

## CAREGIVER'S GUIDE

**As a caregiver and coach, your role is very important for helping your friend or loved one recover from surgery.** When at home, there are a variety of things you need to know for the patient's safety, recovery, and comfort. This packet will help address some of your questions and concerns as you prepare to care for your patient. As a coach, you will be asked to attend the pre-operative educational class, give support during exercise and keep the patient focused on healing.

### Home Safety and Avoiding Falls-Preparing the Home



- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backing.
- Place regularly-used items such as remote controls, medications, and reading materials in easy-to-reach locations.
- Widen furniture paths to accommodate a walker, crutches or cane.
- Place frequently-used cooking supplies and utensils where they can be reached without too much bending or stretching.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout the house. Install night lights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs; this is a fire hazard.
- Do not let the patient lift any heavy objects.
- Un-tuck bedding to allow for easier access into and out of the patient's bed.
- Installing hand rails in the shower, high rise toilet seats, non-skid shower/tub mats and hand-held shower heads will help avoid falls while bathing.
- Have the patient carry a cell phone at all times to call for help if needed.

## Body Changes

- After your friend or family member returns home, his or her appetite may be poor. Make sure they drink plenty of fluids to keep them from getting dehydrated. Dehydration will lead to further complications such as constipation, becoming dizzy when standing, and headaches. Eventually, their desire for solid food should return. Small well-rounded meals or snacks will help maintain their nutritional needs.
- Post-surgical patients may have difficulty sleeping, which is normal. Try not to let the patient sleep for long periods during the daytime; short naps are acceptable.
- The patient's energy level will be decreased during the first few weeks; this is normal.
- Narcotic pain medications, lack of mobility, and dehydration all promote constipation. Have the patient follow the surgeon's recommendations for using stool softeners or laxatives.

## Blood Thinners and Medications

- Blood thinners may be given to help avoid blood clots in the patient's legs. Always follow the surgeon's recommendations regarding blood thinners. It is very important that the patient understands how to take their blood thinners.
- Writing down when medications should be taken and documenting the time they were taken is very helpful. Doing this keeps the patient from getting confused as to when they last took their medications and when the next dose is due.

## Anti-thrombolytic Stockings (T.E.D. hose)

- The patient may be asked to wear special stockings. These stockings are used to help compress the veins in their legs. This helps to keep swelling down and reduces the chance for blood clots.
- For patients with Total Joint Replacements: if swelling in an operative leg is bothersome, help the patient elevate the leg for short periods throughout the day. It is best when the patient lies down and raises the leg above the heart level.
- Make sure the patient wears the stockings continuously, removing them for one to two hours twice a day is acceptable.



- T.E.D. hose are tight and can be hard to take off and put back on. One trick is to put a plastic bag over the patient's foot, let the hose slide over the slippery plastic then once the hose are on, pull the plastic bag out through the hole in the stockings toe.
- Notify the physician if the patient notices increased pain or swelling in either leg, muscle cramps in the calf area, or calf redness.

## Incision Care

- Always follow the surgeon's directions for any incision care.
- Keep the incision dry and clean.
- Do not apply any lotions, creams, or medication, unless instructed to do so by the surgeon.
- Keep the incision covered with a light dry dressing until the staples/sutures are removed. This is usually during the first follow up appointment, 10-14 days.
- The patient should request showering/bathing instructions from the surgeon. Most patients are instructed and bathed during their hospital stay.
- Notify the surgeon if there is increased drainage, excessive bleeding, redness, pain, odor, or heat around the incision.
- Take the patient's temperature if they feel warm or sick. Call the surgeon if it exceeds 101 degrees F.

## Changing the Dressing (ONLY IF DIRECTED BY SURGEON)

1. Wash hands.
2. Open all dressing materials (ABD pads, 4X4 gauze, and a Betadine swab if indicated).
3. Remove clothing from around the incision; remove tape and old dressing.
4. Inspect the incision for the following:
  - A. Increased redness
  - B. Increase in clear drainage
  - C. Yellow/green drainage
  - D. Odor
  - E. Surrounding skin is hot to the touch
5. If Betadine is ordered, take one Betadine swab and paint the incision from the top to bottom. Then turn the swab over and paint the incision from bottom to top. Use remaining swab to paint a drain site.
6. Pick up ABD pad by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lie over the incision.
7. Tape in place using the least amount of tape feasible. Do not apply tape directly over any blisters or the incision.

## Controlling Discomfort

- Pain medication should be taken at least 30 minutes before physical therapy.
- Encourage the patient to gradually wean himself off prescription pain medication. Follow the surgeon's recommendations for taking over-the-counter medication in place of prescription pain medication.
- Have the patient change position every 30 minutes throughout the day.
- Use ice for pain control. Applying ice to an affected joint will decrease discomfort, but do not use for more than 20 minutes at a time. Allow the skin to warm again for 20 minutes then reapply the ice. Do not place ice bags directly on the skin. This will cause damage to the skin and condensation will soak the dressing. Frozen peas placed in a pillow case or wrapped in a towel make an ideal ice pack. Return the bag to the freezer to be used later. Time the amount of time the patient has ice to their incision: use a kitchen timer, phone alarm, or write down the time. It is important not to leave packs of ice on the incision for extended periods of time.



## Recognizing and Preventing Potential Complications

*Total Joint Dislocation: disregard this section if the patient has not had a total joint replacement. It is very important to follow the physical therapy handouts that were given to the patient. These will outline all precautions to avoid dislocation of the joint.*

### Signs of Dislocation

- *Severe pain*
- *Rotation/shortening of the leg*
- *Unable to walk, weight bear, or move the leg*

### Signs of Infection

- Increased swelling and redness at incision site
- Change in color, odor of drainage
- Increased pain in the surgical joint
- Fever greater than 101 F.

## Blood Clots in Legs

Surgery and immobility may cause the blood to slow and coagulate in the veins of the patient's legs, creating a blood clot. It is important for patients take blood thinners, change position frequently, and walk after surgery. If a clot occurs despite these measures, the patient may need to be admitted to the hospital to receive appropriate care. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

### Signs of blood clots in legs

- Swelling in the thigh, calf or ankle that does not go down with elevation.
- Pain, heat and tenderness in calf, back of knee or groin area. NOTE: Blood clots can form in either leg.
- Cramps that do not resolve.

### Prevention of blood clots

- Foot and ankle pumps
- Walking
- Compression stockings (T.E.D. hose)
- Blood thinners prescribed by the patient's surgeon
- Do not apply dressings, ace wraps or tape around the leg, which can cause a tourniquet and stop the normal blood flow.

## Pulmonary Embolus

**This is an emergency, if suspected CALL 911 immediately.**

An unrecognized blood clot could break away from the vein and travel to the lungs.

### Signs of a pulmonary embolus

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion
- If you suspect a pulmonary embolus, call 911 immediately.



## Prevention of pulmonary embolus

Anticoagulant medication prescribed by the surgeon decreases the patient's chances of pulmonary embolus. It is very important that the patient take this medication as prescribed.

- Compression stockings (T.E.D. hose)
- Follow the prevention of "blood clots in legs" to avoid clots that may travel to lungs.
- Physical activity as soon as possible after surgery can help prevent pulmonary embolism and speed up the recovery process.
- Diligent use of the Incentive Spirometer (I.S. breathing machine) is one way to keep the lungs clear and prevent pneumonia. Narcotics decrease the body's respiratory drive, which slows down the rate of breathing. Using the I.S. 10 times per hour while awake will help keep the lungs and body saturated with oxygen.

## If You Have Questions ...

Thank you for volunteering to be a patient's coach! After reading this guidebook you should be able to care for the patient safely with the knowledge needed. If you have any questions that are specific to the patient's care, please ask the surgeon, nursing staff, physical therapists and even the patient for advice. We are all here to help you and your loved one through a successful surgical recovery!

**Animas Surgical Hospital: 970-247-3537**