

CLAHRC East Midlands
Collaboration for Leadership in
Applied Health Research and Care



**National Institute for
Health Research**



**GOING HOME AFTER A
SERIOUS INJURY**
Information for patients

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CONTENTS:

	Page
Checklist for going home	3
Summary of injuries/treatments	4
Consultants and outpatients	4
SECTION 1 – Your injury	5
SECTION 2 – Leaving hospital and arriving home	6
Your journey home	6
General advice	6
SECTION 3 – Looking after yourself/helping your injury to heal	7
Nutrition	7
Overeating	8
Emotional wellbeing	8
Children and childcare	9
Personal hygiene	9
Wound care	9
Pain and pain relief	9
Common medication	10
Relaxation	11
Expectations	12
Physiotherapy	12
Smoking	12
Alcohol	13
SECTION 4 – When and how to seek help	14
General medical support at home	14
Specific problems requiring medical attention	14
Sources of medical support	15
Equipment loan	15
Advice about assistance with shopping, cleaning or personal care	16
Head injuries	16
Finance and benefits	16
SECTION 5 – Looking forward	17
Driving	17
Going back to work	17
Sick or fit notes	17
Outpatients	18
Transport	18
Blue badge	18
Increasing exercise and activity levels	18
Sex after serious injury	18
Litigation	19
Alphabetical list of useful contacts	20
Feedback	21

CHECKLIST FOR GOING HOME

If you have any concerns, please discuss them with the ward staff before going home. These are some questions that you might need to think about before you leave:

- Do you have enough help and support at home?
 - Do you have someone to take you home?
 - Have you discussed what activities you should and should not be doing with the physiotherapist?
 - Have you climbed up and down the stairs?
 - Do you know what exercises you have been advised to do at home?
 - Medicines – do you know what each are and when/how to take them?
 - Do you have a letter from the hospital to give to your GP? 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).
 - If you have an unhealed wound, do you know what follow up care you need?
 - Are you able to get to hospital clinics and your GP practice for follow up?
 - Outpatients appointments – do you know when you will be seen and where?
 - If you are on anti-coagulants (e.g.clexane) – do you need follow up?
 - If you have any braces/splints do you know how to look after them?
 - Do you think you need any further equipment not supplied by the hospital?
 - Do you know who is responsible for your care when you get home? Your GP is responsible for your overall medical care in the community, district nurses may be responsible for nursing care or you may have carers coming in.
 - Do you or your relatives have any other questions? If so, please ask ward staff.
- i If you have any queries on the day of discharge please ring the ward that you stayed in.**

Introduction:

- ✓ Although advice will be given to you during your hospital stay, it may be difficult for you to remember everything so it is hoped that this information will be helpful for you.
- ✓ Staff are there to help you and your relatives on the road to recovery.
- ✓ When you get home there is a lot you can try to do to help yourself.
- ✓ There are also services in the community that can help and support you.
- ✓ Please ask a member of your care team (ward staff, carers, physiotherapist, GP etc.) if you require more information or if you are uncertain about anything.

Summary of your injuries

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2.

3.

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7.

8.

9.

10.

Your Consultants

Your Outpatients appointments

SECTION 1: YOUR INJURY

More than half a million people are admitted to hospital following a serious injury every year. When we talk about serious injuries we frequently think about broken bones, but most injuries that require hospital admission and/or surgery involve soft tissue damage (to the skin, muscle etc.) too.

Your treatment and recovery rate will depend on a range of factors such as the site, extent and type of injury as well as your age and health before the injury. Some serious injuries involve internal organs and soft tissue rather than bone. It can take much longer to recover from an injury than you might think. Research shows that many of those admitted to hospital have not fully recovered one year later. It is therefore important to allow yourself the time your body needs to heal and recover.

Serious injuries mostly occur when we least expect them and may change your life and the life of those around you for a long period of time. Serious injuries can affect people emotionally as well as physically, and it can take time to adjust and adapt to what has happened.

While recovery depends on some things outside of your control, this booklet aims to answer some of the questions you might have and suggest some ways that you can help yourself in your recovery.

One of the important things to remember is that you are not alone – there are many people in similar circumstances and there are services out there to support you and your relatives. This booklet is based on the experiences of other people who have had injuries like yours and the kinds of information they found useful during their recovery.



Note:

This is a general discharge booklet for patients who have been admitted to hospital following a serious injury. Obviously, there are many different types of injury. People deal with their injuries in different ways and the impact of your injuries may depend on your individual circumstances. For more specific information, you may wish to talk to some of the people or organisations we have listed in this booklet.

SECTION 2: LEAVING HOSPITAL AND ARRIVING HOME

Some people find that the first few days at home are more difficult than they expect. Simple things that you used to do without thinking can become a challenge, like washing, dressing and cooking. Getting around the house can also be difficult. Some people report feeling a bit alone or lost when their care in hospital is no longer available and this is understandable. The transition home can be helped by considering the following points:



Your journey home

- It is advisable to take some painkillers prior to leaving the ward. Seek advice from the nursing staff.
- Wear loose comfortable clothes.
- Ask the person who collects you to bring cushions so you can be comfortable on the journey home.
- If it is a long journey, ensure you take frequent breaks.
- If you are leaving hospital after a serious road traffic accident, the journey home may be anxiety-provoking. Talk to staff and your loved ones about this and consider things that may bring you some comfort or reassurance during the journey home (e.g. driving more slowly than usual, travelling with people you trust, holding a personal belonging that brings you comfort, taking deep breaths, distracting yourself by talking to others or listening to music during the journey, etc.).
- Most service stations have wheelchairs that can be borrowed if you ask on arrival.
- Ensure your hospital letter is delivered to your GP as soon as possible if you have been given one.

General advice

- When you first get home you may feel physically and emotionally drained. This is normal. Your recovery may feel slow to start with; it may be helpful to think about your progress on a week by week, rather than a daily basis.
- It takes time to re-establish normal routines. Sleep patterns, appetite, pain control, bowel routines, mobility and confidence can all be affected and take time to get back to usual.
- Try to continue the activities and exercises you began in hospital.
- Your relatives may be feeling a range of emotions too. Take time to talk to them and share this booklet with them.
- If you find you need additional equipment to help you manage at home, The British Red Cross may be able to loan it to you. Tel. 01344 871 11 11 (national number).
- If you need additional painkillers or general advice, please contact your GP. You will only be given a two week supply of medicines on discharge. It is advisable that you contact your GP for any repeat prescriptions needed around 10 days after discharge so you do not run out.
- If you have any specific queries relating to your plaster cast, you will need to contact the hospital you were treated at, and ask to speak to someone in the plaster room.

SECTION 3: LOOKING AFTER YOURSELF/ HELPING YOUR INJURY TO HEAL

Recovering from a serious injury can take time but there are things you can do to help your recovery.






Nutrition

It is common to have a reduced appetite following a trauma or post-surgery. Changes in bowel habit, medications and mood can further affect your appetite and how you feel about food.

But following a severe injury and/or surgery you need to eat more protein, calcium and vitamins (especially Vitamins C&D) to heal bones and soft tissue, than in our usual diet. If you have lost weight during your admission, or are losing weight, you also need to eat an energy dense diet (high in calories).

Constipation is very common due to reduced mobility, poor appetite and medications. Eating more fibre and drinking plenty of fluids (e.g. water) will help. It is important to **gradually** increase the amount of fibre in your diet.

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

Protein:		Meat, fish, dairy products, textured vegetable protein, tofu, soya beans, beans, lentils, eggs and nuts.
Calcium:		Milk, cheese and yoghurts are rich natural sources of calcium. Non-dairy sources include green leafy vegetables (broccoli, cabbage, kale), soya beans, tofu and fish where you eat the bones (sardines, pilchards). Some foods and drinks, such as cereals, milk alternatives (soya) and fruit juices are fortified with calcium so check the label carefully.
Vitamin C:		Found in fruit and vegetables, but rich sources include oranges, grapefruit, red and green peppers, strawberries, blackcurrants, broccoli, brussel sprouts and potatoes.
Vitamin D:		Oily fish (salmon, mackerel, sardines and tuna), eggs and mushrooms. Some foods 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, and brown rice.

Overeating

It can be easy to gain weight due to reduced mobility and overeating due to low mood, stress or boredom, but it is important to monitor your food as excessive weight gain will not improve your physical or emotional wellbeing.

Emotional wellbeing

People can often have strong emotional reactions after serious injury. This is normal. You have experienced a traumatic event which may have impacted upon a number of areas of your life (e.g. ability to work, your independence, mobility, relationships, etc.).

Examples of emotional difficulties that can occur include:

- Feeling low, tearful, overwhelmed about the future.
- Feeling anxious, panicky, worried, or as if something bad is going to happen.
- Difficulty adjusting to things being different or feeling 'stuck'.
- Flashbacks, nightmares or unwanted memories of the event that led to your injuries.
- Getting upset when thinking or talking about what happened.
- Avoiding situations (e.g. driving), people or places that remind you of what happened.
- Distress or self-consciousness about scarring or any other changes to how your body looks.
- Fear about driving or travelling in vehicles again.
- Difficulty doing what healthcare professionals are recommending.
- Physical symptoms such as pain, sleeplessness and reduced mobility.

It can also affect those around you and put a strain on relationships. It is important to think about how your injuries are affecting you emotionally. Ignoring the emotional impact of serious injuries is often unhelpful. It is worth remembering that once you begin to heal/have healed physically, emotional difficulties do not necessarily go away.



When and how to get help

Some degree of emotional upset is normal and many difficulties naturally fade within the first few weeks. However, if difficulties persist for longer than a few weeks and if they are distressing or interfering with your life, then it is advisable to talk to your GP sooner rather than later.

Your GP may be able to suggest ways to help and can refer you for specialist psychological therapy or counselling if necessary. Please ask your GP about sources of emotional support to which they can refer you as it is relatively common to require psychological therapy or counselling after experiencing serious injuries. Your GP may also talk to you about any medication that may help with how you are feeling. There are also confidential helplines that you can call (see Contacts at the back of the booklet for services.).

Children and childcare

If you have children, they may feel unsettled and upset about what has happened to you and any changes to family life. Reassure and remind them that they and you are safe. It can be tempting to protect children from the truth. However, children are often aware if something is wrong and hiding the truth can lead to confusion and even more distress. Give them the opportunity to ask you any questions about what happened, your injuries and what treatments you have had. Give them honest, but sensitive answers. Use language that they will understand and words that may be less scary for them to hear (e.g. *“the doctors made an opening...”* rather than *“the doctors cut...”*).



Try to encourage them to talk about any worries they might have. It may be useful to talk to their teachers and let them know what has happened and any ongoing changes or difficulties at home. If you have any concerns about your child's emotional wellbeing, speak to their GP and consider whether they need professional support.

Personal hygiene

You can have a bath or a shower, unless told otherwise on discharge. If you have a plaster or dressing you must protect it to prevent it from getting wet.

If your plaster gets wet it may not be doing its job effectively. If in doubt, it's best to check with your GP practice.

Wound care

Keep wounds clean and dry while the dressing is still on. Dressings do not need to be changed daily as this increases the risk of infection. Once the dressing is removed and the wound exposed you can wash gently with soap and water and pat the wound 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. You will be told which you need to do if appropriate.

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

Pain and pain relief

People deal with pain in different ways. We all differ in how we experience pain and how much pain is tolerable to us. Our experience of pain is often influenced by previous experiences of pain and how we respond to painful sensation. When people experience pain they may become anxious and/or tense their muscles. Both will unfortunately increase pain perception. The following important information may help you.

Expect to feel some discomfort. However, taking regular painkillers as prescribed can help relieve this and make you feel more able to manage day to day.

Don't wait until the pain is overwhelming before taking painkillers. This is not an effective way to manage your pain and may lead to your pain becoming more difficult to cope with.

Try to stay as calm as you can and remember that pain is often a normal part of the healing process. People can sometimes worry that ongoing pain means further harm or damage to the body but this is often not the case. See your GP if you have any strong concerns about how much pain you are experiencing.

When you feel ready, try to gradually reduce the amount of painkillers you are taking.

You will be given two weeks supply of medication on discharge. After this you will need to go back to your GP for a repeat prescription (if needed). You do not need to finish the whole course of painkillers, if you find you don't need them.

Some medication can cause unpleasant side effects with prolonged use or if stopped suddenly. Please ensure you read the literature supplied with your medication and discuss any concerns with your GP.

Below is a table to help you.

Common medication			
Paracetamol	Works very well when taken regularly alongside other painkillers. ⚠ Caution: if any allergies or liver complaints. ⊗ Side effects: constipation, drowsiness, hallucinations and nausea.	Tramadol	This is a painkiller containing a synthetic form of opiate. It is highly effective when taken with Paracetamol.
Oramorph	This is a strong pain killer containing morphine in syrup form. ⊗ Side effects: constipation, drowsiness, hallucinations and nausea.	Ibuprofen	An anti-inflammatory pain killer ⚠ Caution: Not to be taken by: elderly patients, patients with bleeding disorders (on warfarin), renal disorders (on dialysis etc.), allergic to NSAIDS and gastric problems (e.g. reflux).
Zomorph	This is a slow release morphine covering 12 hours pain control. ⊗ Side effects: constipation, drowsiness, hallucinations and nausea.	Oxycodone	Oxycontin is slow release and Oxynorm is a quick release pain killer. They are synthetic opiates in tablet form. Better tolerated by patients with kidney problems. ⊗ Side effects: constipation and nausea.
Please be aware stopping these drugs suddenly can cause a range of unpleasant symptoms. Try reducing them slowly or talk to your GP if you have concerns.			
Lactulose	A laxative (prevents/treats constipation) in syrup form, should be taken whilst taking opiates.	Senna	A laxative in tablet form can be taken with other laxatives.
Sodium Docusate	A laxative in capsule form. ⚠ Caution: can sometimes cause slimy poo.		

Relaxation

You may feel frustrated and stressed at times; it is important to allow time for relaxation as stress will increase your pain perception and make you less resilient to managing your pain and your physical condition.

Some helpful tips:

- ✓ Give yourself time and space. You have the best excuse in the world to take life at your own pace for a while.
- ✓ Share your feelings of stress with someone who will understand.
- ✓ Learn to recognise triggers that make you feel stressed.
- ✓ Try to accept that some stressful events cannot be changed. This can reduce how stressful they seem.
- ✓ Try to learn some relaxation techniques and allow time to practice them.



The following simple relaxation method may be useful:

- Find somewhere quiet where you won't be disturbed.
- Make yourself as comfortable as you can, either sitting or lying down.
- Check you are comfortable and adjust your position if necessary. Use pillows to support your injury if needed.
- Feel the chair, bed or floor support the weight of your body comfortably.
- Close your eyes.
- Notice your breathing. Do not try to change your breathing in any way. Just notice it.
- Notice your breathing for a few moments.
- If you become distracted (by worries, unpleasant sensations, or external noises, etc.) just notice that you have become distracted and re-focus your attention on your breathing.
- Notice the area of your body where you become most aware of your breathing (e.g. your nose, mouth, chest, stomach).
- If your attention wanders, just notice that and bring your attention back to your breathing.
- Continue to notice your breathing for as long as you wish.
- When you are ready to finish the exercise, slowly open your eyes.
- Get up slowly to avoid dizziness.

There are many relaxation CDs available online, in the library or bookshops. Find one which suits you and make time to practice the exercise at least once a day. Video sharing internet sites have many guided relaxations which some people find helpful.

Expectations

Myth:

'It takes 6 weeks to heal a broken bone'

There is a common belief that broken bones take six-eight weeks to heal; they may do if they are simple breaks and you are young, fit and healthy.

But for more complex breaks needing surgery, healing can take much longer. There is likely to be both bone and soft tissue damage to heal, so be patient. Listen to your body, and talk to your doctor if you are concerned.

Physiotherapy

You may be given a range of exercises by your physiotherapist on discharge; this will depend on the nature of your injury, type of fixation and whether the limb has been immobilised in a plaster or brace. If you are given some, it is important to complete them as prescribed by the physiotherapist. These exercises can aid healing and prevent some complications.

Try to set aside time in the day to do your exercises. Ensure your pain is well controlled before you start.

Remember to exercise other parts of your body, such as your shoulders, back and neck as they can be feeling the strain too. Stiffness and stress can build up in these areas and cause additional pain so use gentle exercise or massage gently.

Your whole body will be making adjustments to cope with the injury so it all needs looking after.

Smoking

When you sustain serious injuries your body requires time to heal. Some things can affect healing such as diet and smoking. Smoking can affect bone and wound healing. Smoking can also increase the risk of chest infections after trauma.



However, we understand that this time in your life is very stressful and that many people use smoking to relax. If you are looking to stop smoking and want some help then plenty of support is available. If you don't feel the time is right to stop smoking then you can still improve healing by cutting down. Your GP can also offer advice about cutting down or stopping smoking.

Alcohol

If you enjoyed a drink before your injury you may continue to do so afterwards unless it is not advised with your medication (read the information leaflet that comes with your medication if unsure). Try to spread your intake evenly over the week, keeping to the guidelines below. Check with your GP if you are uncertain.

Current guidelines for safe drinking are:

- A maximum of 14 units of alcohol per week for men and women.
- 1 unit is equivalent to half a pint of beer or lager or a small glass of wine or 1 single measure of spirits.

14 units of alcohol is equivalent to:

Beer		6 pints (based on average pint of 4% beer)
Wine		6 Glasses (based on 175ml glass of 13% wine)
Cider		6 pints (based on average pint of 5% cider)
Spirits		14 single shots (based on 25ml shot of 40% spirit)
Alcopops:		12 bottles of alcopops (based on 275ml bottle of 4% alcopop)

Some people may be tempted to drink more after an injury. However, excessive alcohol can cause:

- Changes in your emotional state.
- Poor sleep.
- Reduced appetite.
- Delayed healing.
- Obesity.
- High blood pressure.

For further information about alcohol consumption, or if you are drinking as a way of coping with distressing feelings or experiences, please speak to your GP or ring Drinkline who offer a free and confidential helpline on 0300 123 1110.

Helpful thoughts and hints:

- Set aside time to relax.
- Assess your progress on a weekly rather than daily basis.
- Be honest about how you are feeling, try talking to someone you can trust.
- Be gentle and compassionate to yourself; try to let go of any blame or guilt you may feel.
- Try not to forget that your family have been through a lot of worry.
- Be tolerant and kind to each other.
- Manage your pain well.
- Pace yourself.

SECTION 4: WHEN AND HOW TO SEEK HELP

General medical support at home

Your GP is responsible for your care in the community and they can refer you to a range of services and deal with most issues.

Your Practice Nurse is responsible for your wound care and can give advice on a range of other issues. She/he will also monitor specific things such as blood tests and blood pressure if needed. District nurses will do the same things at home but only if you are unable to get to the surgery.

Specific problems requiring medical attention

While complications are quite unusual after serious injuries the following lists some symptoms which may suggest there is something amiss which should be assessed by a health professional.

Plaster: If your plaster is feels tight and there is excessive swelling in your fingers or toes or they are discoloured (pale, blue or just not right) your plaster needs to be checked.

⚠ What to do: call or go to the plaster room at your local hospital.

Wound: An increase in the following symptoms may suggest a wound infection:

- Heat.
- Redness.
- Swelling.
- Pain.
- Discharge.
- Feeling generally unwell or feverish.

⚠ What to do: See your GP or call NHS 111.

Leg Pain: A combination of the following symptoms may suggest a blood clot in your leg

- Pain, swelling and tenderness in one of your legs (usually your calf).
- A heavy ache in the affected area
- Warm skin in that area.
- Redness of your skin, particularly at the back of your leg, below the knee.

Note:

It may be difficult to detect these symptoms under a plaster cast but if you notice increased pain particularly in one spot or it feels hot and the plaster is tighter than before then it is advisable to seek medical advice.

⚠ What to do: see your GP immediately or call NHS 111.

Passing urine: If you are having problems with passing urine or your urine has a bad odour and burns when you pass it you may have a urine infection.

⚠ What to do: Drink plenty of clear fluids (e.g. water) and see your GP or call NHS 111 if it doesn't improve.

Constipation: If you are taking laxatives on discharge, you need to continue to take them whilst you are on strong painkillers (if you get loose stools you can hold off a couple of doses but do not stop entirely until you have normal bowel habits).

⚠ What to do: If you are unable to pass stools for a few days and you are in pain and discomfort then seek advice from your GP or pharmacist (at the chemists) or call NHS 111. Drink plenty of fluids and make sure your diet contains fruit and fibre. (see the nutrition section).

Breathing: If you are feeling unwell and feverish and have a productive cough you should consult your GP.

However if you are experiencing one or more of the following symptoms:

- Chest pain – a sharp, stabbing pain that may be worse when you breathe in.
- Shortness of breath – which can come on suddenly or develop gradually.
- Coughing – which is usually dry, but may include coughing up blood or mucus that contains blood.
- Feeling faint, dizzy or passing out.

⚠ What to do: Visit your GP immediately, call NHS 111 or if you feel it is an emergency call 999.

Sources of medical support

GP: Your first port of call for most medical issues, emotional problems and concerns which are not life threatening.

Practice Nurse: For wound care, blood monitoring and general health advice.

District Nurse: Provides the same service as the practice nurse in your home if you cannot attend the surgery (they will only visit if you are completely housebound; consider other ways of getting to the surgery before asking for a visit).

Equipment loan

The **British Red Cross** loans items of equipment for short term use as well as providing a range of services.

Tel: 0344 871 1111

Online access: www.redcross.org.uk/where-we-work/in-the-UK

Advice about assistance with shopping, cleaning or personal care.

Age UK – Home support services for older people.

Tel: 0800 055 6112

Online access: www.ageuk.org.uk

There are also many private agencies providing short or long term support at home, these can be found in the yellow pages, via your library or online.

For head injuries

Headway is a charity that works to improve life after brain injury, and currently supports over 125 groups and networks across the UK.

Tel: 0808 800 2244

Online access: www.headway.org.uk

Advice about finance and benefits

The Citizens Advice Bureau (CAB) provide free, independent, confidential and impartial advice. Local contact details can be found on their website.

Online access: www.citizensadvice.org.uk

The Department for Works and Pensions

There is a wide range of disability-related financial support, including benefits, tax credits, payments, grants and concessions.

The main disability and sickness benefits are:

- Disability Living Allowance or Personal Independence Payment.
- Attendance Allowance.
- Employment and Support Allowance.
- Depending on your circumstances, you might also be able to get:
 - Industrial Injuries Benefit if you're disabled as a result of a work related injury.
 - Constant Attendance Allowance if you need daily care and attention because of a disability.

Online access: www.gov.uk/government/organisations/department-for-work-pensions

SECTION 5: LOOKING FORWARD

Driving

Driving with a leg or arm in plaster can be viewed as a driving impairment and therefore considered to be dangerous driving. Driving with a neck brace or back brace on is also viewed as a driving impairment. Most insurance companies will not cover driving in a cast/brace. It is not an injury that requires you to inform the DVLA, but you should check with your insurance company how far post injury they will insure you and ask your doctor.

If stopped by the police it is the responsibility of the driver to ensure that he/she is in control of the vehicle at all times and to be able to demonstrate that.

Head injuries

DO NOT drive a car, motorbike, bicycle or operate machinery **unless you feel you have completely recovered.**

Contact the DVLA to ensure they are happy for you to return to driving. The DVLA will make a decision based on the information you give them. If you do not do this you risk being fined up to £1000 and if you are involved in an accident you could be prosecuted.

For some serious head injuries the doctors in hospital will tell you that it is not safe for you to drive and that you need to contact the DVLA.

It is your responsibility to do this.

You will need to fill in and send off a "Report your medical condition" form (also known as a B1 form). This can be done online. This form and helpful information can be found on the DVLA website - www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency

Going back to work

The timing depends on the nature of your work. Many people are able to return to their previous employment and duties. Expect to be quite tired when you first start work again and maybe discuss a staged return to work with your employer. However, you may wish to discuss this with your doctor or your organisation's occupational health department if they have one.

Think about ways to adapt your work environment and demands e.g. think how to raise your leg comfortably and what additional equipment or cushions you might need?

Contact: Fit for work

Advice and guidance regarding fitness to work is available at www.fitforwork.org.uk or by calling 0800 032 6235.

Sick 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.

A fit note is the informal name for the Statement of Fitness for Work.

A fit note must be signed by a doctor. Hospital staff can provide you with a sick note to cover your initial treatment but after this you will need to ask your GP.

If you need a fit note contact your GP surgery. They may advise you to make an appointment or book a telephone consultation.

Outpatient's appointments

Most hospital require a follow up appointment and will try and give you this appointment before you leave. If you need a spinal, Maxillo-Facial, Ear, Nose and Throat or surgical appointment, these may come in the post. Please make sure you know the department to ring if you don't receive your appointment letter within a couple of weeks.

Some injuries require no follow up.

Please ensure you know what appointments you need before you leave. Should you get confused, or have any questions, when you get home then contact your hospital or your GP.

Transport for outpatient appointments

Transport is not routinely arranged for your outpatients appointments. If you can get someone to take you to/from the hospital, then this is advised. If you need hospital transport due to mobility, then you will need to arrange this. Please contact your hospital for details on how to do this.

Blue badge

You may be able to get a blue badge to aid getting out whilst you are recovering. Most of your clinic appointments will have wider blue badge spaces near the clinics as do most supermarkets and GP surgeries. To apply you need to contact your local council. Currently there is a huge difference in ease of getting a badge depending on your local authority. Any help or verification of your injuries/abilities to aid your application, please contact your hospital for details on how to do this.

Increasing exercise and activity levels

Many people are fearful of increasing their activity levels and worry about being injured again. This is understandable due to your recent experience.

However, try and remember how many times you have been out and about without hurting yourself and try to improve your confidence by starting small and then gradually increasing what you do.

Ask a friend or relative to come with you at first if that helps and makes it fun or less anxiety provoking.

Once your plaster/brace is off (if you had one) you may or may not be seen by a physiotherapist depending on the nature of your injury and progress.

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

If you find that you are not making any progress or that pain and /or lack confidence are getting in the way, it may be advisable to see your GP. They may be able to suggest ways to improve things or refer you for additional physiotherapy or counselling/psychological therapy. It is better to seek help than let these problems build up and become more permanent.

Sex after serious injury

Sex is an important part of most intimate relationships. After a serious injury, there may be difficulties with intimacy and sex for a number of reasons.

- **Firstly**, you or your partner may be feeling depressed, angry, frustrated, stressed or preoccupied after your injury. All of these emotional states can create a lack of interest in intimacy or sex, and can make sex less enjoyable. These emotions can also have an impact on sexual arousal (or performance). If you are stressed about or preoccupied with your performance this can also mean that you may not be able to perform as you wish. If you are experiencing any of the above problems and are not able to resolve them with your partner through

talking and problem-solving, discuss it with your GP or psychologist/counsellor, if you have one.

- **Secondly**, your injury may have led to physiological or anatomical (bodily) changes that make sex more difficult. These changes may be temporary or permanent, depending on your injuries. Pain can also affect interest in sex, arousal and sexual performance. Everyone heals in different ways but you may find it useful to ask your doctor/surgeon for guidance as to when they feel you may be physically healed enough for sex. If you have the desire and are free of pain yet we are not able to function sexually, then you should be thoroughly examined by your GP to look for a cause.
- **Thirdly**, many people have the desire to start having sex again; and their body has not sustained any damage that impacts in sex but they are unable to enjoy sex because they are not able to get into a comfortable position due to pain or discomfort relating to their injuries. With some thought and experimentation this can often be overcome. Discuss this with your partner. You may find it helpful to use pillows and cushions to support parts of the body that have been injured. A warm bath before may also help relax sore muscles. Do not rush yourself to return to your sex life. Take things at your own pace and do not put pressure on yourself.

Litigation

Some accidents can lead to legal proceedings. These are often lengthy and can cause additional stress and anxiety. If you find that any legal proceeding is causing you stress or anxiety, it may be worth speaking to your GP or The Citizens Advice Bureau.

Find your nearest one (they often have out-reach service at GP's) via the website www.citizensadvice.org.uk

ALPHABETICAL LIST OF USEFUL CONTACTS:

Alcohol Advice

Drinkline: 0300 123 1110

Dry out now – rehab: 0800 246 1498

Online access: www.dryoutnow.com

Alcohol Helper – will direct to most appropriate service:

0808 163 9519 or 02031 314539

Online access: www.alcoholhelper.co.uk

Counselling Services

The Samaritans: 08457 90 90 90

Online access: www.samaritans.org

To access most psychological therapy or counselling services you will need a GP referral. It is also good practice to let your GP know how you are coping. We recommend you make an appointment to see your GP once you are discharged so they can fully understand all your injuries and needs. It can take time for an appointment for psychological therapy or counselling once you have been referred so it is worth getting an early GP referral if you are having any problems.

Driving Advice

DVLA: 0300 790 6806

Drug Advice

Online access: www.talktofrank.com

Equipment Loan

The British Red Cross: 0344 871 1111

Financial Advice

The Citizens Advice Bureau (CAB): 08444 111 444

Online access: www.citizensadvice.org.uk

Department of Works and Pensions: www.gov.uk/government/organisations/department-for-work-pensions

Fitness to work support

Fit for work-support in work:

www.gov.uk/government/collections/fit-note

Head Injury Support

Headway: 0808 800 2244

Non Emergency NHS Advice

NHS 111

Stopping Smoking

NHS Smoke Free: www.nhs.uk/smokefree

FEEDBACK:

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS) at the hospital you were treated at.

NIHR CLAHRC East Midlands endeavours to ensure that the information given here is accurate and impartial.

This booklet was developed as part of the NIHR CLAHRC East Midlands "Impact of Injuries" study that was led by Professor Denise Kendrick between 2008-2013.

This booklet was authored by Kate Beckett and Georgina Elder, on behalf of University Hospitals Bristol NHS Foundation Trust (2013), and Rohan Revell on behalf of the Major Trauma Unit at Nottingham University Hospitals NHS Trust (2014). It has been adapted by NIHR CLAHRC East Midlands for general use (2017).

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