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Back pain and sciatica, which is pain down the leg to the calf or foot, are very common problems; about 80% of people will have either at some stage during their lives. There are many causes and while most can be treated without surgery, there are times when surgery is necessary. This decision will be made by you, in consultation with your Surgeon.

This Booklet will give you and your family information about your forthcoming spinal surgery. Areas covered include:

- The spine and how it works
- About your surgery
- What to expect before, during and after your surgery
- Planning for home and beyond
The Spine

Your spine is a column of solid bony blocks called vertebrae. It is reinforced by strong ligaments and surrounded by large powerful muscles to protect and move it. Between the vertebrae there are discs to give the spine flexibility. Discs are round pads of tough spongy tissue that are firmly attached above and below the bone. Each disc has a strong outer ring and a soft inner centre. The spine is the central pathway for the spinal cord. At each level of the spine there are two nerve roots, one to the left and one to the right. In the lower back these nerves pass into the legs.

If something irritates a nerve then you will experience pain and/or pins and needles in the area the nerve supplies. If the nerve has pressure on it, in addition to pain, your leg may be numb or weak.
Decompression and discectomy are surgical procedures performed to alleviate pain caused by pinched nerves. The most common cause of nerve root pain is that the hole or opening where the nerve exits is narrower than normal. The narrowing can be caused by something soft like a disc bulge or something hard like increased bone growth due to ageing. If the nerve root has been irritated for a while, then it is likely that the nerve will be inflamed. An inflamed nerve tends to increase in size and therefore takes up more room in the hole through which it exits from the spine.

The aim of surgery is to remove the structure that is putting pressure on a spinal root nerve.

During surgery a small proportion of the bone and/or disc material near the nerve root is removed to give the nerve root more space. The important thing to note is that the surgeon does not actually remove a full disc or a bone, and you are not left with a gap in your spine. Modern surgery is less invasive which means it does very little damage to the muscles and ligaments, resulting in better, faster healing. Most patients get good relief from sciatica after surgery. Many people also find their back pain is improved, however some may continue to have back symptoms. Generally people return to most ordinary daily activities quite quickly.

Nevertheless even with the best of operations, some people don’t get a good result. That is not always because anything has gone wrong or because of complications. For example, you may continue to have ongoing back pain due to stiffness, muscle weakness and lack of physical fitness. Your leg pain may not be relieved perhaps because the nerve is already damaged.

### Risks and Complications

As with any surgery, there are risks and complications which can occur. Some of the most frequently occurring complications can include:

- Problems with anaesthesia
- Dural tear (cerebrospinal fluid leak)
- Nerve root damage/paralysis
- Bowel/bladder incontinence
- Bleeding
- Infection
- Ongoing pain
- Blood clots
- Other medical complications

The incidence of complications after decompression and microdiscectomy spine surgery is rare. Your surgeon will discuss success rates and complications with you.
What to Expect Before, During and After Surgery

Before surgery

There are a number of things you can do to prepare yourself for spinal surgery. In the weeks before your surgery it is advisable to eat a balanced diet as this can help the healing process.

If you need to lose weight it may be advisable to see a Dietician who will instruct you on how best to achieve this. You can talk to your Consultant about this.

If you smoke, stop as far in advance of surgery as possible. Smoking can delay or interfere with healing and may cause complications with the anaesthetic.

When packing for hospital, please bring the following with you:

- Loose comfortable clothes that are easy to put on
- Flat shoes which are either
  1. slip on with support and a back
  2. lace up shoes (elastic laces may be helpful)
- Slippers with a back
- Your information booklet
- Your exercise sheet

You will be able to walk after surgery, however you may need to arrange for some help for a few days after your return home with activities like cleaning, laundry and shopping or any household activity that requires bending, reaching or lifting.

You will need to arrange for transportation to and from the hospital.

Medical Social Worker Service

The Medical Social Worker is part of the health care team. If you anticipate difficulty coping with the psychological, emotional, social or practical aspects of your illness, you may benefit from being referred to the Medical Social Worker.

You can discuss this with your Consultant, at the Pre-operative Assessment Clinic or you can contact the Social Work Department on 01 885 8458.

TO REDUCE THE AMOUNT OF BENDING AFTER SURGERY YOU MAY WISH TO PURCHASE A LONG HANDED SHOE HORN AND A ‘PICK UP REACHER’ TO HELP WITH DRESSING TASKS.
Pre-operative Assessment Clinic

Within one month before your surgery, you may be invited to attend the Pre-operative Assessment Clinic. During this visit you will be asked about your medical history and any medications you are taking. You will have blood tests done and may have an ECG and x-ray. This is also an opportunity for you to see the Physiotherapist and Nurse, to ask any questions you may have and plan for your discharge from hospital.

If you have a history of MRSA or have been in contact with someone with MRSA, please let us know as soon as you have a surgery date. We will need to take some swabs to ensure you do not have any MRSA.

Medications

You may be instructed by your Surgeon or GP to stop certain medications such as:

- blood thinners (Warfarin, Plavix, Coumadin)
- Non Steroidal Anti-Inflammatory Drugs (NSAIDS – certain pain killers)
- certain herbal medication
- the oral contraceptive pill
- certain antiosteoporotic medication
- Hormone Replacement Therapy (HRT)

This decision depends on your surgeon, the type of medication and the type of procedure you are having.

The morning of surgery

Usually you will be admitted to hospital on the day of your surgery. You will be given instructions about fasting. In general you should take a small snack (e.g. tea & biscuits) near to midnight the night before your surgery. If possible also drink up to 500mls or 2 large glasses of water at 5.30am. Do not eat or drink anything after these times.

This does not apply to any medications you have been instructed to take. Take these on the morning of surgery with a sip of water.

It is important that you have a shower on the morning of your surgery before you come into hospital. If you require assistance or have difficulty showering, please let us know in advance and we can arrange for you to come into the hospital earlier than planned so that we can help you with showering. Contact the Admissions Manager on 01 885 8785.

All patients undergoing spinal surgery in the Mater Private Hospital will receive a general anaesthetic and your Anaesthetist will discuss this with you.
AFTER SURGERY

When your surgery is completed, you will be moved to the recovery room where you will be observed and monitored by a nurse until you awake from the anaesthesia. You will then be transferred to a ward where the ward team will work closely with you to aid your recovery.

You will have a drip for intravenous fluids through a vein into your arm or hand which will continue for a number of hours after your surgery. You may eat when you are fully awake but we advise that you start with sips of water followed by a light meal.

You may also have a catheter inserted into your bladder to make urination easier.

There may be a drain tube in your back which is normally taken out the day after surgery.

There is usually some level of pain following spinal surgery and the Anaesthetist and nurses will work closely with you to manage your pain. Please read the pain management section at the end of this booklet.

You will get out of bed and on your feet within a few hours after surgery. This is not only safe, it is the best way to get your muscles moving and prevent post-operative complications. However you must have a Nurse or Physiotherapist with you who will instruct you how to move your back carefully and comfortably.

Patients are often at increased risk of falls after surgery. There is a section on falls prevention later in this booklet, which we encourage you to read.

Most patients leave the hospital the day after surgery. However some patients may require another night in hospital depending on the type of surgery and recovery. Your Consultant will discuss this with you. Patients are able to return home when their medical condition is stable. You will not be discharged until all members of the team involved in your care are confident that you are well enough.

Preparing for discharge

Planning ahead makes your discharge from hospital easier and prepares you and your family to handle your needs at home.

This list is to help you prepare for discharge:

- Have you arranged transport home?
- What care is needed for your wound? Have you been given extra dressings?
- If you are already receiving care or services at home, does the service provider know when you will be discharged?
- If there are any problems when discharged, who do you contact?
- Do you know what problems can occur and how to recognise them?
- Has your own medication been returned to you?
- Have you got a prescription for any new medication? Do you know what your medication is for, how often and for how long you should take it for? Have you someone who can get the medication for you?
- Have you got all your belongings?
- When can you return to work and normal activities?
- Do you need a medical certificate for your employer?
- Is your home best set up to allow you safe and easy access to your bedroom, bathroom and toilet during your recovery?

You will receive a follow up appointment to see your Consultant for about 6-8 weeks after your surgery.
YOUR RECOVERY

Early discharge can cause concern for you or your family because you may still be feeling uncomfortable and you are away from the reassuring environment of the hospital.

It is important to emphasise that your back is perfectly strong and stable. The vast majority of people have no problems and rapidly improve over a number of weeks and return to a normal level of daily activity quickly.

It is normal to feel a little tired and experience stiffness and discomfort for some time after your surgery. It is a good idea to rest in the middle of the day and take painkillers regularly during the first week. Unless discontinued by your Doctor you should resume any usual medications you were taking prior to surgery. This will be discussed with you before leaving hospital.

Wound management

The skin incision is usually closed with steristrips (paper stitches) rather than stitches or staples and these should stay in place for 2 weeks. Your surgical wound will be covered with a sterile dressing in theatre. This should be left in place and undisturbed for 48 hours following surgery.

After 48 hours, wash your hands thoroughly and remove the dressing gently without disturbing the steristrips. You may prefer to shower first and then remove the wet dressing. If necessary clean the wound of any dry blood using cooled boiled water and gauze, working out from the centre of the wound. Gently pat the area dry with a clean piece of gauze and replace with a new dressing from those given to you in the hospital.

Examine the wound site daily. If the dressing does not need to be changed then the area around the dressing should be inspected for signs of infection.

If the dressing becomes wet, soiled or loose it may be changed, otherwise it should be changed every 5-7 days.

After 2 weeks, the steristrips can be gently removed by a relative or friend or you can attend your GP or Practice Nurse if you prefer; this is best done after you remove the waterproof dressing and shower. Once the steristrips have been removed the scar can be left exposed.

Post-operative Diet

Constipation is a common problem for many people recovering from back surgery and there are many simple measures you can take to help minimise this:

- Eat a high fibre diet. Include foods such as wholemeal breads, bran and high fibre cereals, fruit, vegetables, oats and pulses.
- Ensure you have an adequate fluid intake to allow the fibre to work effectively. This should be in the region of 8-10 cups / glasses per day.
- Do regular activity within your abilities.
- Your Doctor may recommend laxatives for a limited time if required.
• If you are overweight you may be advised to lose weight for the future health of your back. You should see a Dietitian prior to your discharge home.

Symptoms to watch for after surgery

Most people recover from surgery without any problems. Some days are better than others, but you should see yourself progressing. If you get worse again instead of better, or if you become unwell, you should see a doctor.

Below are some of the most frequent problems which may occur and what to do if you experience them.

Go to the nearest emergency department if the following occur as they may indicate a clot:

• Pain in your chest
• Difficulty breathing, shortness of breath
• A marked increase in pain, swelling, redness or tenderness in your leg that is not relieved by rest and elevation

Contact your GP, Consultant or the hospital if:

• Your wound becomes red, hot, swollen or tender
• Your wound is weeping fluid
• You notice a foul smell from the wound
• Suddenly feeling feverish and unwell
• Loss of bladder or bowel control
• Severe headache

To avoid getting a blood clot:

• Wear your compression stockings (the white stockings) day and night
• Continue to wear your compression stockings for 2-6 weeks, until you are able to move about frequently. (You may need to request help to take them off each day so that you can wash and check your skin).

Community services post discharge

If appropriate your health care professional may refer you to a community service to meet an identified need post discharge e.g. Public Health Nursing, Community Physiotherapy, Community Occupational Therapy etc. If you have not been referred during your admission and you continue to have difficulties managing at home following discharge, you can contact your GP or local health centre to see what community services are available within your local area that may be able to help. Many HSE community services accept referrals made on a self-referral basis. All patients are eligible for assessment once a need is identified, however provision of equipment from these services is dependent on your medical card status.

If I have a problem who should I call?

If you have any concerns about your post operative recovery please do not hesitate to contact:

• Your Consultant
• The Orthopaedic Ward
• Senior Nurse Manager

All can be contacted via reception 01 885 8888
Physiotherapy

A Physiotherapist may see you pre-operatively (if you attend the pre-assessment clinic) and will see you the day after your surgery to give you advice and teach you exercises for your breathing and your back. The Physiotherapist will also teach you how to get in and out of the bed using the log-rolling technique.

Posture

To maintain good posture it is important to keep your shoulders, chest and tummy relaxed.

Before surgery, you may have had to lean or twist to one side to avoid pain.

After surgery, you can correct this.
RESTING POSITIONS

Lying on your back: When you are resting on your back keep the bed flat, use 1-2 pillows under your head and shoulders.

Initially after surgery you might find that a pillow under your knees makes you more comfortable.

Lying on your side: Place a pillow under your head and one between your knees. Keep your knees bent and your back straight.

If comfortable you can lie face-down with a pillow under your stomach.

GETTING OUT OF AND INTO BED

Getting out of bed: The easiest way is to bend your knees, reach your arm across your body and roll onto your side. Swing your legs over the edge of the bed and at the same time push yourself into a sitting position.

The Physiotherapist will show you how to do this. Sit briefly on the edge of the bed before standing up.

Getting into bed: Sit on the edge of the bed. Lie onto your side. Stay on your side or roll onto your back.
Exercises

Research shows early, progressive mobilisation makes for a better recovery. The following exercises are recommended following a lumbar discectomy and/or decompression.

Deep Breathing Exercises

Deep breathing (ensuring shoulders are relaxed) should be started immediately after surgery. Not only does it help to keep your lungs clear after anaesthetic, research shows that deep and slow breathing has a positive effect on pain.

This can be used as a relaxation technique. In a comfortable position breathe in deeply and slowly, allowing your tummy to rise. Then let it out, like deflating a balloon allowing your body to “soften”.

Spend at least 10-15 minutes practising this technique each day. Some patients find it helpful to start and finish the day like this. This relaxation technique can be used to manage painful episodes.

Other relaxation techniques include:
- Mindfulness meditation
- Imagery exercises
- Listening to music

Exercise Programme

Ankle Pumps
Briskly pump your ankles. This is good for your circulation until you are fully mobile. Repeat 10 times hourly.

Leg Slides
Lying on your back, slide your leg up and down the bed slowly, bending at the knee. Repeat 10 times, 3 times a day.
Pelvic Tilt & Abdominal Muscle Activation
Lie on your back with your knees bent, and arms by your side. Gently flatten and arch your back a few times in order to find the mid-position.
This mid-position is your pelvic neutral. Gently pull in your tummy, below the belly button.
Hold for 10 seconds and relax.
Repeat 10 times 3 times a day.

Stepping while lying down
Lie on your back with knees bent.
Rest your fingers inside and below your hip bone.
Find your neutral pelvic position.
Start slowly stepping with each leg, barely raising your feet off the bed.
Feel your stomach muscles working.
Repeat 10 steps on each leg 3 times a day.

Semi squats
Stand with your back to the wall, about 6 inches out.
With your feet hip distance apart, lean back against the wall.
Bend your knees and slowly slide down the wall, a small bit, as if you are going to sit in a high chair.
This is not a full squat.
Come back up again. If feeling unsteady, place a stool against the wall behind you.
Repeat 10 times, 3 times a day.

Stairs
Following surgery you can walk up and down stairs. The Physiotherapist will take you on the stairs before you are discharged. If you have any pain or weakness in one leg you may find the following easiest:

- Hold the handrail for support
- Go up leading with the unaffected side
- Go down leading with the affected side

Take it one step at a time until you feel strong enough and confident enough to step normally.
Post-operative Advice

The following instructions are general and may be changed by your Consultant depending on whether you receive Lumbar Discectomy or Decompression surgery.

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<thead>
<tr>
<th>Surgery</th>
<th>Lumbar Discectomy/Decompression</th>
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<tr>
<td>Sitting:</td>
<td>Sit for as long as is comfortable. Start for short periods (20 minutes) for e.g. for meals, and gradually increase sitting times. Regular movement is recommended i.e every 30-45 minutes.</td>
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<td>The journey home by car:</td>
<td>Sit on the passenger side and make yourself comfortable. Take short breaks every 30-45 minutes to walk around and give your back a change from sitting.</td>
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<td>Driving:</td>
<td>0-2 weeks: no driving. 2-6 weeks: drive for only short journeys.</td>
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<td>Walking:</td>
<td>As much as is comfortable, there is no limit. See section on walking programme.</td>
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<td>Swimming:</td>
<td>After 2 weeks if your wound is well healed.</td>
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<td>Cycling:</td>
<td>On a stationary bike after 3 weeks. Gradually increase times as per your walking recommendations.</td>
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<td>Return to sport:</td>
<td>3 months</td>
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<td>Return to work - office:</td>
<td>2-4 weeks. Sit for short periods, stand and walk around from time to time.</td>
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<td>Return to work - physical:</td>
<td>After 6 weeks. Check with your surgeon.</td>
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<td>Sexual Activity</td>
<td>As soon as you feel able. But choose a position that you find comfortable.</td>
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<tr>
<td>Lifting:</td>
<td>Carry items closer to the body. Do not exceed a maximum weight of 5kg.</td>
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Walking Programme

Research shows that the earlier you return to normal activity the better you will be. Activity will not do you any harm – quite the opposite. Even though some activities may be uncomfortable at first, your body must be kept active to promote healing. Normal daily activities like sitting, standing and walking are all part of life. They are an essential part of getting active and for your recovery.

Walking is one of the best exercises you can do following spinal surgery. Everyone progresses at a different rate so it is important you listen to your body. Remember to wear comfortable clothing and supportive footwear. Here are a few basic principles you can follow:

- Start with walking on the flat for the same period of time you were doing in hospital e.g. 5-10 minutes. Repeat twice daily.
- Add another 2-5 minutes to your walking every couple of days; be guided by your comfort. Aim to be able to walk 30-40 minutes continuously (once daily) within 4-6 weeks of the operation.
- After 2 weeks you are safe to add in gentle slopes to your walking programme.

TIP: You may be tempted to brace your trunk while moving to control pain. However, research shows relaxed movement is far more effective.

You may have your ups and downs for a while – that’s normal. If you get back active, stay positive and take charge, you are far more likely to get a good result. Go for it!

Follow-up Physiotherapy

Your Physiotherapist and/or Surgeon may advise you to have follow-up physiotherapy after your surgery. This will be discussed either in the Pre-operative Assessment Clinic or after your surgery.

Physiotherapy Department
T: (01) 885 8157
E: physio@materprivate.ie
# Walking Diary

## WEEK 1

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Pain Relief

Whenever someone comes into hospital for an operation they inevitably wonder how much pain they can expect. You are probably feeling the same.

Be reassured, nowadays the attitude to pain after surgery has changed significantly. Pain is no longer something to be expected and endured. In fact throughout your hospital stay you, the nurses and the doctors on your ward will be working together with one clear objective, to keep you as pain free as possible. The nurse will ask you to give a pain score at rest or with movement, from 0 to 10. This will help us to assess the effectiveness of your pain relief.

• 0 = no pain
• 10 = worst pain

It is important to realise that YOU have a vital role to play in helping the hospital team control your pain. It is much easier to relieve pain if it is dealt with before it gets bad. You should ask for help as soon as you feel pain and continue the treatment regularly.

Types of Pain Relief

There are many methods available to control pain.

Tablets or liquids
These are used for all types of pain. They take at least half an hour to work and should be taken regularly. You must not be vomiting and need to be able to eat and drink for these drugs to work. More patients move over to this type of pain relief as they recover.

Injections
These are often needed and are given either into a vein for immediate effect, or into your leg or buttock muscle. Drugs given into a muscle may take up to 1 hour to work. Occasionally, we may give you an injection under the skin (subcutaneous).

Suppositories
These waxy pellets are placed into your back passage (rectum). The pellet dissolves and the drug passes into your body. They are useful if you cannot swallow or if you are likely to vomit.

Patient Controlled Analgesia (PCA)
This is a method of pain relief which you control. You will be able to press a button to pump small doses of pain relieving medication (e.g. morphine) either into a vein (usually in your arm) or occasionally into an epidural tube.

Non-pharmacological methods
To achieve optimal pain control a combination of pharmacological and non-pharmacological methods is recommended.

Examples of non-pharmacological methods include:
• Deep breathing exercises
• Application of hot or cold packs
• Repositioning
• Distraction (i.e. listening to music or watching tv)
Remember

Tell it like it is
After your operation you will be asked about your pain. Try to answer as accurately as you can. Don’t give a brave answer, give an honest one. It will help the medical team ensure you have the correct level of pain relief.

Don’t wait to be asked
If you begin to feel pain, tell someone straightaway. You are not being a nuisance.

Take your medication as instructed

Pain relief on discharge
After your stay in hospital, following Lumbar Decompression/Discectomy, you will be sent home with a prescription for pain medication. The medication may be an opioid (e.g. Morphine) and/or a combination of other pain relief medications. These may include Paracetamol and/or NSAID’s (non-steroidal anti inflammatory drugs) e.g. Diclofenac. It is recommended that you take your pain medication regularly after being discharged from hospital. While you never want to take medication that is not needed, it is easier to manage your pain with regular pain relief, than treat an acute pain episode. Also it is helpful to consider taking your pain relief about 30 minutes before you are going to increase your activity.

Before you are discharged please ask your Nurse for a leaflet on “Pain Relief Following Discharge From Hospital After Surgery”.

Contact your GP
• If the pain medication prescribed is not giving you adequate relief.
• If your pain medication is making you feel nauseous/sick. NSAIDs such as Diclofenac may need to be taken for 2 weeks after your surgery, however they can cause nausea and digestive upset. In order to counteract this you may be prescribed a tablet called a PPI (proton pump inhibitor) e.g. Omeprazole/ Lansoprazole /Esomeprazole which will reduce the likelihood of digestive upset.
• If you notice your bowel habits are altered and you are constipated - this can be a side effect of opioid drugs such as Morphine or Codeine. Your GP can prescribe medication to help regulate the bowel.

Important notes
• Do not take NSAIDs (non-steroidal anti-inflammatory drugs) e.g. Ibuprofen, Diclofenac, Naproxen, if you have a history of a stomach or duodenal ulcer/bleeding, or gastroduodenal perforation.
• If you have been on high doses of narcotics prior to surgery, you should work closely with your GP in taking steps to gradually reduce the dose you are taking. It is important to make changes in a gradual manner with the guidance and support of your GP to avoid any undesirable side effects.
Falls Prevention

Did you know?
A third of people aged over 65 years and one half of people aged over 80 years have a fall at least once a year. We have a falls prevention programme in place throughout the hospital to reduce the risk of falls and promote patient safety.

What does this mean for you?
You will have a ‘falls assessment’ with a member of staff to identify if you are at risk of having a fall.

Issues that we will consider include:
- Your general health
- The type and number of medicines that you are taking
- Whether you can do things safely on your own
- Reducing your pain
- A physical check by your doctor
- Managing bladder/bowel issues
- Your surroundings

You can be rated as at risk or at high risk. If you are rated as being at risk of falling, we will discuss ways to reduce the chances of you having a fall. We will discuss these with you and will incorporate them into your care to work with your individual needs.

A few simple things to remember
- Use the nurse call bell to ask for help, don’t try to manage it on your own
- Listen to the advice given to you by your nurse
- Take care not to over-reach for things - make sure everything you need is close and if it isn’t, use the call bell to ask for it to be moved closer
- Ask staff to put everything you need on your table close to you before they leave the room

Moving from lying down to standing up position
- Sit on the bed for a minute before you stand up
- Move your ankles up and down to get your blood pumping
- Get your ‘nose over your toes’ before you stand up
- Push off the bed or chair; do not pull up
- Wait a minute before you start to walk

Walking
- Wait for staff before moving if they have recommended that you need assistance or supervision
- When walking, take your time when turning and count each step to help pace yourself
- If you have a walking aid, make sure it is in good condition
- Do not grab for furniture when walking, use your walking aid to support yourself
- Wear your distance glasses or bi/multi focals when walking
- Wear well fitting slippers or use lightweight shoes that are non-slip and comfortable

Diet and fluids
- Good nutrition, keeping your fluid levels up and suitable exercise are important to maintain your health and reduce your chance of having a fall
Remember
Ask for help if you need it. We can teach you other ways to reduce your chance of having a fall.

Have you fallen in the last 12 months?
If so, please let the nursing staff know.

Who can help you prevent falls?
• Your Consultant
• Nurse
• Physiotherapist
• Pharmacist

They are available to answer your questions.

Some patients may fall despite our combined best efforts, being in hospital does not mean we can always prevent falls. We wish to work in partnership with you to reduce your risk of falling.

(Adapted from State of Queensland (Queensland Health) 2002 patient information leaflet)