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## **Expectations of Patients Undergoing Planned Orthopaedic Surgery (Revised July 2014)**

**As a patient about to undergo planned orthopaedic surgery we should expect a clear and agreed pathway starting at the first consultation and clearly defined all the way through to our final discharge; it should cover our operation, our post-operative care, including pain management, aids and rehabilitation, and the plans for our safe and agreed discharge back to the community..**

### **Included in this agreed process we should expect:**

- 1) To see a consultant promptly, ideally within one month from GP referral. When advised that we need orthopaedic surgery we require the investigation and treatment within two months from when such a decision is agreed.
- 2) To be encouraged, if we feel it is necessary, to bring a member of our family, or a carer, to all our consultations to help in the discussions about our care, and that we are given any available literature on the condition to be treated and, if possible, guidance to reliable web sites.
- 3). To be consulted about the key dates, including the pre-op assessment arrangements, the operation itself, the estimated time in hospital and if appropriate the arrangements for our agreed, safe discharge back home.
- 4) That the discussions include information about outcomes and readmission rates for our procedure at the hospital.
- 5) That the consultant to be on the General Medical Council Specialist Register for Trauma & Orthopaedic Surgery and trained to the same criteria as a UK trained consultant.
- 6) That the consultant we see at the initial consultation is the one who will perform the operation. If this is not to be the case that it is discussed with us and that we meet the new surgeon in a timely manner, before being asked to sign an informed consent form.
- 7) That it is the consultant who will operate on us, or a senior member of his/her team, who obtains our *informed* consent after fully explaining the procedure. This should include, as appropriate:
  - a) why it is being done,
  - b) what the outcome is likely to be,
  - c) the types of device that might be used
  - d) what are the risks (such as bleeding complications and the risk of blood clots),
  - e) whether there are any alternatives to surgery, and
  - f) the post-operative pain management and remobilisation options
- 8) To meet the anaesthetist prior to the operation and have the type of anaesthetic and its risks discussed fully.
- 9) That every member of the team that is caring for us has the appropriate qualifications (e.g. when it is

necessary to have a plaster cast that a holder of a current British Casting Certificate is present, and that the nurses are fully qualified for orthopaedic care).

10) That we have timely access to physiotherapy, rehabilitation and occupational health services, if these services are necessary, including any on-going support at home if appropriate, and that these services are properly equipped to meet our needs

11) That we undergo screening for MRSA carriage before admission and are informed about the surgical site infection rate of the Unit.

12) That we have regular discussions with our surgeon and other members of the team about our progress while in hospital, including the discharge plan. Following discharge, that we have a continuing relationship with our surgical team and regular follow-up appointments at hospital until recovery is complete. To facilitate this in the days following discharge from hospital and during our rehabilitation that we are told a named person and telephone number to call in case of any concerns.

13) That if our operations involves a joint replacement that we are added to the National Joint Register following our consent