

Going Home after Your Stay at St George's Major Trauma Centre

This leaflet gives some information following discharge from hospital.

At the end of the leaflet is a checklist of questions you might need to think about before leaving. If you have any further questions, please speak to the Major Trauma Nurses.

Introduction

There are a many different injuries that people can sustain and sometimes the road to recovery can be outside of your control,

This booklet helps you have some control of your recovery process.

Remember you are never alone in this journey – there are many people in similar circumstances and there are services available to support you and your relatives.

Our staff are here to help you and your relatives on your road to recovery. Feel free to ask any member of staff if you need more information or if you are not sure about anything.

Leaving the hospital.

Your first few days/weeks at home may be difficult. Simple daily things can become a challenge, such as washing, dressing, cooking or moving around the house.

You may also feel isolated now you are no longer being cared for in hospital.

The following tips may help you on your journey home:

- wear loose comfortable clothes
- take frequent breaks if it is a long journey
- speak to the nurse in charge to see if you are eligible for hospital transport
- if you have had a serious road accident, you may feel anxious on the journey home. Talk to staff and loved ones about this and try and think of anything that would be comforting or reassuring for you during your journey home, such as driving more slowly than usual and travelling with people you trust
- make sure any hospital letter you have been given for your GP gets to them as soon as possible.

When you first get home, it is normal to feel physically and emotionally drained. Your relatives may be feeling a range of emotions too. Take time to talk and share this booklet with them.

Think of your recovery as a process taking weeks not days, which may be slow to begin. It can take time to get back into your normal routine. Sleep patterns, appetite, pain control, bowel routines, mobility and confidence can all be affected and take time to get back to normal.

We encourage you to keep up the exercises/activities you had been doing whilst in hospital.

You will be given a two-week supply of medicines on discharge. Contact your GP for any repeat prescriptions so you do not run out. You can always discuss the need for additional pain relief or general advice with you GP.

Encourage Healing

Recovering from a serious injury takes time and looking after yourself will help your injuries to heal. Here are some things you can do:

Nutrition

After a severe injury or surgery, you need to eat more protein, calcium and vitamins (especially vitamins C and D) to help bones and soft tissue to heal.

You may have a reduced appetite following a trauma or after surgery and changes in bowel habit, medications and mood can also affect your appetite and how you feel about food. If you lost weight while you were in hospital or are losing weight now, you also need to eat an energy dense diet, high in calories.

Constipation is also very common due to reduced mobility, poor appetite and medications. Eating more fibre and drinking plenty of fluids (e.g., water) will help.

As your appetite improves try to introduce foods rich in protein, calcium, vitamins and fibre into your diet. Good sources of these include:

- **Protein:** meat; fish; dairy products; textured vegetable protein (TVP); tofu; soya beans and soya products; beans; lentils; eggs; nuts.
- **Calcium:** milk, cheese and yoghurts are rich natural sources of calcium. Non-dairy sources include green leafy vegetables such as broccoli, cabbage or kale; soya beans; tofu; fish where you eat the bones such as sardines and pilchards. Some food and drinks, such as cereals, fruit juices and milk alternatives such as soya milk are fortified with calcium so do check the label.

- **Vitamin C:** found in fruit and vegetables especially oranges; grapefruit; red and green peppers; strawberries; blackcurrants; broccoli; brussels sprouts; potatoes.
- **Vitamin D:** oily fish such as salmon, mackerel, sardines and tuna; eggs; mushrooms. Some food and drinks, such as milk alternatives (soya); margarine spreads; cereals and tofu are fortified with vitamin D so check the label carefully.
- **Fibre:** fruit; vegetables; potatoes; beans; lentils; pulses; wholegrain cereals; wholemeal bread and pasta; brown rice.

Overeating

You may gain weight due to reduced mobility and you may overeat due to low mood, stress or boredom.

It is important to monitor your food intake as too much weight gain can have a big impact on how you feel physically and emotionally.

Personal hygiene

You can have a bath or a shower if able unless you have been told otherwise on discharge.

If you have a plaster or dressing you must protect it to stop it getting wet. You can get waterproof covers for your plaster from different suppliers including:

Limbo: www.limboproducts.co.uk Tel: 01243 573417

Smoking

Smoking can affect bone and wound healing and increase the risk of chest infection after trauma. If you smoke, you should give up if you possibly can, to help wound healing.

This is a very stressful time in your life though, so if you don't feel you can stop smoking now you can still help your healing by cutting down.

Doctors on the ward or your GP can give you advice on stopping smoking or on ways to help you cut down, such as nicotine patches.

Alcohol

It is not advised to drink alcohol after a traumatic brain injury.

- One unit is half a pint of beer or lager **or** a small glass of wine **or** one single measure of spirits.
- Department of Health recommends you are safest not to drink more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- if you do drink as much as 14 units per week, it is best to spread this evenly over three days or more.

You should also read the information leaflet for your medication to see if it is safe to drink alcohol.

You may be tempted to drink more after your injury. You should try not to do this as it may cause:

- changes in your emotional state or thinking
- poor sleep
- reduced appetite
delayed healing
- obesity or high blood pressure
- poor balance and increased risk of falls
- depression
- anxiety.

For more information about alcohol, or if you think you may be drinking to cope with distressing feelings or experiences please speak to your GP for further support.

Emotional well-being

It is normal to have strong emotions after a serious injury.

You have experienced a traumatic event which may have had an impact in many ways such as your ability to work, your independence, your mobility and your relationships.

In the first four weeks you may feel:

- irritable or easily annoyed by everyday things low, tearful and/or overwhelmed about the future
- unable to relax
- anxious, panicky, worried, or as if something bad is going to happen
- distressed or self-conscious about any scarring or other changes to how your body looks upset when thinking or talking about what happened
- 'stuck' - having difficulty adjusting to things being different
- fearful of activities that you used to do without thinking, such as socialising or going out of the house unless necessary. You may try to avoid these things altogether. You may also feel like avoiding people, places or situations, such as driving, that remind you of what happened.

You may also have:

- sudden thoughts or images (flashbacks), nightmares or unwanted memories of the event that led to your injuries
- difficulty doing what healthcare professionals suggest or feeling motivated to help yourself with your rehabilitation

- physical symptoms such as pain, sleeplessness and reduced mobility.

Your mood may also be affected by things to do with being in hospital such as boredom or problems sleeping. You may find it useful to speak to a friend or family member about how you are managing. This may be enough to help you feel better.

A traumatic incident also affects those around you. Your loved ones may have to make temporary changes to their routine and take on extra household tasks. Have a discussion together about how household tasks can be shared between you once you are back home, considering each person's individual needs.

Changes within your role and your relationship with a partner may be new for both of you, so you may need to keep talking about it as your rehabilitation moves on.

After a serious injury, there may be difficulties with intimacy and sex for several reasons, perhaps to do with changes in how good you and/or your partner feel about yourselves, or because your injuries make it hard to find a comfortable position. You may find it helpful to talk with your partner about this to see if you can solve any problems together.

When and how to get help

Even after you have healed physically, any emotional problems may not go away. Trying to block them out may not be helpful for you in the long term, so it's important to think about how your injuries may still be emotionally affecting you.

If any emotional symptoms such as those above don't naturally start going away a month after the incident or you find they affect your day to day life, you should speak about it with your GP. Your GP can discuss with you whether you

need extra support, such as speaking to a psychologist or counsellor with experience of working with people in your situation.

Your GP may also talk to you about medication to help with how you are feeling.

There are also confidential helplines you can call - see the useful information section later in this leaflet.

Children and childcare

Children may feel unsettled and upset about what has happened to you and any changes to family life. Try to give them lots of reassurance and let them know you and they are safe. It can be tempting to try to protect children from the truth but they are often more aware than we think and hiding the truth may be confusing for them and make things worse.

Try to give children and young people the chance to ask questions about what has happened, your injuries and treatments. Give them gentle honest answers, in language they can understand and won't scare them.

You may want to let your children's teachers know what has happened and to speak to them about any changes or problems at home.

Children often like to be given information in a visual way to use as a reminder of what is happening - it may be useful to have a family calendar showing hospital appointments, so children understand when and why, you are going back to hospital.

Looking after my wound

Dressings do not need to be changed every day as this increases the risk of infection. Once you have had your

dressing removed you can wash your wound gently with soap and water and pat dry – do not scrub.

You may need to see your practice nurse a few days after discharge for a wound check and dressing change or you may have this done at your clinic appointment.

If your wound becomes painful, reddened or has increased discharge, you should see your practice nurse sooner or GP

Will I be in pain?

How we experience and deal with pain is often influenced by our previous experiences of pain and is different in different people.

Some people become anxious and/or tense their muscles, which can cause more pain when you do an activity. This then strengthens the natural response of avoiding doing something painful.

This can lead to a vicious cycle: you avoid activities which cause pain and reduce your activity levels overall - it is then even more painful when you do the activity – this again makes you want to stop the activity that causes the pain – which in turn makes it more painful next time you do it.

Deep breathing can help with muscle tension and to get ready to start moving more again. Hospital staff can give you more information on deep breathing exercises if you would like.

You may be worried that any continuing pain means you are doing further harm or damage to your body, but some pain is a normal part of the healing process.

It is important to make sure you take regular painkillers as prescribed. Good pain relief, together with the movement and exercise recommended to you, can help you to get back to your daily activities as soon as possible.

Make sure you check how you need to take your medications before you leave hospital, for example some medications need to be taken with food. Don't wait until the pain is overwhelming before taking painkillers – taking them regularly is the best way to manage your pain. When you feel ready, slowly cut down the amount of painkillers you are taking.

Some medication can cause unpleasant side effects if you take them for a long time or if you stop suddenly. Make sure you read the information that goes with your medication.

It is illegal to drive in England or Wales when taking some prescription medications such as morphine. It is your responsibility every time you are going to drive to think about whether your ability to drive safely may be affected by your medication.

You may find the following description of common medicines useful:

Paracetamol

- works very well when taken regularly alongside other painkillers
- should only be taken with caution if you have any allergies or liver complaints.

Ibuprofen

- an anti-inflammatory painkiller
- not to be taken if you are elderly, allergic to NSAIDS, taking warfarin for a bleeding disorder or have a renal disorder and are on dialysis or gastric problems such as reflux.

Codeine

- codeine is used to treat mild to moderately severe pain

- codeine can slow or stop your breathing - never take it in larger amounts or for longer than prescribed
- should only be taken with caution if you have any allergies, uncontrolled asthma or breathing problems
- common side effects of codeine are feeling dizzy or drowsy, nausea, vomiting, stomach pain and constipation
- it is dangerous to drink alcohol if you are taking codeine due to the side effects caused
- codeine can make your thinking and reactions slower. You should not drive or operate other machinery until you have seen how this medicine affects you. Dizziness or severe drowsiness can cause falls or other accidents.

Tramadol

- a dual action strong painkiller containing a synthetic form of opiate - it also works for nerve pain and is very effective taken with paracetamol
- common side effects are dizziness, drowsiness, nausea, vomiting and constipation
- it is dangerous to drink alcohol if you are taking tramadol due to the side effects caused
- tramadol can make your thinking and reactions slower. You should not drive or operate other machinery until you have seen how this medicine affects you.

Oramorph

- a strong painkiller containing morphine in syrup form
- common side effects are constipation, drowsiness, hallucinations and nausea

- it is dangerous to drink alcohol if you are taking Oramorph due to the side effects caused Oramorph can make your thinking and reactions slower. You should not drive or operate other machinery until you have seen how this medicine affects you. Dizziness or severe drowsiness can cause falls or other accidents.

Amitriptyline

- used to treat nerve pain and commonly used as a painkiller for headaches after traumatic brain injury
- common side effects are drowsiness, dizziness, dry mouth and constipation – don't drive if you feel drowsy
- drinking alcohol while taking amitriptyline may make you even more drowsy
- you mustn't stop taking amitriptyline suddenly - speak to your GP about slowly cutting down before stopping.

Gabapentin and pregabalin

- used to treat nerve pain
- common side effects are drowsiness and dizziness – don't drive if you feel drowsy drinking alcohol while taking gabapentin or pregabalin may make you even more drowsy
- you mustn't stop taking gabapentin or pregabalin suddenly - speak to your GP about slowly cutting down before stopping.

Stopping these drugs suddenly can cause a range of unpleasant symptoms - try to reduce them slowly or talk to your GP if you are worried.

Lactulose

- a laxative in syrup form that is used to prevent or treat constipation and should be taken if you are taking opiates such as Oramorph, codeine or tramadol.

Senna

- a laxative in tablet form that can be taken with other laxatives.

Will I need to do any specific exercises?

You may be given a range of exercises by your physiotherapist or occupational therapist when you are discharged, depending on the type of your injury and how it has been treated.

If you are given exercises it is important to complete them as prescribed to help your body heal and help stop some problems.

Set aside time in your day for your exercises, and make sure you have taken the painkillers you need.

Remember to not only exercise the injured part of your body, but also other areas such as your shoulders, back and neck. Stiffness and stress can build up in these areas and cause more pain so gently exercise or massage them.

Your whole body will be adjusting to cope with your injury so all parts need looking after.

Increasing your exercise and activity levels

It is natural if you are frightened of increasing your activity levels and worried about being injured again. Try to remember times you have been out and about without hurting yourself and help improve your confidence by starting small and gradually increasing your activity - ask a friend or relative to come with you at first if this helps.

You may also need to increase your pain medication in the short term to help you get out and about more.

If you had a plaster or brace you may need to be seen by a physiotherapist once it is removed.

Seek help early so any problems don't build up and become more permanent.

When can I get back to normal activities?

Driving

1. DO NOT drive a car or motorcycle, ride a bicycle or operate machinery if you have had a traumatic brain injury. You will need to inform the DVLA of your injury by completing and sending off form B1, which can be done online.

The DVLA will decide about when you can drive again based on the information you give them. If you do not do this you may be fined up to £1000 and if you are involved in an accident you could be prosecuted.

More information can be found here:

www.gov.uk/head-injury-and-driving

www.headway.org.uk/media/3992/driving-after-brain-injury-e-booklet.pdf

2. Driving with a leg or arm in plaster can be viewed as dangerous driving because it may be a driving impairment. Driving with a neck brace or back brace is also viewed as a driving impairment and most insurance companies will not cover driving in a cast or brace.
3. You don't need to inform the DVLA of these injuries if you don't have a traumatic brain injury, but you should check with your insurance company when they will insure you again after your injury and ask your doctor for

advice.

If you do drive and are stopped by the police you must be able to demonstrate that you are in control of the vehicle at all times.

Going back to work

Many people can return to their previous employment and duties - the kind of work you do will determine the timing.

You will be quite tired when you first start work again and may want to discuss a staged return to work with your employer, your doctor or occupational health department.

Try to think of any additional equipment you may need and any ways you could adapt your workload and environment, for example so you are able to raise your leg comfortably.

You may notice problems with thinking skills such as attention and memory. Again, try to think of ways to adapt, such as using a quiet space, having more rest breaks or using memory aids.

Ask your occupational health department for help and discuss any issues in any continuing therapy sessions you have.

Sick notes or fit notes

If you are off work for more than seven days, your employer will usually ask you to provide proof that you've been ill. They will normally ask for a "fit note" from your GP. "Fit note" is short for an official form called a Statement of Fitness for Work.

The fit note must be signed by a doctor. Hospital staff can provide you with a fit note to cover your initial treatment and after this you should ask your GP, who may advise you to make an appointment or to book a telephone consultation.

What should I do if I have a problem?

General medical support at home

Your GP will be able to deal with most issues and can refer you to a range of services if needed.

Your GP practice nurse will look after your wound care including removal of sutures or clips and can help with a wide range of other issues if needed. If you can't get to your GP's surgery, district nurses will do the same things at your home.

Specific problems requiring medical attention

Complications are unusual after serious injuries but if you have any of the symptoms below something may be wrong and you should see a health professional to check.

If your **plaster** feels tight, you have a lot of swelling in your fingers or toes or they are a funny colour, such as pale or blue, you should have your plaster checked.

Contact the major trauma nurses on 020 8725 2363 or the plaster room on 020 8725 3039 (Monday to Friday, 8am to 3pm). Outside of these hours, go to your nearest Emergency Department (ED or A&E).

See your GP or call NHS 111 if you have any of the following symptoms, as they may suggest a wound infection:

- Heat
- redness
- swelling
- pain
- discharge
- feeling generally unwell or feverish.

Will I have a follow-up appointment?

You may have need of follow up for your injuries. If you have any questions when you get home or do not receive the follow up appointments you were expecting then please contact **the major trauma nurse practitioners on 020 8725 2363 or email major.traumanurses@nhs.net**

You may be booked into the fracture clinic for follow ups with your injuries or you may be booked into our Major Trauma Clinic for full review of all your injuries. You will receive a letter as to which one you will attend.

Transport is not normally arranged for your outpatient appointments so please get someone to bring you if possible. If you do need hospital transport due to mobility issues you will need to arrange this by calling: **020 8725 0808.**

Useful sources of information

Blue Badge

You may be able to get a Blue Badge to help you get out and about while recovering. Most clinics supermarkets and GP surgeries will have wider blue badge parking spaces nearby.

To apply for a Blue Badge, contact your local council or go online:

www.gov.uk/apply-blue-badge

For more information and guidance, visit:

www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/help-for-disabled-travellers1/blue-badge-scheme/applying-for-a-blue-badge

Support with emotional wellbeing

If you would like to speak to someone about any problems you are having adjusting to what has happened or with your mood, speak to your GP about accessing support in your local area.

In a crisis, go to your nearest Emergency Department (ED or A&E) for urgent support. Your GP may suggest you are assessed by your local Improving Access to Psychological Therapies (IAPT) service. IAPT services can support your emotional wellbeing and help you to cope with ill health. You can also self-refer for an assessment. To find out more visit the website:

www.england.nhs.uk/mental-health/adults/iapt

The Clinical Psychology for Major Trauma service based at St George's Hospital can offer outpatient telephone appointments to review your emotional well-being and check if you have any symptoms of Post-Traumatic Stress Response or other psychological difficulties. We can contact you to assess your mood and wellbeing. We don't provide therapy ourselves but can refer you for psychological therapy, if needed. You can access this service even if you have not been seen by the team during your inpatient stay.

Call 020 8725 1214 to find out more (leave a message if we are not able to take your call) or you can email:

MTCPsychology@stgeorges.nhs.uk

Charities can also offer information and support for emotional difficulties. For more information about support available in your local area visit www.mind.org.uk

Contact us

If you have any questions or concerns about going home after your stay at St George's major trauma centre, please **contact the major trauma nurse specialists on 020 8725 2363** (Monday to Friday, 8am to 5pm).

You can also email us at major.traumanurses@nhs.net

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer). **Tel:** 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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Checklist for going home

Please discuss any questions or concerns with the ward staff before going home. Here are some questions you might need to think about before you leave:

Do you have someone to take you home? Yes No

Any questions or concerns

Do you have enough help and support at home?

Yes No

Any questions or concerns

Have you discussed what activities you should and should not be doing?

Yes No

Any questions or concerns

Do you know your weight bearing status, timeframes and any precautions related to your injuries? Yes No

Any questions or concerns

Do you know what exercises you have been advised to do at home?

Yes No

Any questions or concerns

Medicines – do you know what each is and when/how to take them?

Yes No

Any questions or concerns

Do you have a letter from the hospital to give to your GP?

Yes No

This is a discharge summary explaining what has happened to you, what treatments you have had and what medications and follow up you need (some are sent electronically – please ask the ward staff)

Any questions or concerns

Have you been given a copy of the rehabilitation plan?

Yes No

Any questions or concerns

Do you know which teams will be following up your care as an outpatient?

Yes No

Any questions or concerns

If you have an unhealed wound, do you know what follow up care you need? Yes No

Any questions or concerns

Are you able to get to hospital clinics and your GP practice for follow up?

Yes No

Any questions or concerns

If you are on anti-coagulants (e.g., clexane) – do you need follow up?

Yes No

Any questions or concerns

Have you been advised when you can drive?

Yes No

Any questions or concerns

If you have any braces or splints and do you know how to look after them?

Yes No

Any questions or concerns

Is all the equipment in place that you need to manage at home? (you will have been advised what is required by your Occupational Therapist) Yes No

Any questions or concerns

Have you been advised when you can return to work?

Yes No

Any questions or concerns

There are several charities and support services available. Please ask one of the clinical team looking after you which ones may be useful to you.