

Prevention of complications whilst a patient in hospital

Patient information



NORTH SHORE
PRIVATE HOSPITAL

Prevention of complications whilst a patient in hospital

During your time in hospital the nursing staff will be assessing your progress on a daily basis as part of your recovery. As you may be restricted to bed or have limited mobility you are at risk of 3 common complications that may arise as a result of surgery or reduced mobility due to illness.

These potential complications are:

1. Deep vein thrombosis (DVT)
2. Chest infection
3. Pressure areas

There are a number of things that you can do to help prevent these complications.

Deep vein thrombosis (DVT)

A DVT is a clot that forms in the veins of the lower leg and thigh: this risk is due to prolonged sitting or bed rest. DVT's are more common in adults of the age of 60 +, but can occur in any age group.

Symptoms include:

- Pain in calf on standing and walking
- Swelling of your legs
- Increased warmth of the calf
- Changes in skin colour (redness) to your legs

Although your nurse will be checking your legs daily for symptoms please report should you notice any of the above symptoms.

PREVENTION

There are 3 ways to help prevent DVTs from forming these are as follows

1. Anti embolic stockings
2. Prophylactic (preventative) anticoagulant therapy as a daily or twice daily injection
3. Improving your own circulation

ANTI-EMBOLIC STOCKINGS

On admission you will be fitted for white anti embolic stockings that you should wear during your whole admission. These stockings help to aid the circulation in your lower legs. In some cases full length stockings may be applied. If you have previously had a DVT or are at a higher risk then sleeves will also be applied to your legs that intermittently compress your leg to further aid circulation. Please note that if you have had surgery on or have a problem with your legs these devices may not be used.

Please note: If your stockings are causing discomfort or pain please notify the nurse looking after you.

ANTI – COAGULATION THERAPY

Your doctor, depending on your length of stay and type of surgery or illness, may treat you with a prophylactic (preventative) injection of an anticoagulant or an oral anti-coagulant (blood thinner). Please speak to your nurse or pharmacist should you require more information on this type of medication. **Please note** that not all patients are suitable for this type of medication. It will depend on your medical history.

IMPROVING YOUR OWN CIRCULATION

There are three leg and foot exercises you can perform yourself, whilst you are in bed that will help improve your circulation. Perform each exercise slowly while lying flat or sitting in a chair.

1. With your legs out straight, point the toes and both feet towards the end of the bed. Relax. Then, point your toes up towards your chin. Repeat this exercise five times.
2. Move each foot at the ankle, making circles. Repeat this five times.
3. Bend one knee at a time, (if able) sliding the foot along the bed. Repeat five times.

Leg exercises should be repeated every one to two hours while you are in bed and can be decreased as you become more mobile. The best way to improve your circulation is to try and mobilise, even sitting in a chair for an hour a day can help. The physiotherapist can help you if you find mobilising difficult. Speak with the nursing staff if you would like a referral to a physiotherapist.

Chest infection

Chest infections may occur as a result of anaesthetic gases that are used in surgery not being completely expelled or due to shallower breathing as a result of pain when you breath in.

PREVENTION

Deep breathing and coughing

Deep breathing expands the lungs and helps to cough out any mucus that may have collected in your lungs. Deep breathing can be done in the following positions

- Lie in bed with the head of the bed raised
- Sitting on the side of the bed
- In a chair
- Flat on your back or even on your side

When you deep breathe and cough you may be more comfortable by gripping a pillow, blanket or towel roll over your incision/surgery site or area of pain. Bending your knees may also help take the strain off these areas. **Do not be afraid to cough.** Your incision has been secured with stitches or staples (if you have had surgery) and will not open. If you have not had surgery, deep breathing and coughing will not cause any internal damage.

Deep breathing exercises

1. Relax particularly your neck and shoulder muscles
2. Rest your hands on the sides of your rib cage.
3. Slowly take in a deep breath through your nose and hold for one or two seconds. Then, slowly blow it out through your mouth. When you breath in, your hands should be pushed out by you rib cage. As you exhale, you will feel the area under your hand relax.
4. Take two or three deep breaths, then several normal breaths. Repeat ten times each hour while awake for the first two days decreasing the amount as you become stronger

Coughing exercises

1. To cough, take three deep breaths. In and out.
2. Hold the next breath for a count of three. Support your incision and give a good deep cough to help clear the mucus from your lungs. The cough should come from deep in your abdomen, not your throat.
3. Cough only two or three times, then rest before continuing.

A hand held device (incentive spirometer) is often used to promote deep breathing. Use the incentive spirometer every hour while awake. Your nurse and or physiotherapist will instruct you in its use.

In some cases, a physiotherapist may assist you with deep breathing and coughing. For best results, follow the physiotherapist guidelines. The physiotherapist or nurse can also answer any question you may have about breathing treatments.



Pressure ulcers (bed sores)

Pressure ulcers occur when pressure is applied to one area for a long period of time. There are different grades of ulcers that require different treatments. The areas where pressure ulcers mostly form are: sacrum, heels, elbows and the back of your head. Should these areas feel sore or look red please inform the nursing staff.

The nursing staff will assess your skin integrity on your admission using a scoring system called the Waterlow risk assessment. This score will be maintained and assessed throughout your stay on a daily basis to grade your risk of developing a pressure ulcer. If you have any broken skin areas on admission please inform the nursing staff.

PREVENTION

The best prevention is reduction of pressure on the commonly affected areas. Depending on your risk factors the nursing staff may suggest you lie on a sheepskin, softer mattress or an air mattress. Heal protectors and raisers may also be applied.

Turning

- It is important to turn when you are in bed to improve your circulation and prevent pressure ulcers.
- You should turn at least every two hours unless otherwise instructed.
- It is likely that you may need help from a nurse or physiotherapist but your assistance with turns is important
- Some types of surgery, or medical problems may restrict your ability to turn and move in bed. Your nurse will guide, educate and assist you prior to any movement.

How to turn

- Identify the direction you want to turn. Raise your arm above your head on the side you will be turning towards
- Bend the opposite knee, planting the foot firmly on the bed
- Push off with the bent leg
- With the opposite hand, reach across your chest and grip the bed railing. Pull yourself over onto your side
- To move back, bend the leg again and push off with your hand on the bed

REMEMBER it is unlikely that you will experience any of the complications described. However, being aware of these potential complications helps to reduce your risk of developing them.

Thank you for taking the time to read this information booklet. Should you have any questions please do not hesitate to ask the nurse caring for you.



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