

# Discharge from Orthopaedics

## **Congratulations!**

You will soon be discharged home. This booklet explains the information that you were given during your hospital stay. We hope that this booklet helps to answer any questions you may have after discharge.

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# Discharge from Orthopaedics

## Anticoagulation (blood thinners)

After some surgeries, you may be at higher risk for deep vein thrombosis (DVT) and pulmonary embolism (PE). You may have been prescribed medications to help prevent these conditions.

- Dalteparin (Fragmin®)** – subcutaneous (under the skin) injections (see the information sheet in the Fragmin® bag that was given at discharge). Take this medication at the same time every day.

Time given while in hospital: \_\_\_\_\_

- Rivaroxaban** – oral (by mouth) medication taken once a day until you have finished all of the pills in your prescription. Take this medication at the same time every day.

Time given while in hospital: \_\_\_\_\_

- Warfarin** – oral medication taken once a day. Take this medication at the same time every day. Follow up with your family health care provider for an INR blood test (to find out how long it takes your blood to clot) or with the Anticoagulation Clinic.

Time given while in hospital: \_\_\_\_\_

- Others** – \_\_\_\_\_

## Pain control

You will likely have pain after surgery. This is normal. When you are discharged, your pain should be controlled and be a 4 or less on the pain scale of 0-10. Controlling your pain helps with your healing. You may be sent home with a prescription for pain medication.

To help control your pain:

- Take your pain medication **before** your pain starts. It's harder to control your pain if you wait too long before taking your medication.
- Take your pain medication 30-45 minutes before increased activity or before doing your home exercises, if you were given some to do by physiotherapy.
- Don't use anti-inflammatory medications such as Advil® or Motrin® unless you checked with your nurse, doctor or pharmacist that it's OK.
- Over-the-counter acetaminophen may be used to reduce pain. Please check with your nurse, doctor or pharmacist about how much you can take.
- Please contact your health care provider or a walk-in clinic if you have uncontrolled pain, nausea or dizziness.

**Note:** If you need a refill of your pain medication (narcotics), please go to your health care provider or a walk-in clinic. If the doctor at the walk-in clinic is not able to refill your prescription, you will need to go to the Emergency Department. The surgeon is not able to refill your prescriptions.

## Dressings and wound care

- Keep your incision (cut) site dry and clean.
  - Staples or sutures (stitches) should be removed by your family health care provider as directed by your physician, usually about 14 days after your surgery.
    - › Remember to take the staple remover and Steri-Strips™ with you to your appointment. The staple remover is given to you on discharge.
    - › Date staples or sutures should be removed:
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- Absorbable sutures and skin glue do not need to be removed. They will reabsorb on their own.
  - Avoid soaking in a bath, or using a pool or hot tub until your incision is fully healed (closed) and staples/sutures are removed.
  - If your dressing gets dirty or wet, change it by taking it off and putting a clean dressing on. Avoid cleaning or touching the incision while the staples/sutures are in place.
  - Your nurse will tell you where to get supplies for a dressing change if you need them.

# Complications

## Constipation

Using pain medication and moving less can make it harder to have a normal bowel movement. Keeping track of your bowel movements is very important.

Tips to prevent constipation:

- If you were started on laxatives or stool softeners in the hospital, you may need to continue taking these once discharged. You can buy laxatives or stool softeners over the counter at your local pharmacy. If you have any questions, talk with your pharmacist.
- Do not ignore the urge to have a bowel movement.
- Eat more fibre (e.g. whole grain breads, muffins and cereals made with bran, fruits and vegetables, baked beans, prunes, peas).
- Eat breakfast every day. This helps improve bowel function.
- Drink at least 6 large glasses of fluids each day.
- Exercise regularly based on what your surgeon and physiotherapist recommend.

## **Infection**

You are at risk of getting an infection after any type of surgery. This is very serious.

Signs and symptoms of an infection include:

- › increased redness around the incision
- › swelling
- › yellowish or greenish drainage from the incision
- › increased pain
- › fever and chills

**If you have symptoms of an infection, call 811 or go to the nearest Emergency Department immediately.**

## **Deep Vein Thrombosis (DVT)**

This is a blood clot that forms in the leg (usually in the calf muscle) or arm. This is very serious.

Symptoms of a DVT include:

- › increased pain in the leg or arm
- › swelling
- › redness of the leg or arm
- › tenderness and/or warmth

**If you have symptoms of a DVT, call 811 or go to the nearest Emergency Department immediately.**

## **PE (Pulmonary Embolism)**

A pulmonary embolism is a blood clot that has travelled to your lung. This is very serious.

Symptoms of a PE include:

- › suddenly having a hard time breathing
- › sharp, knife-like pain in your chest or back when you take a deep breath

**If you have symptoms of a PE, call 811 or go to the nearest Emergency Department immediately.**

## **Compartment syndrome**

Compartment syndrome is a painful condition that happens when pressure in the muscles is too high. This can decrease blood flow, which prevents nourishment and oxygen from reaching nerve and muscle cells. This condition can happen in patients who have a cast or a limb that is extremely swollen. This is serious.

Symptoms of compartment syndrome include:

- › sudden increase in pain
- › extreme pain in the affected area
- › extreme pain that is not helped by your pain medications
- › decreased sensation (feeling), new numbness and/or tingling
- › decreased movement or ability to move the limb

**If you are having symptoms of compartment syndrome, call 811 or go to the nearest Emergency Department immediately.**



## **Information for patients with casts**

- Keep your limb raised up on pillows, above the level of your heart if possible. This will help lessen pain and swelling.
- Move your fingers/toes often to lessen swelling and stiffness.
- Do not use anything to scratch under your cast, as this may cause an infection or sore.
- Do not put anything inside your cast (including cotton or toilet paper). This may cause pressure which could result in serious medical problems.
- Keep your cast dry. Wrap it in a double plastic bag before showering or buy a cast protector at your local pharmacy.
- Follow your surgeon's instructions about how much weight to put on your operated on/affected limb.

### **Contact the Orthopaedic Clinic at 902-473-4166 if you have any of the following problems:**

- Your cast feels too loose or gets broken or cracked.
- You feel painful pressure or rubbing under your cast.
- You have pain that is not helped by the medication your surgeon or family health care provider has prescribed.

- You have a lot of swelling, tingling, pain or numbness in your fingers or toes, which is not helped by raising them up above your heart level for 20 minutes.
- There is a bad smell from your cast that doesn't go away. (The smell of sweat from your cast is normal.)
- You notice any extremely red skin, bleeding or draining sores around the edges of your cast.
- Your temperature is higher than 38.5° C when taken by mouth.
- Your fingers or toes have turned bluish/purple or white, and normal colour does not return when they're raised up for 15 minutes.

## **Followup**

- You should have a followup visit with your surgeon in 1-8 weeks.
- If you are not given a followup appointment when you leave the hospital, please call your surgeon's office to make one.
- Some minor surgeries may not need follow up.

**What are your questions?  
Please ask. We are here to help you.**

# Activity and mobility

- Use the following walking aid:

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- Your weight-bearing status is:

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- › You should follow this weight-bearing restriction until told otherwise by your surgeon.
- Do your exercises \_\_\_\_\_ times per day.
- You have been referred to physiotherapy at:
  - Private practice
  - Outpatient clinic
  - Community physiotherapy
  - Not applicable
- Keep a copy of your physiotherapy referral.
  - › Your insurance company may require a referral to cover some or all of the cost of private physiotherapy.
  - › Workers' Compensation Board (WCB) requires a physiotherapy referral.
  - › If you have had a knee replacement and have been referred to a hospital-based outpatient clinic or community physiotherapy and you do not hear from them within one week, call and ask when you can expect to be booked for an appointment.

- › If you have had a knee replacement, put ice on your knee for 15-20 minutes at a time. Do this up to every 2 hours, as needed.
- If you have had a total hip replacement or a bipolar hip replacement, follow hip precautions for 6-8 weeks or until the surgeon tells you to stop. Hip precautions include:
  - › Do not bend past 90 degrees from your hip or waist when you are sitting, standing or lying down.
  - › Do not cross your legs at the knees or ankles.
  - › Do not twist your operated leg inwards or outwards from the hip.
- If you have equipment such as a raised toilet seat, bath seat or bench, follow the instructions from the supplier for proper installation.
- Your equipment is from:

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If you have Red Cross equipment, please return it when you are done.

- Follow the precautions suggested by your Occupational Therapist (OT) for activities such as lower body dressing and bathing.
- If your OT has given you a thermoplast splint, wear it as prescribed.

- You have been referred to occupational therapy at:
  - Private practice
  - Outpatient clinic
  - Community occupational therapy
  - Not applicable

## **Community support**

Some patients return home with Continuing Care Nova Scotia services in place for nursing services (dressing changes, IV therapy, etc.) and/or home support (personal care, respite, etc.).

If you would like information on the services that Continuing Care Nova Scotia can provide and would like to be assessed for services, please call 1-800-225-7225 or visit <https://novascotia.ca/dhw/ccs>

Other companies provide home supports privately. For information on home supports some options are:

- › Caregivers NS – <http://caregiversns.org>
- › Call 211
- › Check online using a search engine
- › Check in the phone book

## Financial help

If you will be unable to work for a period of time due to your injury/surgery, you may want to look into the following resources:

- Talk with your employer about short-term illness benefits.
- Employment Insurance Sick Benefits
  - › Phone: 1-800-206-7218
  - › [www.canada.ca/en/services/benefits/ei/ei-sickness.html](http://www.canada.ca/en/services/benefits/ei/ei-sickness.html)
- If you were involved in a motor vehicle collision, contact your motor vehicle insurance provider about **Section B** benefits. The link below provides additional information on **Section B** benefits:
  - › [www.nshealth.ca/patientinformation/1474](http://www.nshealth.ca/patientinformation/1474)

## **Emotional adjustments**

If you have been in hospital as the result of a traumatic event or for a long time, it may take time to get used to being home again. You may feel anxious or frustrated at times. You may notice that your mood changes often.

These feelings are normal. If you feel that your problems are just too much for you or that you are having trouble adjusting and would like counselling, talk with your doctor or social worker.

If you need support immediately, call the **Nova Scotia Mental Health Crisis Telephone Line** toll-free at 1-888-429-8167.

## **Additional resources**

### **Income assistance**

- › [http://novascotia.ca/coms/employment/income\\_assistance/index.html](http://novascotia.ca/coms/employment/income_assistance/index.html)

### **Pharmacare NS**

- › <https://novascotia.ca/dhw/pharmacare>

# Patient PASS: A Transition Record

## Patient Preparation to Address Situations (after discharge) Successfully

I was in the hospital because:	
Problems to watch for after discharge:	If these problems happen, I should:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



My followup appointments are:	To review with my doctor at next visit:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**Other instructions:**

**1.**

**2.**

**3.**

<b>Important contact information</b>	
My family doctor	My Home Care Agency
Discharging unit	My pharmacy
My VON contact	Other
<b>I understand the treatment plan that was reviewed with me today</b>	
Patient/SDM signature	Provider signature
Patient/SDM name	Provider name
Date	Date



### **Looking for more health information?**

Find this pamphlet and all our patient resources here: <http://library.nshealth.ca/PatientGuides>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

*Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.*

*Please do not use perfumed products. Thank you!*

**Nova Scotia Health Authority**

[www.nshealth.ca](http://www.nshealth.ca)

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*Designed by: NSHA Library Services*

The information in this brochure is for informational and educational purposes only.

The information is not intended to be and does not constitute health care or medical advice.

If you have any questions, please ask your health care provider.

WE85-1836 Created February 2018

The information in this pamphlet is to be updated every 3 years or as needed.