

## **Patient Passport for Hip or Knee Surgery**

Please	bring	to	all	appoin	tments	and	on	admi	ssion	for
				your	surger	V				

### **Affix Patient Label Here**

Date of admission	
	Length of stay between 0 and 3 days

Appointment	Date and Time	Signature of Attendance
Joint School		
Therapies Assessment		
Pre-operative Assessment Clinic		
By signing here I agree to follow this plan of care:		

# **Preparing for your surgery**

Please complete this one week before your surgery.

Not completing these prior to your admission could lead to your surgery and/or discharge being delayed.

Please tick or fill in as appr	opriate:
Have you received and read your Joint School Booklet?	
Have you followed your Octenisan wash regime before your admission?	
Is your equipment in place? Has it been delivered to your discharge address? If this has not occurred or has changed then please call 01493 453849	
Have you purchased a helping hand and a long handled shoe horn? Remember to pack this for your use in hospital.	
Have you removed rugs and mats from inside your home?	
Do you have suitable slippers or footwear with full backs? (not flip flop or mule types)	
Have you packed suitable loose clothing for a few days?	
Have you planned to stock your freezer/ fridge?	
Are you a Carer? What arrangements have been made whilst you recover from your surgery?	

Who will support you on discharge? If you think you might need care support or respite following surgery, have you arranged this? The hospital may not be able to faciliate this for you.	
Who will bring you into hospital and take you home?	

Planning to go home after your surgery			
Activity	Tick	Date of Assessment and signature	
Have you walked with the physiotherapist and progressed to a suitable walking aid?			
For knee replacements only: Have you achieved a sufficient knee bend and active knee straightening?			
Do you understand and are able to complete your leg exercises and have agreed to undertake these at home?			
Are you able to get on and off the toilet independently?			
Are you able to get in and out of the bed independently?			
Can you go up and down a step and/or stairs?			

Useful Telephone Numbers				
Pre-Operative Assessment Clinic	01493 453289			
Elective Booking Office (Admissions)	01493 453176			
Ward 22	01493 452331			
Charnwood Suite	01493 453900			
Orthopaedics Outpatient Clinic	01493 452603			
Orthopaedic Therapy Clinic	01493 453849			
Hospital Switchboard	01493 452452			

#### Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card. Providing your feedback is vital in helping to transform NHS services and to support patient choice.



The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240

### Authors:

Trudie Rhodes Clinical Specialist Physiotherapist Melissa Taylor Clinical Specialist Occupational Therapist Hazel Mitchell Senior Sister Orthopaedics Mr A Cohen Consultant Orthopaedic Surgeon © September 2022 James Paget University Hospitals NHS Foundation Trust Review Date: September 2025 PH 63 version 1