring all your medication/inhalers with you on the day of your admission, in their original packaging with a prescription list.

Personal hygiene

Please follow the advice given to you by your pre-operative assessment nurse and the instructions written in the pre-operative information section of this leaflet.

What to bring into hospital with you?
As storage space is limited, please pack sparingly in a small bag (like a sports bag), the following items:

- Recently washed warm dressing gown and full slippers and socks.
- Your overnight items only. (Please ask relatives to bring additional items when they visit).
- Your regular medications and inhalers and a written list of these with doses.
- Your Patient Information you were given at pre-op.
- If you hold x-rays or MRI scans or other recent investigations, then please bring these with you.
- Next of kin contact number.

Please do not bring valuables with you.

Your bag will be labelled with your name and kept safe.

What will happen?

Please arrive with only one relative, friend or carer who is welcome to stay for about 15 minutes if you require assistance. We prefer that your relative or friend does not stay because of privacy and dignity, infection control and limited space.

The nursing staff will take your blood pressure and check a few details, complete a theatre check list and apply your identification bracelet. It may also be necessary to take blood samples if you are having major joint surgery.

Your anaesthetist will see you before surgery to discuss your anaesthetic. Your surgeon will see you before your surgery to discuss your procedure and gain your consent.

When it is time for you to go to theatre, you will be asked to change into a theatre gown. Your clothes can be placed in your bag, and this will be kept secure.

A member of staff will accompany you to the theatre reception. Patients may be taken to theatre by bed, wheelchair, or walking, dependent on mobility. An identification check and theatre check list will be completed.

You may be then transferred onto a trolley before going into the anaesthetic room.

Following surgery

After your surgery you will be taken to the recovery unit. Visitors are not usually permitted within the recovery area, as it is located within the theatre complex and patients are regaining consciousness following their surgery.

After leaving the recovery unit

If you have had major joint operation, you will be taken to one of 3 inpatient wards, A, B or JCW. All other day case patients will return to the admission ward. There is a possibility that you may go to an increased dependency area (IDA) bed; this will be identified by the anaesthetist before your surgery.

Contact numbers

Ward A	01257 256276	**Ward 1**	01257 256272
Ward B	01257 256277	**JCW**	01257 256267
D Ward	01257 256269	**IDA**	01257 256261

We know that relatives and friends will be concerned about you, but it would help us if only one person telephones the hospital, then passes the news on to others. Please remind relatives that information about you can only be released with your consent.

Patients will be allocated to a bed by the patient flow team. Relatives can contact the patient flow team after 3.30pm on the day of surgery on 01942 778989. Patient flow will not be able to provide any surgical information.

Your mobility may be restricted following surgery, your surgeon will advise you when it will be safe to resume work and start to drive a car. **Driving following surgery and anaesthetic may invalidate your motor insurance; please contact your own insurer prior to resuming driving.**

On Discharge

Please be aware that the hospital has a multi-disciplinary discharge policy. This means that you may not be seen by your consultant before you are discharged home. The decision that you are ready to go home may be made by a registrar, a junior doctor, a practitioner, or a nurse prior to discharge. We aim to discharge you by 11am. Please arrange your transport to collect you.

Visiting times

Ward A, B, and IDA 2pm until 3pm and 6:30pm until 8pm.
JCW 1pm until 5pm and 6:30pm until 8pm **Afternoon visiting is not permitted on the day of surgery**.

Wards permit **two visitors only** at the bedside. Lots of visitors cause overcrowding by the beds, which can make you and other patients feel tired. It also does not comply with the hospitals infection control policy.

Please do not sit on patient's beds. **Visitors are advised not to visit if they have a heavy cold, diarrhoea, or vomiting. We also ask visitors not to bring flowers onto the wards in compliance with our infection control policy.**

Car parking

Public parking is available. Please take a ticket and pay on exit at the pay booths situated in the car parks. **There is no change machine for the car parks**, **so please make sure you have the correct change if you need to use the car parking facilities.**

Smoking and alcohol policy

With the aim of improving the health of patients and visitors attending hospital, the Trust operates a smoke free policy. Smoking is not allowed within the hospital grounds.

Refreshments

There are facilities available to purchase food and drinks within the hospital. Patients who eat a special diet are advised to bring some snacks which do not require refrigeration or heating with them for after their surgery.

Fire procedure

The fire alarm is tested weekly. At any other time, an intermittent alarm will sound if there is a fire somewhere else in the hospital and a continuous alarm will sound if there is a fire in your area. If you hear an alarm, do not leave the ward until advised to do so by a member of staff.

If you spot a fire, please alert a member of staff immediately. The fire alarm can be triggered by breaking the glass on the alarm point by the main door of the ward. Smoke detectors are also in place.

Laundry

We do not have facilities for patient's personal laundry and would appreciate it if you could plan for a relative or friend to do your laundry for you. If this is difficult, please let the nursing staff know.

Mealtimes

Mealtimes will vary slightly from ward to ward. You will receive more information about mealtimes upon arrival at the ward. There is a wide choice of meals including vegetarian and low-fat options and if you have any other special requirements, our catering staff will do their best to meet your needs.

Entertainment

There are radio headphones by each bed and the hospital radio station broadcasts each day. Communal televisions are provided on most wards. There is free Wi-Fi provided, although mobile telephone reception is intermittent.

Comments and suggestions

We value any feedback you may have regarding your admission experience using the comment card given to you prior to discharge.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

Call 111 first when it's less urgent than 999.

Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Fasting Prior to Surgery

Patient Information

Orthopaedics and Anaesthetics

The Patient Information Leaflets page on the Trust website is available on the link: https://www.wwl.nhs.uk/patient-information-leaflets or scan the QR code.

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How long do you fast before having surgery?

- You can have as much clear water as you want up to 2 hours before surgery
- Other clear fluids such as black coffee or tea without milk must also be stopped 2 hours before surgery
- All solids including fruit drinks with pulp and chocolates should be stopped 6 hours before
- Chewing gum and boiled sweets should be stopped 2 hours before
- When admitted onto the ward, you will be advised about allowable sips of water up to 170mls per hour prior to your surgery

Risks of not stopping solid foods 6 hours before surgery

- Your operation may be cancelled
- You may feel sick during and after anesthesia
- You may regurgitate food particles during anesthesia that may enter your airway (food aspiration)
- Aspirated food can cause pneumonia and make you unwell after surgery
- Your discharge from hospital may be delayed as a result of not adhering to fasting advise

Why is it important that you stick to these fasting rules?

- So that you feel well after surgery and recover better!

What if I restrict myself of fluids for longer than 2 hours?

Prolonged fasting can cause you complications such as:

- Dehydration
- Fatigue
- Increased nausea and vomiting
- Impaired kidney function
- Tendency to faint or feel dizzy when you first walk

When should I eat and drink following surgery?

To compensate for fluids lost during surgery, you should return to eating and drinking as soon as possible after surgery.

Your recovery may be supported with intravenous fluids in the first 24 hours and you may be given an extra 250mls either orally or intravenously before you first walk.

Reference

- Perioperative fasting in adults and children. RCN guideline (2005).
- Trust guidelines, Perioperative Fluid Fasting in Adults - Sip til Send (CG24-019)

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Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Wrightington – Total Knee Replacement Programme

Patient Information

Trauma and Orthopaedics Department

The Patient Information Leaflets page on the Trust website is available on the link: https://www.wwl.nhs.uk/patient-information-leaflets or scan the QR code.

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Introduction

On behalf of the Orthopaedic Team, we would like to wish you a warm welcome to Wrightington Specialist Orthopaedic Hospital.

Here at Wrightington Hospital, we have a long history and tradition in joint replacement surgery, having pioneered the first joint replacements in the 1960's. We now perform over 1000 knee replacements every year, using innovative advanced techniques to make your recovery quick and safe; helping you to get better sooner.

This information booklet aims to answer any questions you may have about undergoing total knee replacement surgery at our hospital. The booklet also aims to describe what you can expect from your knee replacement surgery and how specialist techniques can make you recover sooner.

We understand that you may feel nervous about surgery, but our orthopaedic team will answer any questions you may have on your visits before the operation, whilst you are an inpatient. Please do not hesitate to ask any member of the team for queries, concerns, or guidance.

We would estimate your hospital stay to be short; We aim to discharge you on the day of your surgery or the day after. You will meet a lot of the orthopaedic staff. Everyone works together to make your surgical experience as pleasant as possible whilst maintaining the highest quality of standards and care.

The Team

- Consultant Surgeon
- Orthopaedic Fellows, Registrars and Resident Doctors
- Anaesthetists
- Orthopaedic Practitioners
- Specialist Pain Management Nurses
- Ward Nurses
- Physiotherapists
- Occupational Therapists
- Therapy Assistants
- Theatre and Recovery Staff
- Pharmacists
- Radiographers

What is a Knee Replacement?

The operation replaces the worn part of the joint with an artificial one. The end of the shinbone and the upper part of the thigh bone are fixed into position, and a plastic insert is fixed between the two to allow the components to move. The kneecap can also be replaced at the same time, should your surgeon feel it is necessary. The different types of implants will be discussed with you at the time of consultation with your surgeon.

Alternative Treatments

A knee replacement is the best option for you due to the severity of your arthritis. This option will only be offered to you after other options have been tried and have not relieved your symptoms. This would include medication to relieve the pain, weight loss, if necessary, physiotherapy and exercise to reduce stiffness and improve muscle strength and the use of walking aids.

Benefits of Surgery

This type of surgery is normally carried out when the joint is very worn and severe pain restricts mobility. The benefits of surgery include:

1. Reduced pain

Most patients experience significant pain relief. It is normal to have some discomfort following surgery, but our techniques aim to make the surgery as comfortable as possible, in most cases allowing you to walk on the same day.

2. Improve stiffness

The new joint will have highly engineered metal or ceramic and plastic surfaces designed to allow the joint to move smoothly and freely. The aim would be for you to have less stiffness than before the surgery.

3. Increased mobility

With a combination of reduced pain and improvement in stiffness, your overall mobility is likely to be improved. This will help you return to a more active lifestyle.

Risk of Surgery

Knee replacement surgery is generally a very successful operation. 80% of patients are extremely satisfied with their result and gain an improvement in lifestyle. There are, however, risks and complications which can occur, some of which are listed on the following page.

Blood Clots

- Deep vein thrombosis (DVT) (Blood clot in the leg)
- Pulmonary embolism (PE) (Blood clot in the lung)

Blood clots can occur after any operation but are more likely to occur following lower limb orthopaedic operations. When these clots occur a blockage can develop in the veins of the

leg causing swelling, pain, and warmth. Swelling in the leg after surgery is very common and can take time to resolve. If there is any doubt, you should seek the advice of your doctor.

A blood clot in the lungs is termed a pulmonary embolus (PE). In rare circumstances (1 in 1000) this can cause death. Symptoms of a PE include shortness of breath, sharp chest pain and blood coughed up in your phlegm.

Preventative Measures

1. We now get patients moving as soon as possible following knee replacement surgery, usually on the same day. This has the advantage of increasing blood flow to the leg and maintaining the circulation.
2. Your individual consultant will instruct you regarding the use of elasticated stockings whilst in hospital.
3. We assess all patients' individual risk of blood clots as recommended by the National Institute for Health and Care Excellence (NICE). Following risk assessment, most patients are advised to take blood-thinning agents. You will be advised by your doctor or nurse on how to take this medication and for how long; it may be an oral or injectable medication.

Joint Infection

You will be screened for bacteria and methicillin resistant staphylococcus aureus (MRSA) before you come in for your operation to reduce the risk of infections. This enables any treatment to happen and reduce the risk of infection to you and to others. It is very important that there are no cuts, grazes, or wounds on your legs when you come for surgery.

It may be worthwhile considering avoiding activities such as gardening for a few weeks prior to your surgery.

We will also encourage you to lose weight, as being overweight significantly increases the chances of infection following surgery. We also encourage smoking cessation, as there is evidence that smoking increases your chances of infection, with the wounds take longer to heal.

During the operation you will be given intravenous (IV) antibiotics.
Your surgery will also take place in an advanced air-flow operating theatre, which helps reduce the bacterial levels.

Deep infection in an artificial joint is a very serious complication. It occurs in about 1% of patients. More commonly, patients can develop an infection on the skin surface, and occasionally, this can progress deeper. We take any infection seriously. If you have had a wound problem, **you should always let us know immediately via the Orthopaedic Practitioner helpline** using the number from the list at the back of this booklet. If necessary, we will inform your surgeon and arrange for you to be reviewed.

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL) currently takes part in Surgical Site Infection Surveillance. This is a structured process developed by Public Health England to monitor post-operative wound infections with particular attention given to orthopaedics and joint replacements.

As a Trust, we monitor all hip and knee surgical procedures, both first time and repeat procedures, for a full 12-month period following the date of operation. As an important part of your plan of care, we need to monitor the progress of your wound. At Day 14 after the operation, your wound should be healed. If you have sutures or clips, these will be removed by the Community Nursing Team or the General Practitioner (GP) Practice Nurse.

In the unlikely event that you develop a surgical site infection, your GP or nurse may be already treating the infection, but we would still like to be informed.

If a deep infection is not treated within the first few weeks, then repeat surgery may be needed. Early treatment can help reduce this risk.

Joint Loosening

Total knee replacements have a limited lifespan. They are mechanical devices which will eventually wear out. The younger and more active you are, the more likely you are to need a repeat operation in the future. Your surgeon will discuss these risks with you. Around 75% of knee replacements do not cause problems at 15 years following surgery.

Stiffness

Stiffness can occur following surgery, and a small proportion of patients end up with less movement than they had before the operation. Getting your knee moving soon after surgery with the aid of the Therapy Team will improve your rehabilitation and maximise your chances of having an excellent range of motion.

Fracture

There are occasions when a bone may break during this procedure. The risk is very low, and the majority of fractures are very minor and require no specific treatment. If treatment is necessary, fractures can be treated with plates or wires during your knee replacement surgery. Everyone gets a routine X-ray check after the operation. In rare circumstances a return to theatre may be necessary to fix the fracture.

Nerve Injury

It is common to feel some patchy numbness over the front of the knee after surgery. This is normally permanent but does not cause any serious problems.

There are several large nerves near the operation site, which both supply sensation and power to the leg muscles. Although rare, these can be damaged, but normally recover after a period of months. Occasionally the problems can be permanent, leading to pain, altered sensation and weakness of the limb.

Urinary Incontinence

Depending on your anaesthetic type or if you have individual risk factors, a bladder catheter may be inserted. A small number of people can develop urinary incontinence. This is normally temporary and resolves itself within a few hours of your surgery. If you have had a catheter inserted, this is removed within 24 hours after your operation.
Sometimes, reinsertion of the bladder catheter is necessary if you cannot pass urine. If this continues to be a problem, we will make you a referral to see a specialist urology doctor.

Persistent Pain

Knee replacement surgery is an excellent operation for arthritis.

However, 10% of patients are left with some minor discomfort, but this does not usually interfere with day-to-day activities. A much smaller proportion of patients remain very dissatisfied and have ongoing pain and discomfort. Some patients can develop complex regional pain syndrome, which while uncommon, may cause pain, swelling, stiffness and skin changes.

Revision (Repeat) Surgery

Sometimes, an operation may need to be done again for different reasons. This is usually many years after surgery but can happen soon after the initial operation. If this is necessary, your surgeon will discuss the issues with you.

Medical Problems

There is a small risk of developing a medical problem following surgery.

These problems include heart attacks, strokes, and pneumonia. There is also a small risk of dying associated with this type of operation. These risks will be discussed with you at the time of your consultation with the surgeon and Anaesthetist. If there are any concerns your doctors may transfer your care to another team for ongoing treatment.

Information Resource

The National Joint Registry (NJR) for England, Wales and Northern Ireland collects information on joint replacement surgery and monitors the performance of joint replacement implants. The Registry helps to monitor the performance of implants and the effectiveness of different types of surgery, improving clinical standards and benefiting patients, clinicians, and the orthopaedic industry. Please see their website for further information www.njrcentre.org.uk

Summary

Knee replacement surgery is usually a very successful operation, but as with any other surgery there are risks of complications, which may affect a small number of patients.

Outpatient Clinic

When you attend the outpatients clinic, your name will be added to the waiting list for your procedure. Your Consultant will work closely with the Admissions Team and Preoperative Assessment Team, to agree a suitable date for your surgery. Once this date has been agreed, you will be notified in writing.

You will be encouraged to **reduce weight if appropriate and stop smoking.**These two measures have been proven to lower complications following surgery. If there is availability and you have time, your surgeon will send you for pre-operative assessment on the same day as your outpatient clinic appointment. If you have complex medical problems, you may be required to see the Anaesthetist prior to surgery.

Preoperative Assessment

It is essential that you attend this appointment.

During this visit, you will undergo assessment to ensure you are fit for surgery. You will undergo simple checks on your heart and lungs and have blood tests taken. Skin swabs will be taken to test for MRSA.

You may require an X-ray and be asked questions about your medical history. It is important that you bring any relevant documentation and list of medications to this visit. If you are on blood thinning tablets e.g. aspirin, warfarin, clopidogrel or dipyridamole, please inform the nursing staff, as you may have to stop these before surgery. This would only be under the direction of a doctor.

If you have a long-term illness of the heart or lungs, or a metabolic condition (e.g.diabetes, thyroid), an Anaesthetist will examine you to ensure you are fit for surgery. It may be necessary for you to be seen by a specialist if you have a more serious health problem. If you are not considered fit for surgery, the operation will be cancelled.

You will receive an outpatient appointment with your Consultant, who will discuss alternative treatment options.
Please tell the doctor or preoperative assessment nurse if you are already taking the above medications for other reasons, or if you are taking another medication called pregabalin.

Therapy Preoperative Education

It is important that you attend the therapy preoperative education session or telephone consultation when invited. You will receive a letter about therapy preoperative education. If you have any concerns regarding equipment or managing after your operation, please call us. You will be provided information on:

- How to prepare for having your knee replaced
- What to expect during your hospital stay
- How to carry out daily living tasks immediately after your knee replacement and
- What to do once you are at home

A member of the therapy team will also be available to assess your social circumstances, discuss your home environment and how you manage with daily living tasks. This way, we can pre-empt any problems prior to your surgery, to enable your discharge from hospital to run smoothly.

It is important to practice the exercises shown or discussed with you during your education session. This will strengthen your muscles and aid recovery.

How long will I be in Hospital?

You will only be discharged home when you are medically stable and can manage safely. There is a range of discharge dates; some patients can be discharged on the same day as the operation (day 0), with most people going home the following day.

Admission

The day you are admitted will be the day you undergo surgery. Please follow the fasting guidelines, which you will have received from the preoperative assessment clinic or in the letter which you have received from our admissions department.

Reminder: Please ensure you have a bath or shower before you arrive at the hospital. We need you to be as clean as possible to reduce the risk of infection.

It is also important that you do not apply creams or make up after your bath or shower. If you shave your legs, please do not shave for at least three weeks prior to the operation. Shaving is known to increase infection rates in joint replacement, unless conducted immediately before the operation. It is not known whether hair removal creams increase infection risk, so these are best avoided.

You will normally be admitted on the morning of your surgery to either Ward D or to the Orthopaedic Admissions Unit (OAU) at Wrightington Hospital. Following your operation, you will be transferred to one of the orthopaedic wards. **Please do not bring too many possessions into hospital with you, as storage space is limited.** Bring well-fitting comfortable flat shoes and slippers to walk in. There may be some swelling in your foot after your surgery, therefore consider this when selecting suitable footwear; shoes without backs are not recommended. If your knee replacement is undertaken in the morning, we would hope that you are up, walking and dressed in normal clothes the same day.

On admission, the final checks prior to surgery will be undertaken. If your temperature is low, you may be warmed using blankets, as this has been shown to minimise the risk of infection. Occasionally, delays in theatre or unexpected changes to the operating list may mean you have to wait longer than anticipated. If this happens, you may be offered a drink, after discussion with your Anaesthetic Team. You may wish to bring reading material with you.

The Anaesthetic

When you are admitted onto the ward, you will be seen by the Anaesthetist, who will discuss your anaesthetic choices and post-operative pain relief with you.

Most patients will be recommended to have a spinal anaesthetic in combination with a light general anaesthetic or sedation.

The spinal anaesthetic involves a small injection of local anaesthetic between the bones of the lower part of the back around the nerves of the spinal cord. This causes temporary numbness and heaviness from the waist down and allows surgery to proceed without the patient feeling any pain. A light general anaesthetic or some sedation can then be used in combination to lower your awareness of theatre activity during the surgery.

This anaesthetic combination is preferred because it is safe, effective, and the full effects usually wear off very quickly following the surgery.

This allows most patients to make a rapid recovery with very few "hangover" side effects such as sickness, which can occur following a general anaesthetic. It also enables you to start moving your knee soon after surgery.

Because of the spinal anaesthetic, your bladder will be temporarily numbed. This can sometimes make it more difficult to pass urine immediately after surgery. A tube (catheter) can be inserted into the bladder to relieve this problem, but this is only performed if absolutely necessary, or if you have risk factors for urinary problems. From the start of the anaesthetic until the end of your operation, your Anaesthetist will stay with you for the whole time watching your condition very closely. Your heart rate, blood pressure and breathing are monitored, and

your body temperature is kept normal using a specialist warming blanket.

The Operation

You may have some awareness once in the operating theatre, depending on how much sedation you have decided to have. Some patients decide to remain completely awake. During your operation, the surgeon may inject high volumes of local anaesthetic into the tissues around the knee joint. This complements the spinal anaesthetic, and helps with your pain relief after the operation, allowing you to move the knee immediately. This technique normally provides excellent pain relief; however, you will be asked about your comfort levels regularly and will be offered extra pain relief if necessary.

Recovery

From the operating theatre you will be transferred into the recovery ward. The staff here will:

1. Check your general condition
2. Take your observations; pulse, blood pressure and oxygen levels
3. Check your wound dressing
4. Monitor your spinal anaesthetic
5. Assess your pain control

After a short time, you will return to your ward.

The ward staff will continue to monitor you and make sure you are comfortable.

Pain Relief

You will have regular pain relief prescribed. If you feel your pain relief is inadequate at any time, then you must let the ward nurses know, so they can help you to get more comfortable. We also have a dedicated team of pain nurse specialists, who may come to see you after your operation.

Exercises

It is essential that you commence the following exercises as soon as you can after your operation, and whenever you are resting, to help prevent blood clots.

Ankle Exercises

These should be done every hour for approximately 5 minutes or longer if possible. This helps maintain the circulation in your calf muscles. If you experience any pain or tenderness in the calf, please contact the nursing staff immediately. You may not initially be able to do the exercises until the spinal anaesthetic has worn off. This is normal and the movement will return in time.

Deep Breathing Exercises

This helps to keep your chest as clear as possible. Take 3 or 4 deep breaths. Try to breathe as deeply as possible, and after the last breath try to "huff" out the air. This may stimulate a cough. Some people may experience a productive cough after anaesthetic.

Exercise Programme

It is essential that you follow this programme regularly after your surgery.

We also advise that you start doing this programme BEFORE your operation, to help improve the movement and strength in your muscles.
The Physiotherapy Team on the ward after your operation will monitor your exercises and we encourage you to perform the programme independently at least **three times per day.** It is very important that you continue to do these exercises when you leave hospital to get the very best result possible for you.

Straightening Exercises

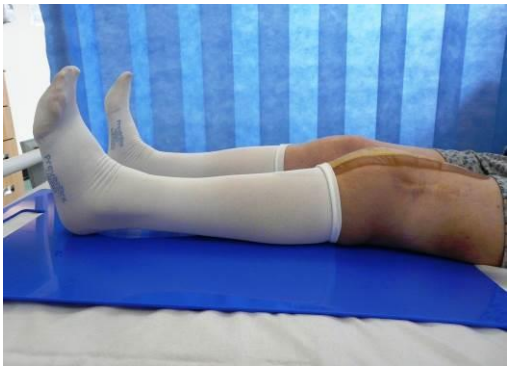
1. With your leg straight out in front of you, tighten the muscles at the front of your thigh, pushing the knee down. Hold the contraction for 3 seconds and repeat 10

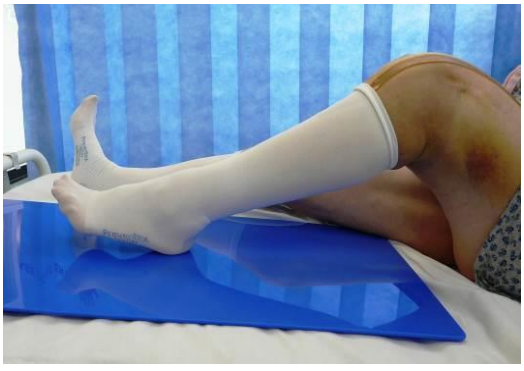
times.

2. Do the same as exercise 1 but put your heel on a block or pillow.

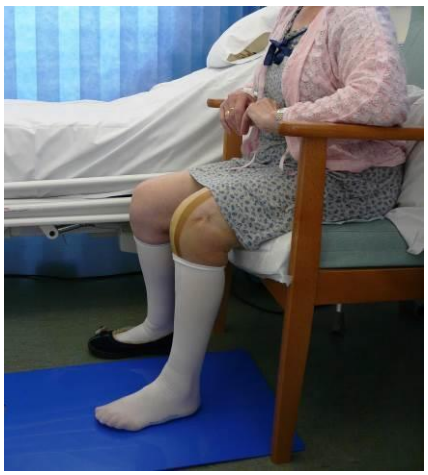
Bending Exercises

3. With a sliding board / plastic bag under your heel, slide your heel up towards your bottom. Hold on maximum bend for 5 seconds and then release.





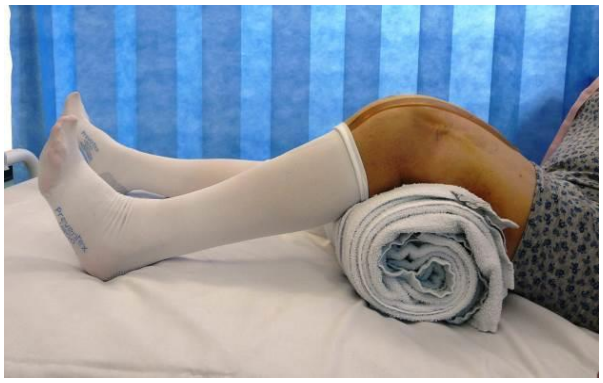
4. Sitting in a chair with your foot on the ground, slide your foot firmly towards you and



hold for 3 seconds.

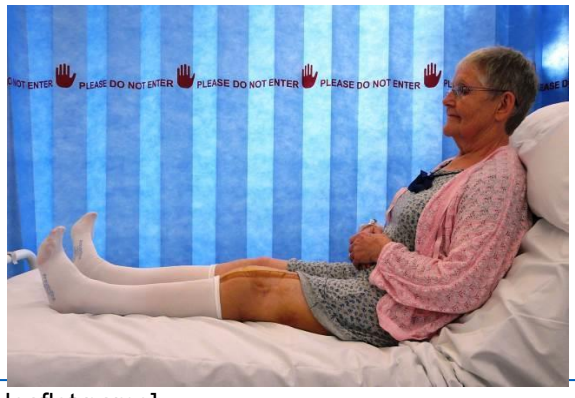
Strengthening Exercises

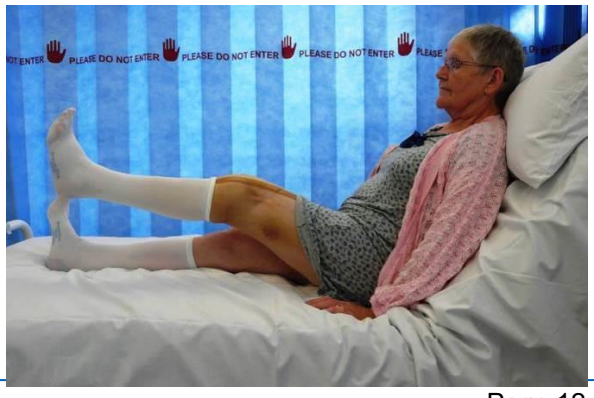
5. Sit with a rolled-up towel under your knee. Keep your knee down on the towel and raise your heel off the bed. Straighten your knee as far as possible and hold for 3 seconds. Slowly lower your heel back down to the bed.



6. Squeeze your buttocks firmly together, hold for 3 seconds, then relax. Repeat 10 times, at least 3 times a day.

7. Sit with your leg out straight. Tighten the thigh muscles; lift your whole leg about 15 cm off the bed. Hold for 3 seconds and slowly lower down.





If you have a problem with your hip, or have had previous hip surgery, this exercise might not be appropriate. Please speak to your physiotherapist for advice.

Mobility

As a rule, you will be allowed to walk either the same day or the day after your operation. Do not worry if this is not the case for you. You will be told as soon as possible when you will be able to get up.

You will be instructed on the use of crutches / walking aid and the correct way to walk. Once assessed by the Therapy Team, you may walk with another member of staff.

The aim is to help you regain independence with the crutches / walking aid as quickly as possible, allowing you to walk with minimum supervision or independently as soon as you are able to do so.

However, it is important to understand that everyone is different and that the appropriate amount of help will be given to you according to your needs.

Cryotherapy (ICE)

We advise that you regularly apply cold therapy to your knee following your operation. Important things to consider:

- Don't have the cold source in direct contact with your skin
- Don't ice for longer than 20 minutes and ensure the ice comes off for at least 30 minutes before being re-applied

Stairs

Once you are walking well, you will be taught how to manage stairs or a step (according to your needs).

- Take one step at a time
- **Going upstairs**: use the banister on one side and the crutch / stick on the other side. Leading with your non- operated leg, first place your foot on the step; then with your operated leg, place your foot on the same step, and lastly your crutch / stick

• **Going downstairs**: use the banister on one side and the crutch / stick on the other side. Place your crutch / stick first on to the step, then your operated leg onto the step, and then the non-operated leg onto the same step

• **Steps without rails or kerbs**: as above. but use both crutches / sticks together

Day of Surgery (day 0) - on the Ward

You may be encouraged to get up a few hours after your return to the ward. This will initially be with the help of the Therapy Team and nursing staff, who will show you how to walk.

The walking sequence should be:

- Move your walking aid
- Step forwards with your operated leg
- Step forwards with your un-operated leg

You will then be encouraged to sit in a chair and wear day clothing.

Easily fitting and comfortable clothes are best. You will also be encouraged to return to normal functioning, including completing your exercises independently throughout the day.

Post-operative Day 1

You will usually get dressed into your normal clothes. Please bring easy-fitting clothes and well-fitting slippers when you are admitted.

Routine pain relief and any other drugs you may take will be given.

Assistance with moving round and dressing will also be given.

You will be visited on the ward by the Therapy Team, including weekends.

The Therapy Team will complete all necessary assessments with you including bed / toilet transfers and stairs if needed. The team will aim to discharge you home at this stage.

Remember: It is important you also exercise independently.

Discharge Criteria

However long your hospital stay, you will need to meet several goals before you are discharged home:

The Aquacel wound dressing must be intact; this should remain on until Day 14 after surgery. You may shower with this dressing in place.

- Walking independently with crutches / walking aid
- Getting in / out of bed and on / off the chair / toilet by yourself
- Being able to get up / downstairs if required at home
- Making satisfactory progress in straightening and bending your new knee
- Making satisfactory progress in strengthening the muscles in your surgery leg
- Having an X-ray of your new joint
- Having all the equipment / help necessary at home

Getting In and Out of a Car

- Ask your driver to push the seat all the way back and recline it slightly
- If needed, use a small cushion to make the seat level
- Putting a plastic bag on the seat, as this can help you slide and turn into position
- Back up to the car until you feel it against the back of your legs
- Carefully lower yourself onto the seat, keeping your operated leg straight out in front of you as you sit down
- Slide across the seat towards the handbrake, to give you sufficient room to get your legs into the car
- Turn towards the dashboard, reclining backwards as you lift your operated leg

into the car

- To get out of the car, reverse this procedure

Follow-up

Although you have been discharged from hospital having made satisfactory progress following your operation, we are still here to support your recovery should you need us. If you have any concerns regarding your recovery, or if you think you may be developing a problem, please contact the helpline; they will be able to offer advice, arrange additional support, or organise a review if required. It is particularly important that you contact us if you are concerned about your wound.

Monday to Friday: 8am until 4pm

Orthopaedic Practitioner Helpline number: 01257 256372

Therapy Helpline number: .....01257 488282 (answerphone)

SSIS Nurse (Wound Surveillance): 01257 488233

Out of these hours please contact the ward where you had your operation:

Orthopaedic Admissions Unit (OAU):.....01257

256219 Ward D:.....01257

256269

Ward A:.....01257 256276

Ward B:.....01257 256277

John Charnley Wing:.....01257 256265 / 256267

REMINDER: please seek advice if you notice any excessive bleeding. or any difficulty with breathing. If you become urgently unwell, please call 999.

You will also have a clinic appointment approximately 6 weeks after your surgery. You will often be seen by the Arthroplasty Practitioner at this point. This is to ensure you are progressing well and to answer any questions you may have. If for any reason you do not receive an appointment through the post, or if you have a problem with your Outpatient appointment, please contact us on the telephone numbers above.

You will routinely have a physiotherapy follow-up appointment, which is arranged in discussion with the ward-based Therapy Team. It is important to continue your exercises at home.

Once at Home

Please remember you have undergone major surgery, and your recovery can take up to 12 months. It is important that you follow these guidelines when you return home:

- Continue to take painkillers as prescribed
- Use your crutches / walking aids as directed. The length of time these are needed may vary. Your healthcare practitioner or surgeon will inform you of how long to remain on both crutches. When it is time to gradually wean yourself off your aids, do so as your leg becomes stronger, and your confidence increases. If you are using two crutches / sticks and you wish to try with one, always use it on the opposite side to your operated leg
- Your operated leg will feel stiff each morning when you wake up. Do not worry about this; the stiffness should wear off in time. Always exercise to achieve the bend that you had the previous day, then add a little more
- Gradually try to increase your walking distance. Walk frequently throughout the day
- Avoid crossing your legs, as this might hinder your circulation
- Avoid sleeping with a cushion or pillow under your knee, as this will cause extra stiffness and make it more difficult for you to the straightening required
- Wear sensible footwear
- Avoid kneeling on your operated knee until after you have seen your surgeon at follow - up clinic
- A healthy diet and not smoking will help promote wound healing and overall recovery

Frequently Asked Questions

Why have I still got swelling?

It is normal for healing tissues to be swollen. The swelling may last for many months. When you take a step, the calf muscle works to help pump blood back to the heart. If you are not putting full weight on your leg, the pump does not work as well and you may get swelling around the ankle, especially at the end of the day. You may also find that bruising starts to come out in the first few weeks after surgery. This is normal.

Do your circulation exercises often. When resting, keep the leg elevated, ideally above the level of your heart. Using some ice may help reduce the swelling around the knee, but avoid applying directly to the wound. Always avoid direct skin contact.

Why is my scar warm?

When tissues are healing, they produce heat. This can be felt on the surface for many months.

How long will I have pain for?

It is likely that you may continue to experience some discomfort for several weeks. If the pain is not well controlled, please inform your GP or call the helpline.

Why do I get pain lower down my leg?

While the tissues are settling, it is quite common to get referred pain into the shin or behind the knee.

Is it normal to have a disturbed night's sleep?

As with sitting when you are in bed, your knee may stiffen up and the discomfort may wake you. It is not advisable to sleep or lie on either side in the early stages of recovery. When you do lay on your side, place a pillow between your knees for added comfort.

Is it normal to have numbness around my scar?

Small nerves are disrupted during the surgery, which can cause numbness around the incision. This should resolve but may leave a small area of permanent numbness.

Why does my joint click?

Your new knee works in a different way. The clicking should improve as recovery continues. Some patients may always be aware of some minor clicking.

When can I drive?

You should usually wait 6 weeks before driving. Before you consider driving, you must feel confident that you have sufficient movement and strength to perform an emergency stop. You should also inform your insurance company that you have had an operation before you drive again.

Can I go swimming?

You should not swim for the first 6 weeks, and your wound should be fully healed.

When can I return to the gym?

This will depend on your previous level of experience and fitness. Low impact activities such as cycling, treadmill walking, and swimming are recommended when the soft tissues have healed, and the muscles are strong enough to protect the new joint. High impact activities, such as sports and running, should be avoided until after your consultant clinic review.

Will I set off the security scanner alarm at the airport?

Your joint may set off the alarm, depending on the type of metal it is made of. Your metal walking aids will also be x-rayed. It is not normally advisable to fly within 3 months of your surgery, as flying increases the risk of a DVT. If you are considered to be high risk for DVT, you should get advice from your consultant or GP. They may recommend you delay your trip. You should also check that your insurance policy provides adequate cover.

Myrecovery

We use an app called myrecovery for pre-and-post operative information. If you are provided with log in details, please use the app for all relevant information and useful

resources compiled to help you before and after your operation.

Additional telephone numbers

WWL Main Switchboard:.....01942 244000 Admissions:.....01257 256211

Preoperative Assessment Clinic: 01257 256340

Physiotherapy: 01257 256307

Occupational Therapy:.....01257 256306

Outpatients Department: 01257 256295

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

Call 111 first when it's less urgent than 999

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VETERAN AWARE

NHS
Wrightington, Wigan and Leigh
NHS Foundation Trust

Don’t let your skin be the reason your operation is cancelled!

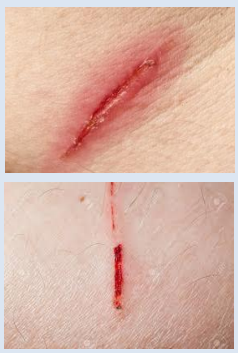
Every year, thousands of planned operations are cancelled in the NHS. One common reason for this is the condition of your skin – a problem which can often be avoided.

Your skin is essential for keeping bacteria out of the bloodstream which can lead to infections and cause problems with your new hip, knee or other implant.

This is why it is important for you to avoid cuts, grazes or even insect bites before your operation as these could all lead to your operation being cancelled on the day.

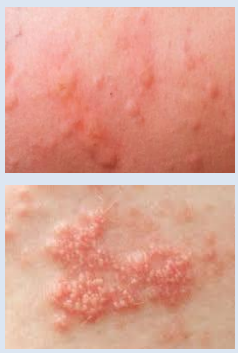
What to look out for:

Cuts or wounds

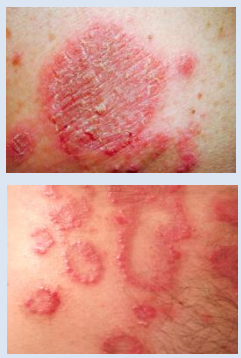


Scratches / grazes

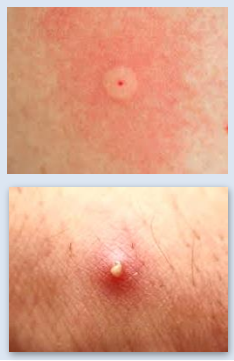
Rashes



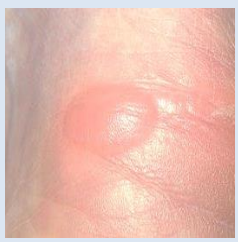
Eczema / Psoriasis



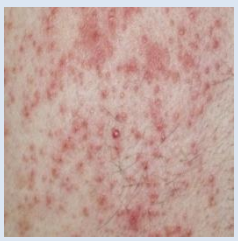
Bites / Spots



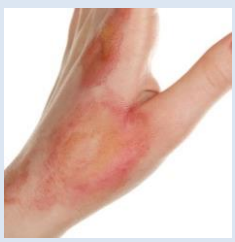
Blisters



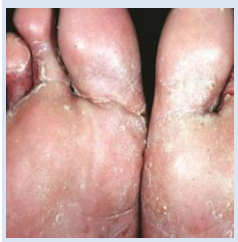
Dermatitis



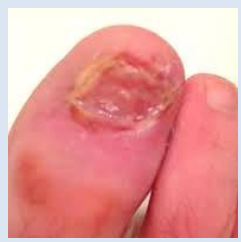
Burns / Scalds



Athlete’s Foot



Fungal Nail
Wet / weepy / inflamed



If you notice any of these skin conditions before your operation, it’s vital that you contact us to let us know.

Our specialist team will be able to discuss your concerns and decide if it is necessary for you to attend another assessment or provide advice about management of your condition. This will reduce the likelihood of your operation being cancelled on the day of surgery.

If you have any concerns about your skin, please contact our nursing team on: 01257 256340

The WWL Way

Royal College of Anaesthetists

Association of Anaesthetists

Trusted Information Creator
Patient Information Forum

You and your anaesthetic

This leaflet gives information on what to expect when having surgery with anaesthesia. It has been written by anaesthetists working together with patients and patient representatives. It also shows you where to find other information that might be helpful.

Contents

This leaflet explains:

- the different types of anaesthetics
- what happens before the operation
- how to discuss risks and options with your anaesthetist
- how to prepare for surgery
- what happens on the day of the operation
- what happens after the operation
- where to find more information.

What is anaesthesia?

Anaesthesia stops you feeling pain and unpleasant sensations. It can be given in various ways and does not always mean that you are asleep.

There are different types of anaesthesia, depending on the way they are given:

Local anaesthesia involves injections that numb a small part of your body and are normally used for relatively minor procedures. You stay conscious but free from pain. This is commonly administered by the surgeon undertaking the operation.

Regional anaesthesia (for example, a spinal, epidural or nerve blocks) involves injections that numb a larger or deeper part of the body. You stay conscious or receive some sedation, but are free from pain. For some surgery you may be aware of pressure sensations.

General anaesthesia is medication that gives a deep sleep-like state. It is essential for some operations and procedures. You are unconscious and feel nothing. Drugs for a general anaesthetic are usually given into a vein or breathed in as a gas, or a combination of both.

Sedation is medication that makes you feel sleepy and relaxed. You will not be completely asleep and you may be aware of your surroundings.

Sedation is often used with a local or regional anaesthetic. Sedation may be light or deep depending on the procedure and you may remember everything, something or nothing after sedation.

For more information about sedation, please see our **Sedation explained** leaflet which is available on our website: rcoa.ac.uk/patientinfo/sedation

More information on the different types of anaesthetics can be found at rcoa.ac.uk/patientinfo/leaflets-video-resources

About anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss with you the types of anaesthetic that are suitable for your operation
- if there are choices available, will help you choose and discuss the risks, benefits and alternatives with you
- agree a plan with you for your anaesthetic and pain control afterwards
- give your anaesthetic and are responsible for your safety and wellbeing throughout your surgery and in the recovery room.

You may also meet other highly trained healthcare professionals. Read more about these roles and the anaesthesia team on our website: rcoa.ac.uk/patientinfo/anaesthesia-team

The preoperative assessment clinic (preassessment clinic)

If you are having a planned operation, you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will telephone you or you may be asked to fill in a questionnaire.

Please bring with you:

- a list of the medications that you are taking or bring your medicines in their full packaging (you can get a copy of this list from your pharmacist or GP)
- details of any hormonal contraceptives (tablets or other forms) that you are taking
- details of any herbal remedies that you are taking
- any information you have about tests and treatments at other hospitals
- information about any problems you or your family may have had with anaesthetics
- any recent blood pressure measurements.

It's important to have your blood pressure checked at your GP surgery as soon as you know you are going to have an operation. If your blood pressure is high, treatment can be started well ahead of the operation to avoid delays with your surgery.

Nurses at the clinic will:

- ask you in detail about your activity and any physical and mental health problems
- ask you about allergies and reactions (please bring details)
- make an accurate list of the medicines you take, including long-term painkillers
- ask you if you smoke, drink alcohol or take recreational drugs
- weigh you and measure your height
- take your blood pressure and check your heart rate and oxygen levels

- listen to your heart and chest if required
- arrange any blood tests as needed
- perform an electrocardiogram (ECG) to check your heart if necessary
- take a skin and/or nose swab to check for any infection
- advise you on what medication you should take on the day of your surgery and what pain relief you should have ready at home for your recovery
- give you information about the procedure and any risks
- give you information about when to stop eating and drinking.

They may also give you information about blood transfusions if they think you may need one.

Blood transfusions are always avoided unless necessary. You can also find information about them on the NHS website: nhsbt.nhs.uk/what-we-do/blood-services/blood-transfusion

Please read our leaflet **Anaesthesia explained** if you would like to read more detailed information about anaesthesia: rcoa.ac.uk/patientinfo/anaesthesia-explained

Meeting your anaesthetist

You may meet with an anaesthetist at the preassessment clinic. Otherwise, you will meet your anaesthetist in the hospital on the day of your surgery. They will discuss the type of anaesthetic you can have, including benefits, risks and your preferences, and you will decide together which anaesthetic is best for you.

However, not all types of anaesthetic are appropriate for all types of operations.

If there is a choice of anaesthetic, the decision on which to use will depend on:

- the operation you are having
- any medical problems and your specific risks
- your preferences and the reasons for them
- the recommendation and particular skills of the anaesthetist
- the equipment, staff and resources at the hospital.

Risk and shared decision-making

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. Risks will vary between individuals and will depend on the procedure and anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you. They will only discuss less common risks if they are relevant to you.

If you wish to read more detail about risks associated with anaesthesia, please visit: rcoa.ac.uk/patientinfo/risk

Shared decision-making

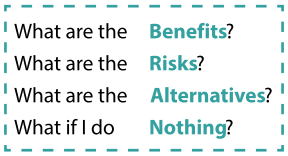
Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.

Find out more at: england.nhs.uk/personalisedcare/shared-decision-making

Here are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:



Choosing Wisely UK BRAN framework

Use this as a reminder to ask questions about treatment.
https://bit.ly/CWUK_leaflet

NHS ask three questions

There may be choices to make about your healthcare.
https://bit.ly/NHS_A3Qs

The Centre for Perioperative Care (CPOC)

CPOC has produced an animation to explain shared decision-making.
cpoc.org.uk/shared-decision-making

Questions you might like to ask

If you have questions about your anaesthetic, write them down (you can use the examples below and add your own in the space below). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the telephone or see them in a clinic.

1. **Do I have any special risks from the anaesthetic?**
2. **Will the anaesthetic affect my recovery after surgery?**
3. ...

4 ...

5 ...

6 ...

7 ...

Preparing for the operation

Fitter patients who are able to improve their health and lifestyle recover from surgery more quickly and with fewer complications.

There is much you can do to prepare yourself for an operation. Even small changes can make a big difference. You might want to increase your levels of physical activity and improve your diet. If you drink or smoke, you should consider cutting back or even stopping.

If you have a long-standing medical problem, check with your GP surgery whether there is anything you can do to improve it well ahead of the surgery.

Our **Fitter Better Sooner** resources will provide you with the information you need to become fitter and better prepared for your operation. Please see our website for more information: rcoa.ac.uk/fitterbettersooner

On the day of your operation

The hospital should give you clear instructions about when to stop eating and drinking. These instructions are important. If there is food or liquid in your stomach during your anaesthetic, it could come up into your throat and lungs and endanger your life. However, you will be allowed to sip clear liquids up to two hours before the surgery.

If you have diabetes, please check with your hospital about when to stop eating and drinking and how you should take your medication on the day of your operation.

If you are a smoker, you should not smoke on the day of your operation, because this reduces the amount of oxygen in your blood. You should also not vape.

If you are on medication, you should follow the specific instructions from the preoperative assessment team about how to take them on the day of the operation. You will be allowed a sip of water to take any tablets as needed.

If you take any 'blood-thinning' drugs such as warfarin, clopidogrel or rivaroxaban, you will need to discuss with your consultant or the preoperative assessment team whether or when you should stop taking them. They will look at any risks of bleeding and risks of stopping the treatment, and make a plan with you. Your nurse will give you clear instructions before your surgery.

If you feel unwell when you are due to come into hospital, please telephone the ward for advice.

Please remove nail varnish, false nails or gels before coming to the hospital. This ensures that the clip on your finger to measure oxygen levels works well during your anaesthetic.

Getting ready for your operation

Your nurse will give you a hospital gown to wear and discuss what underwear you may wear.

You might be asked to wear elastic stockings to reduce the risk of blood clots in your legs.

Your nurse will attach identity bands to your wrist or ankle and, in some hospitals, an additional band if you have any allergies.

Premedication (a 'pre-med') is sometimes given before some anaesthetics. Pre-meds prepare your body for surgery – they may start off the pain relief, reduce acid in the stomach or help you relax.

A nurse will carry out a pregnancy test on a urine sample if you are a woman of childbearing age. This is standard practice.

You should remove jewellery and/or any decorative piercings. If you cannot remove it, the nurses will cover it with tape to prevent damage to it or to your skin. A wedding ring can usually be worn.

You may be offered a small drink of water.

When you are called for your operation

- A member of staff will go with you to the theatre.
- You can usually wear your glasses, contact lenses and hearing aids, and dentures until you are in the anaesthetic room. You may be able to keep them on if you are not having a general anaesthetic.
- If you are having a local or regional anaesthetic, you may be able to take your own electronic device, with headphones to listen to music (check with your nurse beforehand).
- You may walk to theatre, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can wear your own dressing gown and slippers.

Routine checks will be done as you arrive in the operating department before the anaesthetic starts. You will be asked your name, your date of birth, the operation you are having, where on your body you are going to have the surgery, when you last ate or drank and if you have any allergies. These checks are routine in all hospitals.

Starting the anaesthetic

Your anaesthetic may start in the anaesthetic room or in the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will connect monitors to measure your heart rate, blood pressure and oxygen levels, and any other equipment as required.

A cannula, a thin plastic tube, will be inserted in a blood vessel on the back of your hand or arm. This will be used to give the anaesthetic and any other drugs required during and after surgery. If you are feeling anxious about having a cannula inserted, you may be able to have a local anaesthetic cream to numb the area.

General anaesthetics

- Anaesthetic drugs are injected into a vein through the cannula. This method is generally used to start the anaesthetic and also to give other medications during surgery. You may also be given oxygen through a mask.
- After you are asleep, a breathing tube will be inserted to give oxygen and anaesthetic gases if required. The breathing tube will be removed before you wake up.

More information is available in the leaflet **Your airway and breathing during anaesthesia**: rcoa.ac.uk/patientinfo/leaflets-video-resources

Regional anaesthetics

If you are having a regional anaesthetic, the following will happen:

- your anaesthetist will ask you to keep still while the injections are given. They may use a special ultrasound machine to place the local anaesthetic. You may notice a warm tingling feeling as the anaesthetic begins to take effect
- your operation will go ahead only when you and your anaesthetist are sure that the area is numb. They will do several tests to make sure that the anaesthetic is working
- you will remain alert and aware of your surroundings, unless you are having sedation. A screen will stop you seeing the operation unless you want to and the theatre team agrees that you can watch
- a member of the anaesthetic team is always near to you and you can speak to them whenever you want
- you may also be able to listen to music with headphones during the procedure.

The recovery room

After the operation, you will usually be taken to the recovery room, a special ward close to the operating theatre where you will be closely monitored as you recover from the anaesthetic. Recovery staff will make sure that you are as comfortable as possible and give any extra medication that you may need. When they are satisfied that you have recovered safely from your anaesthetic and there is a bed available, you will be taken back to the ward.

Pain relief after surgery

The type and amount of pain relief you will be offered will depend on the operation you are having and your pain levels after the operation. Some people need more pain relief than others.

Generally, some degree of pain or discomfort should be expected during your recovery. Stronger painkillers can be very good at relieving pain, but may have side effects, like nausea, constipation and addiction in the long term.

You may be offered the following types of pain relief:

- **pills, tablets or liquids to swallow** – these are used for all types of pain. They typically take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.

- **injections** – these may be intravenous (through your cannula into a vein for a quicker effect) or intramuscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work).
- **patient-controlled analgesia (PCA)** – this involves a machine with a push button which, when pressed by you, delivers a small dose of strong pain killer directly into your cannula or drip. It is programmed to ensure that you cannot give yourself an overdose. A PCA puts you in direct control of your own pain relief.
- **local anaesthetics and regional blocks including spinals and epidurals** – these types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in our leaflets **Epidural pain relief after surgery**, **Your spinal anaesthetic** and **Nerve blocks for surgery on the shoulder, arm or hand**: rcoa.ac.uk/patientinfo/leaflets-video-resources

Pain relief after leaving hospital

Although you may be given a supply of painkillers when you leave the hospital, it is sensible to buy some over-the-counter painkillers to have ready at home. If you are still needing them two weeks after discharge from the hospital, you should get in touch with your GP to discuss this further.

You may be prescribed painkillers containing opioids after your operation. It is important that you reduce and then stop these medications as soon as possible because their continued use can cause you significant harm.

You can find more information on opioids on the Faculty of Pain Medicine website: fpm.ac.uk/opioids-aware/information-patients

Going home and when to ask for help

You will not be able to drive after surgery, so you should arrange for a taxi or someone to pick you up.

Before being discharged you will be given information on any exercises you should do to help you recover and information on how to look after your wound.

You should contact your GP or the hospital where you had your surgery if:

- you have severe pain or your pain increases
- you develop pain and swelling where you had the surgery
- you experience chest pain or breathing difficulty
- you have any concerns that are not covered in the discharge information that you will have been given by the hospital.

If you feel very unwell, you should go to your nearest emergency department as soon as possible.

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For full details, please see our website: rcoa.ac.uk/patientinfo/resources#disclaimer

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rcoa.ac.uk/patientinfo/leaflets-video-resources

Tell us what you think

We welcome suggestions to improve this leaflet. Please complete this short survey at: surveymonkey.co.uk/r/testmain. Or by scanning this QR code with your mobile:

If you have any general comments, please email them to: patientinformation@rcoa.ac.uk

Royal College of Anaesthetists
Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1500

rcoa.ac.uk

Sixth Edition, April 2023

This leaflet will be reviewed within three years of the date of publication.

Your spinal anaesthetic

This leaflet explains what to expect when you have an operation with a spinal anaesthetic.

It has been written by anaesthetists, patients and patient representatives, working together.

Contents

This leaflet explains:

- what a spinal anaesthetic is
- when it is used
- why you could benefit from having one for your operation
- how it works and what you can expect
- risk and shared decision-making.

What is a 'spinal'?

For many operations, it is usual for patients to have a general anaesthetic. However, for operations below the waist, it may be possible for you to have a spinal anaesthetic instead. This is when a local anaesthetic is injected into your lower back (between the bones of your spine). This provides anaesthesia from the waist down so that you do not feel any discomfort during the operation. With a spinal anaesthetic you can stay awake during the procedure.

Typically, the effects of a spinal anaesthetic last for a few hours. Other drugs may be injected at the same time to help with pain relief for many hours after the anaesthetic has worn off.

During your spinal anaesthetic you may be:

- fully awake
- sedated – with drugs that make you relaxed or drowsy, but you will not be completely asleep and you may be aware of your surroundings.

For some operations a spinal anaesthetic can also be given before a general anaesthetic to give additional pain relief after your operation.

Many operations on lower parts of the body are suitable for a spinal anaesthetic, especially those involving keyhole surgery.

A spinal anaesthetic can often be used on its own or with a general anaesthetic for:

- general surgery, for example, hernias, haemorrhoid surgery (piles) and operations on the bowel
- orthopaedic surgery on joints, such as hip and knee replacements, or bones of the leg
- vascular surgery: operations on the blood vessels in the leg
- gynaecology: prolapse repairs, hysteroscopy and some types of hysterectomy

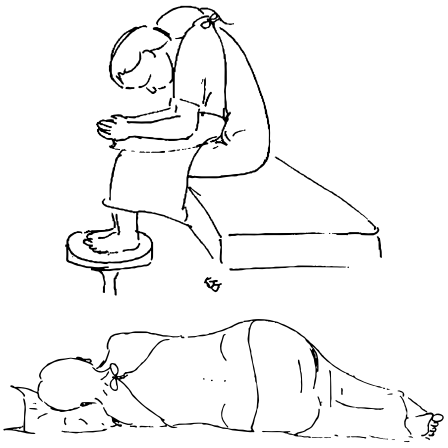
- urology: prostate surgery, bladder operations, genital surgery
- cancer surgery in the abdomen (tummy).

Why have a spinal?

Depending on your personal health, there may be benefits to you from having a spinal anaesthetic. Your anaesthetist will discuss this with you and help you make a decision about what will be best for you.

The advantages of having a spinal compared with having a general anaesthetic may be:

- a lower risk of a chest infection after surgery
- a lower risk of developing blood clots in the legs
- less negative effect on the lungs and the breathing
- good pain relief immediately after surgery
- less need for strong pain-relieving drugs that can have side effects
- less sickness and vomiting
- earlier return to drinking and eating after surgery.



How is the spinal performed?

- You may have your spinal in the anaesthetic room or in the operating theatre. You will meet the anaesthetic assistant who is part of the team that will look after you.
- The anaesthetist or the assistant will connect monitors to measure your heart rate, blood pressure and oxygen levels and any other equipment as required.
- Your anaesthetist will first use a needle to insert a thin plastic tube (a 'cannula') into a vein in your hand or arm. This allows your anaesthetist to give you fluids and any drugs you may need.
- You will be helped into the correct position for the spinal.
- You will either sit on the edge of the bed with your feet on a low stool or you will lie on your side, curled up with your knees tucked up towards your chest.
- The anaesthetic team will explain what is happening, so that you are aware of what is taking place.
- Local anaesthetic is injected first to numb the skin and make the spinal injection more comfortable. The anaesthetist will give the spinal injection; you will need to keep still for this to be done. A nurse or healthcare assistant will usually support and reassure you during the injection.
- Sometimes a urinary catheter (a flexible tube to drain urine from your bladder) may be required. If you need one, it will be inserted after the spinal has started working.

What will I feel?

A spinal injection is often no more painful than having a blood test or a cannula inserted. It may take a few minutes to perform, but can take longer, particularly if you have had any problems with your back or if you have obesity. A few attempts may be required in some cases.

- During the injection you may feel pins and needles or unusual sensation in one of your legs – if you do, try to remain still and tell your anaesthetist.
- When the injection is finished, you will usually be asked to lie flat if you have been sitting up. The spinal usually begins to have an effect within a few minutes.
- To start with, your legs and tummy may feel warm, then numb to the touch. Gradually you will feel your legs becoming heavier and more difficult to move. This is perfectly normal and means that the anaesthetic is working.
- When the anaesthetic is working fully, you will not be able to lift your legs up and you will not feel any pain in the lower parts of the body.

Testing if the spinal has worked

Your anaesthetist will use a range of simple tests to see if the anaesthetic is working properly, which may include:

- spraying a cold liquid and asking if you can feel it on your legs and tummy
- gently touching your legs and tummy with a blunt-ended instrument
- asking you to lift your legs.

It is important to concentrate during these tests so that you and your anaesthetist can be reassured that the anaesthetic is working. The anaesthetist will only allow the surgery to begin when they are satisfied that the anaesthetic is working.

During the operation (spinal anaesthetic alone)

- In the operating theatre, a full team of staff will look after you. If you are awake, they will introduce themselves and try to put you at ease.
- The anaesthetist and the anaesthetic assistant will be looking after your safety and wellbeing throughout the operation.
- You will be positioned for the operation. You should tell your anaesthetist if there is something that will make you more comfortable, such as an extra pillow or an armrest.
- You may be given oxygen to breathe, through a lightweight, clear plastic mask, to improve oxygen levels in your blood.
- You will be aware of the 'hustle and bustle' of the operating theatre, but you will be able to relax, with your anaesthetist looking after you.
- You may be able to listen to music during the operation. If you are allowed, bring your own music, with headphones. Some units supply headphones or play music in the operating theatre.
- You can talk with the anaesthetist and anaesthetic assistant during the operation. This will depend on whether or not you have been given sedation.
- If you have sedation during the operation, you will be relaxed and may be sleepy. You may snooze through the operation or you may be awake during some or all of it. You may remember some, none or all of your time in theatre.

For more information about sedation, please see our **Sedation explained** leaflet, which can be found on our website: rcoa.ac.uk/patientinfo/sedation

It is important to be aware that, even if a spinal is planned for your surgery, you may still need a general anaesthetic if:

- your anaesthetist cannot perform the spinal
- the spinal does not work well enough around the area of the surgery
- the surgery is more complicated or takes longer than expected.

After the operation

- It takes up to four hours for sensation (feeling) to fully return. You should tell the ward staff about any concerns or worries that you may have.
- As sensation returns, you will usually feel some tingling. You may also become aware of some discomfort from the operation and you can ask for pain relief if needed.
- You may be unsteady on your feet when the spinal first wears off and may be a little lightheaded if your blood pressure is low. Please ask for help from the staff looking after you when you first get out of bed.
- You can usually eat and drink much sooner after a spinal anaesthetic than after a general anaesthetic.

The preoperative assessment clinic (preassessment)

If you are having a planned operation, you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will arrange a telephone call to go through some questions with you.

Please bring with you:

- a list of your current medications or your medicines in their full packaging
- any information you have about tests and treatments at other hospitals
- information about any problems you or your family may have had with anaesthetics
- any recent blood pressure measurements.

If you take any drugs to thin your blood, it is important that the preassessment team know and discuss whether you need to stop taking these drugs before your surgery

You may meet with an anaesthetist at the clinic. Otherwise, you will meet your anaesthetist in the hospital on the day of your surgery.

Risk and anaesthesia

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. Risks will vary between individuals and will depend on the procedure and anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you. They will only discuss less common risks if they are relevant to you.

There are some specific risks associated with a spinal anaesthetic, for example, a severe headache and nerve damage. If you wish to read more detail about these risks please visit:
rcoa.ac.uk/patientinfo/risk

Shared decision-making

Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a patient to reach a decision about their treatment.

The conversation brings together:

- the clinician's expertise, such as treatment options, evidence, risks and benefits
- what the patient knows best: their preferences, personal circumstances, goals, values and beliefs.

Find out more at: england.nhs.uk/personalisedcare/shared-decision-making

Here are some tools that you can use to make the most of your discussions with your anaesthetist or preoperative assessment staff:

What are the **Benefits**?
What are the **Risks**?
What are the **Alternatives**?
What if I do **Nothing**?

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Use this as a reminder to ask questions about treatment.
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cpoc.org.uk/shared-decision-making

Questions ?

you might like to ask

If you have questions about your anaesthetic, write them down (you can use the examples below and add your own in the space below). If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the telephone or see them in a clinic.

1. **What are the advantages and disadvantages of a spinal anaesthetic for me?**
2. **Are there any alternative options to a spinal?**
3. ...
4. ...
5. ...

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Sixth Edition, April 2023
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NHS
Blood and Transplant

Will I need a blood transfusion?

Patient information

Will I need a blood transfusion?

Important information for all patients who may need a blood transfusion

Like all medical treatments, a blood transfusion should only be given if it is essential. Where possible, your doctor, nurse or midwife (or other healthcare professional) should discuss the risks and possible alternatives with you, before obtaining your consent for the procedure.

Why might I need a blood transfusion?

Blood contains many different cells. The red cells are essential for carrying oxygen around the body. A lack of these red blood cells is called anaemia.

A blood transfusion may be given because of a shortage of red blood cells in the blood, either because the body is not making enough of them or because of blood loss.

Sometimes the bone marrow, which produces blood cells, fails to work properly and is unable to make enough of them. This may be due to disease or as a result of treatments, such as chemotherapy. It may be temporary or longer term. In some cases anaemia can be treated with medicines such as iron; in other cases, a blood transfusion may be the best option.

Most people can cope with losing a moderate amount of blood without needing a blood transfusion, as this loss can be replaced with other fluids. However, if larger amounts of blood are lost, a blood transfusion may be the best way of replacing blood rapidly. A blood transfusion may be needed to treat severe bleeding, for example during an operation, during or after childbirth or after a serious accident.

Is a blood transfusion my only option?

Certain medical conditions causing anaemia may be managed by treating the cause rather than by giving a blood transfusion. If you are told that you might need a blood transfusion, you should ask why it is necessary and whether there are any alternative treatments such as iron therapy.

You have the right to refuse a blood transfusion but you need to fully understand the consequences of doing so. Some medical treatments or operations cannot be safely carried out without a blood transfusion.

Blood transfusion is only needed for a small number of patients having an operation. It may be possible to recycle your own blood during an operation, ask your healthcare professional if this is appropriate for you. Sometimes medicines which improve blood clotting, such as Tranexamic acid, can be used to reduce blood loss and the need for transfusion.

What can I do to reduce the need for a blood transfusion before an operation?

Low iron levels can cause anaemia therefore, it is important that you eat enough foods containing iron. A varied and balanced diet should normally provide an adequate iron intake. A leaflet called 'Iron in your diet' is available from NHS Blood and Transplant, which gives further advice on this. Please ask your healthcare professional for a copy of this.

Shohanna pictured here with her younger sister needed a blood transfusion when she had her liver transplant as she was born without a bile duct.

Depending upon the type of operation you are having, your healthcare professional will arrange for a blood sample to be taken several weeks before your operation to see if you are anaemic. A shortage of iron can cause anaemia and correcting this in good time, before your operation, may reduce the need for a blood transfusion.

Some medicines, such as warfarin, other anticoagulants, aspirin, clopidogrel and some anti-inflammatory drugs may increase the risk of bleeding during your operation. Always check with your healthcare professional to find out if you should stop taking these before your operation and if so, when you should restart them. Do not stop taking any medications without consulting a healthcare professional first.

Risks associated with a blood transfusion

The risk that a blood transfusion will cause severe harm or even death is very low but this should be discussed with your healthcare professional. One of the most important checks for a safe transfusion is to make sure you get the right blood. You can help reduce the small risk of being given the wrong blood by asking your healthcare professional to check that it is the right bag for you.

You must be correctly identified at each stage of the transfusion to make sure that you get the right blood, including when blood samples are taken before the transfusion. **If you are an in-patient, wearing an identification band with your correct details is essential.** You will be asked to state your full name and date of birth and this will be checked against your identification band. If you have your blood samples taken as an out-patient, you will not usually be given an identification band to wear, but it is still important that the staff ask you your full name and date of birth to confirm they are taking the samples from the right person. It is **alright** to remind the healthcare professional to ask you for this information.

If you have a card that states that you need to have blood of a specific type, please show it as soon as possible to your healthcare professional and ask them to tell the hospital transfusion laboratory.

Compared to other everyday risks, the likelihood of getting an infection from a blood transfusion is very low. All blood donors are unpaid volunteers and the risk of an infected unit entering the UK blood supply continues to decrease[1]. Donors and blood donations are screened for a number of infections which can be transmitted through blood, but it is not practical or even possible to screen all donations for all infections, therefore, there will always be a small risk associated with having a blood transfusion.

The risk of getting variant Creutzfeldt-Jakob Disease (vCJD) from a blood transfusion is extremely low. Each year, approximately 2.6 million blood components are transfused in the United Kingdom and there have been only a handful of cases where patients are known to have become infected with vCJD. More information on vCJD can be found on the NHS Choices website: www.nhs.uk/conditions/Creutzfeldt-Jakob-disease/Pages/Introduction.aspx

Further information on the risks of transfusion can be found at: www.shotuk.org/home/

How will my blood transfusion be given and how will I feel?

A blood transfusion is usually given through a tiny tube directly into a vein in the arm. It may take up to four hours to give each bag of blood, but it can be safely given more quickly if needed. You may be given more than one bag of blood as part of your treatment.

Most people do not feel anything unusual during a blood transfusion. You will be observed before, during and after your blood transfusion; if you feel unwell during or after it you should inform your healthcare professional immediately. Some people may develop a temperature, chills, a rash or breathing difficulties. These reactions are usually mild and are easily treated with medicines such as paracetamol and antihistamines, or by slowing down or stopping the blood transfusion. Severe reactions to blood transfusions are extremely rare. If they do occur, staff are trained to recognise and treat them.

What if I have worries about receiving a blood transfusion?

If you are worried or have any questions, please talk to your healthcare professional. Many hospitals have a dedicated Hospital Transfusion Team and if appropriate, they may be able to come and discuss your concerns with you.

Patient Blood Management (PBM)

PBM is a standard of care that focuses on measures to reduce or avoid the need for a blood transfusion if possible. However, if a transfusion is needed, it makes sure that patients are given only what they really need and that the transfusion is given safely. There is a NHS Blood and Transplant (NHSBT) PBM Patient Information Leaflet available that explains things in more detail so please ask your nurse or doctor for a copy.

Recent studies suggest that if PBM is followed and transfusion is reduced or avoided, patients have fewer complications, faster recoveries and shorter stays in hospital.

During your treatment, a transfusion of platelets or other blood component such as fresh frozen plasma may be required. If so, there are other patient information leaflets available from NHSBT such as "Will I need a platelet transfusion?" that may help explain things for you. Please ask your healthcare professional for a copy of the other leaflets that are suitable for your proposed treatment pathway.

Additional Information

As a precautionary measure to reduce the risk of transmitting vCJD, people who have received a transfusion of blood or any blood component since 1980 are currently unable to donate blood or blood components.

Further information on Iron, Anaemia and Patient Blood Management is available in other patient information leaflets. Please ask your healthcare professional if you would like a copy of these.

You may also find the following websites useful:

NHS Choices:
www.nhs.uk/Conditions/Blood-transfusion/Pages/Introduction.aspx

NHS Blood and Transplant:
www.nhsbt.nhs.uk/what-we-do/blood-transfusion/

Reference

1. Public Health England (2014) Bloodborne infections in blood, tissue and organ donors (BIBD): guidance, data and analysis.

See: www.gov.uk/government/collections/bloodborne-infections-in-blood-and-tissue-donors-bibd-guidance-data-and-analysis

We would welcome your feedback and comments on this leaflet. You can contact us in the following ways:

By post to:
Customer Services, NHS Blood and Transplant
Part Academic Block – Level 2, John Radcliffe Hospital
Headley Way, Headington, Oxford, OX3 9BQ

By email to: nhsbt.customerservice@nhsbt.nhs.uk

Or by phone: 01865 381010

This leaflet was prepared by NHS Blood and Transplant in collaboration with the National Blood Transfusion Committee. Further supplies can be obtained by accessing **https://hospital.nhsbtleaflets.co.uk**

Individual copies of this leaflet can be obtained by calling **01865 381010**.

NHS Blood and Transplant (NHSBT) is a Special Health Authority within the NHS and provides the blood that patients receive. In order to plan for future blood demands, information about which patients receive blood needs to be gathered. We may ask a hospital or GP to provide limited medical information on a sample of patients who have received blood transfusions.

Any information that is passed on to NHSBT is held securely and the rights of these patients are protected under the Data Protection Act (1998).

NHS Blood and Transplant

NHS Blood and Transplant (NHSBT) saves and improves lives by providing a safe and reliable supply of blood components, organs, stem cells, tissues and related services to the NHS and other UK health services.

We manage the UK-wide voluntary donation system for blood, tissues, organs and stem cells, and turn these donations into products that can be used safely to save lives or radically improve the quality of people's lives.

We rely on thousands of members of the public who voluntarily donate their blood, organs, tissues and stem cells. Their generosity means each year we're able to supply around 2 million units of blood to hospitals in England and 7,500 organ and tissue donations within the UK, which save or improve thousands more people's lives.

For more information
Visit **nhsbt.nhs.uk**
Email **enquiries@nhsbt.nhs.uk**
Call **0300 123 23 23**

Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Information for Potential Bone Donors

Patient Information

Bone Bank

The Patient Information Leaflets page on the Trust website is available on the link: https://www.wwl.nhs.uk/patient-information-leaflets or scan the QR code.

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The WWL Way

Introduction

Did you know that you could be a bone donor?

Did you know that when you have a hip replacement operation your old hip could be used to help another patient?

How can my bone be used to help others?

During the operation the top of your thigh bone (the head of the femur or femoral head) is taken away and replaced with an artificial one.

Some of the bone, which has to be taken away is good bone. This bone can be used to help others instead of just disposing of it.

If a patient has suffered bone loss due to disease, injury or previous surgery, this can be replaced using small pieces of bone from a donor. Such operations enable people to be mobile again or may restore the use of a limb.

So when your hip is replaced, you can help someone else by donating your worn-out hip to our Bone Bank. It will be stored in a freezer in the Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) Bone Bank at Wrightington Hospital until it is needed.

Can everyone give their bone?

Most people can, there is no age limit. Some people may not be accepted as bone donors, in a similar way that not everyone can be a blood donor. This is usually because they have had certain medical conditions:

- Cancer
- Blood transfusions
- Parkinson's disease
- Alzheimer's
- Multiple Sclerosis
- Inflammatory bowel disease
- Syphilis
- HIV (human immunodeficiency virus) **/** Hepatitis B or C
- Paget's disease
- Avascular Necrosis

Testing bone donors

Regulations require that routine screening tests are done on blood donors every time they give blood, so we also do routine screening tests when bone is donated. If you wish to donate, a small blood sample will be taken during your operation to screen for various infections.

We will test your blood for:

- Hepatitis B
- Hepatitis C
- Syphilis
- HIV
- HTLV (human T-cell lymphotropic virus)

What do I have to do to be a bone donor?

- Giving your bone will not affect your care in any way or make any difference to the operation or to your recovery.
- Before your operation a member of staff will speak to you about your medical history and suitability as a bone donor.
- The discussion will take approximately 20 minutes.
- You also have the option to log into myrecovery to access the survey and complete your pre-screening questions. If you choose to do so, and are suitable for bone donation, we will ask you to consent on the day of your pre-operative assessment and the discussion may take less time.
- Just like blood donors, we need to determine if bone donors are in a high risk group for HIV. Some of the information we require may seem very personal, but this is necessary to comply with Department of Health regulations.

Research and Training

If donated bone is unsuitable for transplant, it may be used for research or training purposes in other hospitals as well as Wrightington, Wigan and Leigh NHS Foundation Trust.

How easy is it to say “no”?

It is very easy to say “No”. There is no obligation or pressure on you to donate your bone. You are free to say “No” for whatever reason and no further questions will be asked.

Accessing myrecovery

If you have not already accessed myrecovery, you can scan the QR code below which will provide you details on how to register or go to nhs.auth.msk.ai in your browser and complete the online registration form or download the app in the App Store or Google Play.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

Call 111 first when it's less urgent than 999.