

## **Elective Surgery Therapy Pre-surgery Information**

The Therapy team at Doncaster and Bassetlaw Teaching Hospitals Trust have produced a questionnaire for you to complete prior to having either a hip or knee replacement at any of our hospitals (Doncaster, Bassetlaw and Mexborough).

You are an important part of your recovery and completing the questionnaire helps the team understand your needs at home and look at your immediate goals, to enable you to be safe and independent on discharge (this may involve having equipment for a short time, which may be issued on the ward or delivered to you before surgery). It is vital that you are honest when you complete the form and discuss any issues you currently experience, in order for the team to help plan for your discharge).

In order to help you prepare for surgery we have put together some useful advice and tips you may want to try before coming in for surgery.

Prior to surgery you should be invited to attend one of our **Joint School** classes, which provides information on the surgery, how to prepare before surgery (both your health and home), your hospital stay and recovery afterwards. It is also an excellent opportunity to ask questions about the surgery and the road to recovery.

**If you have not had an appointment for Joint School please contact:**

**01709 649280**

### **Important Information:**

**Please complete the form as accurately as possible and hand the form into Joint School or when you arrive for surgery.**

**\*\*Please keep pages 1-4\*\***

## **Equipment**

Equipment may be provided prior to your surgery or you may be given it whilst on the ward. Equipment is usually only needed for a short time and the aim of this is to help you become as independent as possible.

Everyone's journey is unique and as a result, your recovery and the equipment needed may also differ, so please do not compare yourself to anyone else.

Equipment loans will be organised by the Therapy department at the hospital where you are due to have your surgery.

If you no longer require equipment, it can now be returned easily to Doncaster Royal Infirmary or Mexborough Montagu Hospital using the purple bins on site.

Alternatively, you can call the telephone numbers on the equipment to request collection or ask for further information on returning equipment.

## **Further Information**

If you have any queries or difficulties completing this form, please contact the Therapy Department of the hospital where you are scheduled to have your surgery.

**Doncaster Royal Infirmary:** 01302 644209

**Bassetlaw Hospital:** 01909 572318

**Mexborough Elective Orthopaedic Centre:** 01709 649955

<b><u>Hints and Tips for preparing for your surgery</u></b>	<b>Checked:</b>
<b>Complete</b> Pre-surgery Questionnaire	
<b>Attend</b> Joint School Date: ..... Hand in your questionnaire	
<b>Get HEALTHY</b> – It may benefit you to check any ongoing issues with your GP, in preparation for your pre-assessment clinic appointment	
<b>Exercises</b> – Completing your exercises before surgery may help you get stronger or help maintain your current level of ability	
<b>Look at your home</b> – Ensure it is safe to go back to - remove any loose rugs, ensure it is clean and free from clutter to reduce the risk of any trip hazards. Move anything you need on a regular basis so it is not in low cupboards, this avoids too much bending	
<b>Big shop/internet shop/someone to help</b> – Before you come in for surgery, a freezer full of ready prepared meals will make it easier for recovery	
<b>Take advantage of any offers of help</b> , such as shopping or cleaning - this will give you time to focus on your recovery and exercises	
<b>Equipment</b> – Therapy staff may recommend equipment, to enable independence on discharge and maintain your safety (MEOC will issue any equipment needed whilst on the unit)	
<b>Purchase</b> a long handled shoe horn or grabber device if having a hip replacement - this can help increase independence with washing and dressing	
<b>Arrange alternative carer support</b> – If you usually support someone at home such as a partner or grandchildren - Please think about arranging any help that they may need whilst you are in hospital. You will also need time to recover so you can get back to your normal routine as soon as possible	
<b>Seating</b> – If your sofa or chair feels a little low, they can easily be raised by putting a cushion on the seat. Alternatively, you could always ask to borrow a chair (ideally) with armrests from a friend/relative, if possible	
<b>Bed</b> – Ensure you have a suitable bed for discharge - inflatable beds and sleeping on the sofa is not suitable after surgery	
<b>Eating</b> – If you don't have a kitchen table and need to move food between rooms, a rucksack may be useful to put non-perishable items in such as snacks, etc. A flask can also be used to make tea, or soup, so that you can transfer it easily from room to room	
<b>Arrange transport</b> – Discuss with friends/relatives who can bring and collect you after surgery. You will be expected to go home once you have recovered from surgery and have completed your therapy - this may be sooner or later than discussed. You are able to sit in the front passenger seat, making sure it is pushed back and reclined.	
<b>Mobility aids</b> – If possible, bring any current indoor walking aids used with you to the ward	
<b>Suitable clothing</b> – Bring <b>comfortable day clothes</b> such as shorts, T-shirts etc. Slippers should have backs, with good soles and easy to put on (make sure slippers are not too tight). <b>NO SLIDERS PLEASE</b>	
<b>Heating</b> – If you do have to bend to put coal/wood onto a fire or to use a switch, you may need to arrange for someone to help you with this	
<b>Key safe</b> – Maybe something to consider to allow different visitors/carers to safely access your property - if needed they are available at most hardware stores	
<b>MEOC</b> – If you have surgery at MEOC <b>sometimes</b> you may be able to go home the same day. This depends on a range of factors, such as being early on the list AND if you are fit and well enough to do so, which includes that you have completed your therapy safely. <b>HOWEVER</b> , this will also only be possible if you have someone able to stay with you overnight on the night of the surgery	

## Exercises

The therapy team have put together a simple list of exercises that can be completed while you wait for surgery. Completing exercises before surgery can help strengthen muscles and make your recovery after surgery better.

The exercises are simple and can be completed by anyone - the exercises selected are also the same ones you will start after surgery.

If you don't normally exercise, start with a couple of repetitions of each and build up to 10.

Try to do them at set times of the day, e.g. breakfast, dinner, teatime or whenever suits you.

Wibbi is an app that allows you to track how many repetitions and times you have completed your exercises over time - so you can see your progress!

Please **scan the QR code or go to [wibbi.com](https://wibbi.com)** to access pre-surgery exercise.

- 1. Select Login**
- 2. Enter the Username:**

38738232 if you are having a Hip replacement (THR)

92900086 if you are having a Knee replacement (TKR)





Name: ..... Surname: .....

Address: .....  
.....

DOB: ..... Height: ..... Weight: .....

Telephone No: .....

Next Of Kin name, relationship and contact number:  
.....  
.....

**Therapy Questionnaire**

Planned Surgery (please tick):

**Hip Replacement:**  **Knee Replacement:**  **Date of surgery (if known):**.....

Date Questionnaire completed: .....

Please list any **medical conditions** (Heart problems, breathing difficulties, dementia, sight problems, hearing problems, diabetes or any other conditions we may need to be aware of)

If you consider that you have any other additional needs, please document how we can support you whilst you are in hospital (e.g. large print, easy read, etc)

**Current Mobility**

**Do you use anything to walk with inside?**

No  Stick  Frame  Crutches  Wheeled Walker  Furniture walks  Wheelchair  Unable

Other: Please state .....

**Do you use anything to walk with outside?**

No  Stick  Frame  Crutches  Wheeled Walker  Wheelchair  Unable

Other: Please state .....

**Is there anything else we need to know about how you walk (any struggles, etc)?**

.....

.....

.....

.....

Property
<p><b>Will you be going to your own property on discharge?</b> YES <input type="checkbox"/></p> <p><b>If NO</b> – Please state: Where will you be going? How long will you be staying for?</p> <p>.....</p> <p>.....</p> <p><b>Please answer the questions below for the property you are going to:</b></p> <p><b><u>Type of property</u></b></p> <p>House <input type="checkbox"/> Is this a 3 storey Yes <input type="checkbox"/> No <input type="checkbox"/> Bungalow <input type="checkbox"/> Dorma-Bungalow <input type="checkbox"/></p> <p>Flat <input type="checkbox"/> Which floor do you live on? ..... Is there a working lift? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Other (Caravan/mobile home/boat, etc). Please state:</b> .....</p> <p>Other relevant information (council/rented):</p> <p>.....</p> <p><b>Who will you live with on discharge?</b> Alone <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Family / Friend <input type="checkbox"/> .....</p> <p>Any other relevant information?.....</p> <p><b><u>Getting in and out of the property</u></b></p> <p><b>How will you access the property?</b> (Driveway, pavement, path, please include anything we might find useful) .....</p> <p><b>Any steps to get into the property:</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>If Yes</b>, how many? .....</p> <p><b>Inside, are there any steps inside the property?</b> No <input type="checkbox"/></p> <p><b>If Yes:</b> <input type="checkbox"/> Where are the steps and how many are there? .....</p> <p><b>Do you have any grab rails?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Do you have any stairs?</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, <b>Do you have a stair lift?</b> No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><b>How many flights</b> of stairs do you have to use to access your bedroom? .....</p> <p><b>Is there a banister/hand rail?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> <b>If Yes</b>, which side is this going up? Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Any other relevant details, please include if your stairs have a bend, landing, staggered spiral or any differences such as the bannister only goes up half way (some people find it useful to bring a photo on their phone when they arrive for surgery):</p> <p>.....</p> <p>.....</p>

Seating
<p><b>What are you planning to sit on when you get home?</b> (Please tick all that apply)</p> <p>Sofa <input type="checkbox"/> Chair <input type="checkbox"/> Rise Recliner <input type="checkbox"/> Dining chair <input type="checkbox"/> Other (please state).....</p> <p><b>Do you have any difficulties getting on/off this seating?</b> <input type="checkbox"/> No</p> <p><b>If Yes</b> <input type="checkbox"/>: Please explain the problem and measure the height of the seating (compressed)</p> <p>.....</p> <p>Do you currently have any equipment (chair raisers, specialist cushions, etc) No <input type="checkbox"/></p> <p><b>If Yes</b> <input type="checkbox"/>: Please list .....</p> <p>.....</p>

<b>Toileting</b>
<p><b>Are you usually Independent on/off the toilet?</b> Yes <input type="checkbox"/></p> <p><b>If No</b> <input type="checkbox"/>: Please explain how you currently manage .....</p> <p>.....</p> <p>Other Issues (e.g Stoma/Catheter): .....</p> <p><b>Where is your toilet?</b> (select all that apply)</p> <p><b>Upstairs</b> <input type="checkbox"/> <b>Downstairs</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> Please state: .....</p> <p>If you have more than one toilet, we recommended completing the information below relating to the 2 toilets you will mainly use e.g. 1 upstairs, 1 downstairs</p> <p><b>Please list toileting equipment you have</b>.....</p> <p>.....</p> <p>Please explain if your toilet is an unusual shape (e.g. square) or you have any boxed pipes at the back or side of the toilet or if there is little room either side of the toilet:</p> <p>.....</p> <p>.....</p> <p>.....</p>
<b>Personal Care</b>
<p><b>Are you able to complete all of your personal care needs, including washing and dressing?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If No</b>, please provide details on what help you require, e.g. need help with lower legs, carers</p> <p>.....</p> <p>.....</p> <p>If you have any equipment please list this below:</p> <p>.....</p>
<b>Activities of Daily Living</b>
<p><b>Where do you currently eat your meals?</b></p> <p>Table in kitchen <input type="checkbox"/> Table in another room <input type="checkbox"/> Breakfast bar/island <input type="checkbox"/> Tray on lap <input type="checkbox"/></p> <p>Other: .....</p> <p><b>Do you have any equipment/people to support with preparing meals?</b></p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> <b>If Yes</b>, please state: .....</p> <p><b>Do you have anyone to help you with your food shop?</b></p> <p>Yes <input type="checkbox"/> <b>If No</b>, please consider options such as online shop/asking friends before coming into hospital</p> <p><b>Do you currently do your own laundry?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<b>Sleeping</b>
<p><b>Where do you sleep?</b> Downstairs <input type="checkbox"/> Upstairs <input type="checkbox"/> (<b>Please note:</b> stairs will be practised before discharge if required)</p> <p>On rare occasions people may not be able to climb the stairs immediately following surgery - If needed can you bring a bed downstairs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>What type of bed do you have?</b></p> <p>Divan <input type="checkbox"/> Slatted <input type="checkbox"/> Settee bed <input type="checkbox"/> Other <input type="checkbox"/> .....</p> <p><b>Are you able to independently get out of bed?</b> Yes <input type="checkbox"/></p> <p><b>If No</b> <input type="checkbox"/> Please provide details on what help you require e.g. carers/equipment</p> <p>.....</p> <p>.....</p> <p>.....</p>

**Discharge Support**

Not everyone may have, or need, support, but if you are thinking of asking for help with anything we have discussed within the questionnaire, please speak with that person before arriving at the hospital.

**Do you have anyone to support you on discharge?**

**Yes**  Who will this be? .....

**If No**  What plan have you made for discharge, i.e. meals, cleaning, shopping, housework, etc?

.....  
.....  
.....

**Are they fit, well and able to support you? Yes**

**If No**  You may wish to consider who else may be able to help you on discharge and discuss this with them before you come into hospital.

**If you have support - How long can they support you for?**

.....

**What will they support you with? Please tick all that apply: Anything required**

Meals  Domestic Tasks, e.g. cleaning, washing  Personal Care  Shopping

**Please provide details of any other support you have or if there is anything they can't support you with:**

.....  
.....  
.....

**Thank you**

**For taking the time to complete the questionnaire**

**YOU are an important part of your recovery team**

**Your input helps the team plan for a safe and successful discharge**