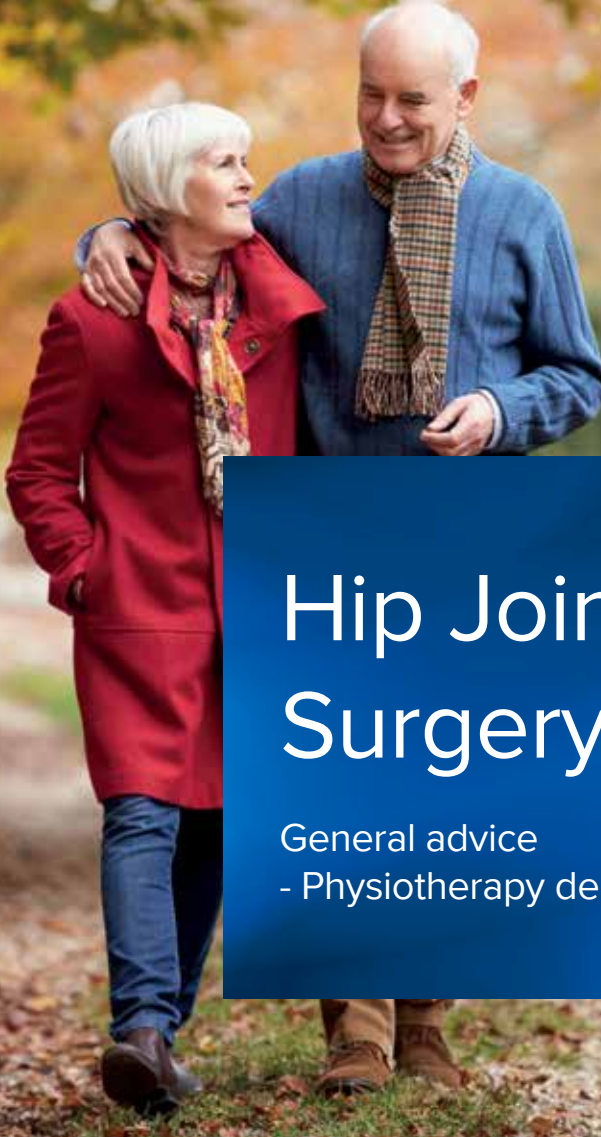




People caring for people



Hip Joint Surgery

General advice
- Physiotherapy department

This is your booklet to use during your stay with us and when you go home.
Here are a few people you will meet:

My Named Nurse:.....

My Matron:

My Physiotherapist:.....

Welcome to Ramsay Health Care UK

Throughout your stay in hospital you will be under the expert care of our hospital team. We will ensure you receive all the treatment and advice needed to promote a rapid recovery following your surgery.

This booklet is designed to give you information about your stay in hospital, and the exercises and advice you need to follow after your return home.

The aims of your physiotherapy treatment are:

- To be able to walk and carry out functional daily activities independently by the time you are discharged home (including up and down steps or stairs).
- To give you an exercise programme to carry out at home independently. Instructions will be given during your in patient physiotherapy sessions.

Pre Operative Assessment

You will be invited to attend a pre operative assessment which aims to complete any pre surgery tests or checks you may need to ensure that you are fit for your anaesthetic and surgery. During this time, you will be encouraged to ask any questions you may have about your forthcoming surgery and rehabilitation afterwards. You may also meet a physiotherapist who will advise you about any special equipment you may need at home during your recuperation and the exercise programme you will follow during your hospital stay and rehabilitation after discharge.



Your Procedure



Your surgeon will have advised you on the best type of surgery for your needs. There are several types of hip joint replacement surgery operations, but these are two of the most common types, both are usually performed to relieve pain from arthritis:

Total hip replacement procedure (hip arthroplasty) - the damaged ball in the hip joint is replaced with an artificial one (called a prosthesis). The cup (acetabulum) is also replaced. If the cup is not replaced the procedure is called a hemi arthroplasty.

Hip resurfacing procedure - instead of removing the ball, only the arthritic surface of the joint is removed, and a metal cap is placed around where the cartilage has worn off. Hip resurfacing is often recommended to patients who are younger and may require multiple surgeries over the course of their lifetime, as it leaves more of the natural bone intact. It achieves the same result as a total hip replacement except it is a less invasive procedure and the rehabilitation time is quicker.

Your Hospital Stay



You will be asked to come into hospital at a particular time – this is to ensure there is plenty of time to get you ready for theatre.

On arrival you will be shown to your room and given an explanation of how everything works (including the call bell). You will have time to become familiar with your new surroundings, and meet the staff involved with your care – including your nurse and physiotherapist (if not seen at a pre operative assessment appointment). You will also be seen by your surgeon and anaesthetist, who will complete any last checks and ensure that you are happy to proceed with your surgery.

What to bring with you:

- Toiletries and flannels
- Nightwear–boxer shorts, short nightdresses or short leg pyjamas may be more comfortable
- Dressing gown

- A pair of shorts, loose fitting trousers or short length skirt
- T-shirts or comfortable tops
- Comfortable walking shoes or trainers (remember that your lower leg and foot may swell post operatively)
- Slippers–ensure they have a ‘back’ in them (around your heel)
- Things to do! (e.g. reading materials)

You will be expected to wear your normal clothes during the day.

The hospital environment is usually quite warm so avoid very thick clothing. Please do not wear any make-up, jewellery or nail varnish on the day of your surgery.

You will stay in hospital until you are considered well enough to manage at home (you will be in hospital for at least 2 days depending on well you progress).

Post Operative Information

Position in bed

After your operation you must lie on your back. There may be a pillow under your operated leg or between your legs. This will prevent any unwanted hip movements, which could cause dislocation of your new hip. Your mobilisation programme can commence as soon as your surgeon and physiotherapist feel you are ready.

Additional oxygen

If you need additional oxygen, it may be given via a face mask or a small tube which lies just beneath your nostrils. This will cause no discomfort and will be discontinued when no longer needed.

Intravenous fluids

Until you are able to drink again normally, it is important that you don't become dehydrated. In order to do this, extra fluids are given via a 'drip' going into the back of your hand. Once your condition allows, the drip will be removed.

You will be able to drink as soon as you are fully awake and eat something light when your nurse feels you are well enough to tolerate food.

Pain relief

All surgery results in some degree of pain and your anaesthetist will discuss the best way for this to be dealt with, to make your recovery as comfortable as possible. Please advise your nurse if your pain relief is not easing your pain. Remember that you need to be comfortable at all times in order to be ready for walking and exercising. This means that you will need to take your pain killers regularly.

You will also be provided with painkillers when you go home and it is still important to take these regularly as you have been advised. Gradually decrease the amount taken as your pain allows. Your GP can prescribe more painkillers if required, once you have finished your supply from the hospital. If pain persists and is not controlled with the medication you have been advised to take, please contact the hospital or your GP for advice.

Wound drain

As part of the healing process, the area around your surgery site may fill with fluid or blood. To remove this, your surgeon may have inserted a small wound drain during the operation. If you have a drain, you will see a small tube leading from your wound to a container which hangs at the side of your bed. This is removed 24-48 hours after your operation.

Post Operative Information

Cold Therapy

This consists of a cool wrap which can be placed on your hip. This may be used to help reduce swelling and discomfort caused by your surgery.

Bladder and Bowel

Most patients manage to pass urine without problems following their surgery. Until you can get out of bed, you will be offered a bedpan to use. If you do have problems passing urine, it may be necessary to insert a catheter to allow the free flow of urine which will collect in a small bag at the side of your bed. If we feel this is necessary and will relieve any discomfort, it will be discussed fully with you first. The catheter will be removed once you are more mobile and able to pass urine normally.

It is common for a few days to pass before you feel the need to open your bowels. If you are uncomfortable however, please talk to your nurse.

When using the toilet, you may be advised to use a 'raised' toilet seat to ensure that your knees are not higher than your hips. If required, this will be available for you in the bathroom and at home.

Check X-ray

An X-ray will be performed a day or two after surgery, just to check that your new hip is in the correct position.

Washing

Your nurse will assist you with your washing needs, as required.

- Generally it is fine to have a shower after the dressing has been removed, if you are able to walk into a shower cubicle. Please follow the instructions given by your nurse or physiotherapist.
- Try not to use soaps, lotions, creams or powders directly over the wound.
- Let the clean water wash over the wound gently – do not rub or try to clean it with your hands as this could cause pain and prevent healing.
- Dry your wound carefully by patting it with a clean towel.
- You should wash your hair either in the shower or by sitting on a high chair with your back to the basin.
- You may find the following items useful, as they are designed to help you perform your normal activities without putting your hip at risk.
 - Long handled sponge
 - Long handled shoe horn
 - Helping hand (grabber)
 - Raised toilet seat
- Do not have a bath until your physiotherapist or surgeon advises - this will not be for at least 6 weeks post-operatively.

Post Operative Information

Dressing

Until you are able to manage on your own, your nurse will assist you with dressing. There are a few things to remember:

- Dress sitting down.
- Do not bend forwards to reach your feet, or bend your knee up to your chin. Use the dressing aids if required and supplied by the physiotherapist.
- Avoid tight clothes around the hip area, as they will put pressure on the scar.

Diet

It is important to remember that some painkiller medications can cause constipation. It is therefore important that you eat a healthy well balanced diet, rich in fruit and fibre and drink plenty of water.

A healthy diet will also help your wound to heal.

Wound Care

Following surgery, you will have a dressing on your wound site. This will be checked frequently by your nurse and only changed if necessary.

You may or may not have a dressing in place when you go home, depending on how long you are in hospital. If you do have a dressing, this should remain in place until you are instructed to remove it by your surgeon or nurse. Do not change it unless:-

- It becomes loose
- It becomes wet

If the surrounding area becomes hot and red or if there is a discharge from the wound - then you must inform the hospital or your GP.

Swelling and Bruising

There may be some swelling and bruising around the wound site which can persist for up to 2 weeks. This is normal and nothing to worry about.

Prevention of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE)

When mobility is reduced, and more time is spent in bed, there is an increased risk that a blood clot may form in the veins of your calf or thigh – this is called a 'DVT'. Sometimes the clot travels to your lungs and causes a 'pulmonary embolism' (PE).

You will be assessed prior to your operation to see if you have any factors or conditions which may increase this risk. Your nurse will continue to assess you during your recovery and check regularly for any signs that you may be developing a DVT or PE.

To help reduce this risk and increase your circulation, you may be asked to wear special compression stockings during your recovery. We may also advise you to wear some special boots or calf wraps, which are attached to a small pump and increase the blood circulation in the legs. Leg exercises are also proven to be very effective.

Anticoagulant therapy may be used to help to thin your blood, and prevent the formation of a DVT. This treatment is started the day after your surgery and continues after you return home.

Post Operative Information

Signs to look for when you go home:

A DVT or PE can also occur after you go home. To prevent this it is important that you keep as mobile as possible and that you continue to do your exercises, as instructed by your physiotherapist. If you are concerned you should contact your doctor immediately.

The signs to look for are:

- Increased pain or swelling in your leg
- Increased heat in your leg or discolouration of the skin (excluding the area around your wound site)
- Numbness in the feet
- Shortness of breath
- Coughing up blood
- Chest pain.

Prevention of Infection

You can help prevent a wound infection by following the 'wound care' instructions on page 6.

To help prevent a chest infection, it is important to do the 'deep breathing' exercises you have been taught, as well as keeping mobile. If you feel you have a temperature, or are short of breath, or producing sputum, you should inform your GP.

If in the future, you think you may have any sort of infection, e.g. tooth abscess, chest infection, urine infection etc, you should consult your GP or Dentist at the earliest opportunity. They will tell you whether you need antibiotic cover in order to prevent infection spreading through the blood stream into your new hip.

Getting the right balance between exercise and rest

It is important to follow the exercise regime given to you by your physiotherapist. It is also important to allow some time to rest in order that your body can recuperate. You will benefit from a rest period lying flat during the afternoon. This will help reduce the amount of post operative swelling as well as stretch out the muscles around your hip.

Your general recovery programme in hospital, along with friends and relatives visiting, can make you feel quite tired. Please tell your nurse or physiotherapist if you are tired and need to rest.



Post Operative Information



Your goals to achieve before you leave hospital:

- 1.** To be able to do your exercises at least three times a day
- 2.** To be able to get in and out of bed and a chair on your own
- 3.** To have a good walking pattern with your sticks or crutches
- 4.** To safely walk up and down a step or stairs, if appropriate

It is very important to get your hip moving as quickly as possible after your operation.

It is normal for your hip to be stiff and sore to start with. Movement will help reduce stiffness, swelling and improve your walking and general comfort. A lot of people worry about moving their hip whilst the stitches/clips are still in the wound – don't worry, the wound will not burst open!

Hip Surgery Precautions

Hip Dislocation

Occasionally the ball of the joint and the socket in the pelvis separate – called ‘dislocation’. If it happens, it is usually in the early days and may require further surgery to correct.

Dislocation can often be prevented by following the hip surgery precautions as detailed below:

You may be advised to:

1. NOT to bend the hip more than 90° (a right angle to your body)

- Do not sit on anything low, as you have to bend too far forwards when you get up again – make sure your knees are lower than your hips
- When sitting, do not lean forwards to reach anything or try to reach your feet
- When bending down, make sure that you place your operative leg out behind you.



2. NOT to twist on it

When you change direction, make sure that you lift your feet and take small steps, rather than swivelling on the spot as this puts strain on your hip.

Hip Surgery Precautions

3. NOT to cross your leg over your mid line

You MUST NOT:

- Cross either of your legs over the other, either when sitting or lying in bed

You MUST:

- Be careful when doing activities such as getting out of bed, to ensure that you don't cross your leg too far across the mid line of your body
- For the first 6 weeks you may be advised to lie on your back when sleeping, so that your leg does not cross the mid line of your body.



How long do I need to follow these rules for?

You may be asked to adhere to these rules for 6 weeks after the operation.

Other general advice

- Avoid standing for long periods. When standing, keep your weight evenly between your feet, and stand with your legs slightly apart.
- Do not force movements of the hip or test 'how far it will go'.
- If your leg is swollen, rest frequently on the bed preferably with your leg supported. This is better than resting the leg on a foot stool.
- Avoid kneeling until you discuss this with your surgeon.
- Avoid sexual intercourse until you feel comfortable.
- Care must be taken when gardening or resuming activities - discuss with your physiotherapist or surgeon first.

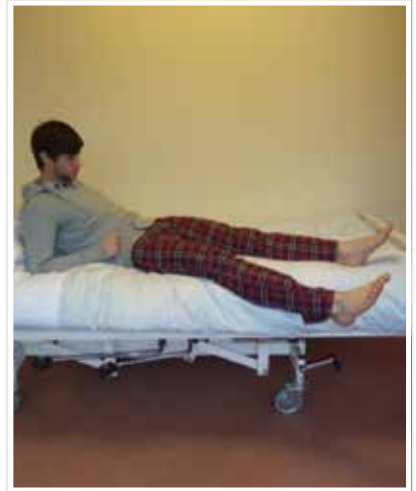
Getting in and out of Bed

It is easier to get in and out of bed on the side of your operated leg, although you will be able to get out either side.

1. Sit up in bed, lift your legs out one at a time, pivoting on your bottom as you do so. Keep the knee of your operated leg straight as you get out of bed. Your body and operated leg should be kept in line at all times.

2. Put yourself in a sitting position on the side of the bed. Place the foot of your good leg flat on the floor, knee bent, and the operated leg out in front of you with the knee straight.

3. Place your hands on the bed at either side of you, keeping the operated leg straight. Push down on the bed with your hands and stand up, drawing your operated leg back as you do so.



Getting Back Into Bed

- is the reverse procedure. Points to remember are;

1. Ensure that the backs of your legs are touching the side of the bed before you sit down, and as you start to lower yourself, slide the operated leg out in front of you.

2. Always move back far enough onto the bed to give full support to the operated leg before pivoting yourself in bed. Putting a carrier bag or sliding sheet on the bed first, helps your movement on the bed.



Mobilisation

Standing on your new hip

Your Surgeon may advise you to limit the amount of the body weight that you put through the operated leg when walking. This will be confirmed by your Physiotherapist post-operatively.

Chairs

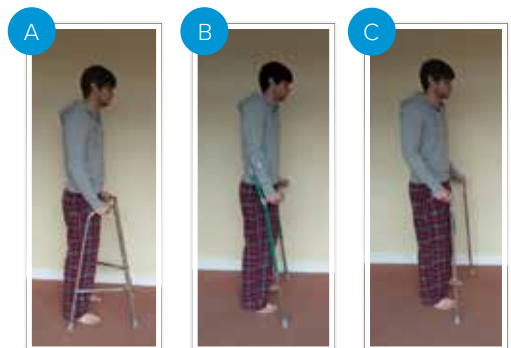
- Avoid sitting in a low chair, as this may cause your knees to be higher than your hips. Try to choose a chair that is fairly upright, firm and with armrests if possible.
- When getting up or sitting down, hold onto the arms of the chair and lower your body down slowly, keeping your operated leg out in front.
- Do not bend forward, or to either side, to pick up an object from the floor or to reach your feet. Use aids as instructed by the physiotherapist. This is to prevent dislocation of your hip.
- Do not sit with crossed legs.
- Do not sit with the foot of the operated leg turned inwards or outwards.



Walking

Follow the advice of the physiotherapist and use appropriate aids. You may start your mobilisation with a walking frame and progress to crutches or walking sticks, as shown below:

- A** Walking frame
- B** Elbow crutches
- C** Walking sticks



Walking with an aid

1. Move your walking aid forward first
2. Next move your operated leg forwards
3. Then follow with your non-operated leg
4. Repeat the process for the next step.

This way of walking is called '3 point' walking.

Turning round can be to either side, but you must prevent twisting or pivoting. To turn around, take small steps on the spot or walk in a small half circle.

If you become very skilled at three point walking we may teach you the more advanced way of 'reciprocal walking'.

1. Move your right stick forward closely followed by your left leg.
2. Now move your left stick forward closely followed by your right leg.

This way of walking takes quite a lot of coordination and not everyone can manage it. Don't worry if you find this way of walking too difficult for you – the '3 point gait' is just as good.

When walking and changing direction, try to avoid 'twisting' on your operated leg. Make sure that you lift your feet and take small steps, rather than swivelling on the spot, as this will put strain on your new hip. Also try to vary your position as much as possible – for example sitting, walking, standing or resting.



New
photo to follow

Steps / Stairs

Your physiotherapist will practise the stairs or steps with you, before you are discharged from hospital. If you have a rail/banister at home, please use this at all times. On discharge from hospital, you should be able to complete the stairs or steps independently and safely.

Please remember, when you practise up and down steps:

- Up with the non-operated leg first
- Down with the operated leg first

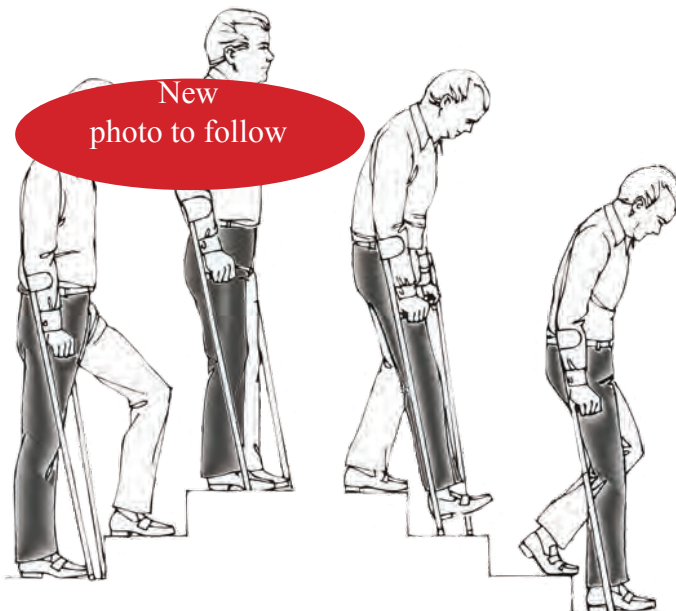
1. To go up steps:

- Stand close to the steps
- Hold the handrail with one hand and walking aids in the other
- First step up with the non-operated leg
- Then bring the operated leg up to the same step
- Bring the walking aids level
- Always go up one step at a time

2. To go down steps:

- Stand close to the steps
- Hold the handrail with one hand and walking aids in the other
- First put the walking aid down the step
- Step down with the operated leg
- Then step with the non-operated leg onto the same step
- Always go up one step at a time

In this diagram the operated leg is shaded.



Non-operated leg up the step.

Operated leg down the step.

Travelling by Car



You should have your surgeon's permission before driving. Without this, your insurance cover may not be valid (always check with your insurance company to be safe).

If traveling as a passenger, put a bin liner on the car seat to help you slide easily and make sure the seat is as far back as possible and in the highest position. Remember to remove the bin liner once you are settled in your seat.

- Turn your back towards the car
- Hold on to the door frame and not the door, as it may close on you
- Bend and carefully sit on the edge of the seat, keeping the operated leg out in front, with a straight knee
- Using your hand and non-operated leg, push your bottom as far back on the seat as possible
- Slowly lift your feet one at a time into the car foot well. Avoid over bending and twisting.

To get out of the car, reverse the order.

If you are planning a journey of more than one hour it is advisable to stop every 30 minutes for a short walk.

Exercise Programme

During the operation, the muscles around your hip are damaged and will be weak and stiff afterwards. You will need to do specific exercises to get your hip strong and mobile again.

Exercises should be done 3 - 4 times a day, in a slow and controlled manner.

Follow these in hospital and then continue at home as shown by your physiotherapist. You do not have to be completely flat in bed to do these exercises.

Ankle pumps/circulation exercises

Bend and straighten your ankles briskly, keeping your knees straight.

Repeat times every hour during the first few days.



Heel slides

Lying on the bed.

Use a carrier bag or board to assist this movement.

Slide your heel up towards your bottom to flex your hip and knee.

Do not bend the hip more than 90 degrees (a right angle).

Now straighten your leg out again.

Repeat times



Exercise Programme

Static quads

Lying on the bed with your legs out straight.

Tighten the thigh muscles (quadriceps) and hold for 5 seconds.

Repeat times



Inner range quads

Lying on the bed.

Roll up a large towel and place this under your knee on your operated leg.

Push down onto the roll with your knee, lifting the heel off the floor to straighten the knee.

Hold for 5 seconds.

Repeat times



Exercise Programme

Hip abduction

Lying on the bed.

Use a carrier bag or board to assist this movement.

Keep the knee as straight as possible, slide the leg out to the side and bring it back to the middle.

Repeat ... times



Gluteal exercises

Lying on the bed with your knees bent.

Tighten your buttock muscles together.

Lift your bottom off the bed.

Return to the starting position.

Repeat ... times



Exercise Programme

Hip abduction

Stand with support holding onto a steady surface.

Lift the operated leg out to the side, keep the toe pointing forwards.

Repeat times



Hip extension

Stand with support holding onto a steady surface.

Keeping the back straight, lift the operated leg backwards, keeping your knee straight.

Repeat times



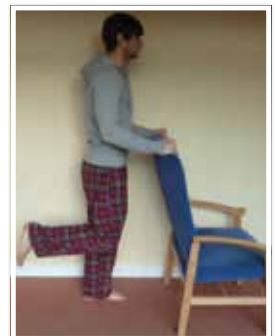
Hamstring exercises/knee flexion

Stand with support holding onto a steady surface.

Bring the leg slightly backwards.

Bend your knee and lift your foot off the floor.

Repeat times



Exercise Programme

Calf raises/heel raises

Stand with support holding onto a steady surface.

Go up onto your tip toes on both legs to strengthen the calf muscles.

Repeat times



Hip and knee flexion

Stand, with support holding onto a steady surface e.g. wall or back of chair.

Keeping your back straight, lift the knee towards the chest bending the hip (not past 90 degrees).

Repeat times



New photo to follow

Mini squats

Stand, holding onto a steady surface and support yourself with both hands.

Slowly bend your hips and knees (see photo), trying to push your bottom back.

Then stand up again, tightening your buttocks.

Repeat times



When can I?

The following guidance may differ slightly depending on your progress and on the advice of your surgeon or physiotherapist. Please refer to post operative precautions on pages 9 and 10.

Walk outside?

As soon as you go home you are advised to take walks regularly through the day. How far you go is up to you and how you feel, but there is no limit on distance. You can walk outside if you feel safe to do so, for example when it is dry. On the first occasion it may be advisable to have someone to accompany you.

Put my own socks on or bend to touch my feet?

Not until 6 weeks after your surgery. Then you can bend as far as you feel able. Never force the movement.

Get in and out of the car?

You can get in and out of a car straight after the operation, but being careful not to bend the hip more than 90°. The physiotherapist will give you advice about getting safely in and out of a car, so you can go home after your operation. We do not advise long car journeys straight after you operation. A maximum of about 20-30 minutes is recommended in the first 2 weeks. When you go for longer journeys you must stop and take a break regularly; get out of the car and walk for a few minutes to avoid stiffness.

Go back to work?

This will depend on your type of work and on the advice of your surgeon. If possible go back on a part time basis and build up your hours gradually.

Travel abroad?

If you are planning long distance travel e.g plane or ship in the first three months after surgery, please discuss this with your surgeon.

Cycle?

Do not cycle outside until at least 6 weeks after your surgery. The seat must be high enough, there should not be a cross bar and it is advisable to use a low gear. You may, however, go on a static exercise bike when your physiotherapist advises.

Play golf?

You may resume this at 6 - 12 weeks after your surgery, but do not twist too much initially.

Swim?

Not until your wound is fully healed and you can safely get in and out of the pool (although you may be allowed to go to aquatic therapy sessions before this). Always use the shallow end to get in and out of the pool.

Ski?

Ask your surgeon for advice.

Garden?

As soon as you feel able after your surgery. Use a kneeler with arm supports (these can be purchased from garden centres). Remember to kneel down with your operated leg going down first and get up using your un-operated one.

Jog? Jump? High impact exercise?

Please ask your or Physiotherapist' after Consultant if you are likely to perform any of these activities.

When can I?

And finally!

To enjoy the benefits of your surgery, you need to look after your general health as well as your new hip:

- Eat healthily in order to maintain a healthy weight.
- Take regular exercise.
- Continue your hip exercises until you have returned to your normal level of activity.
- Allow yourself plenty of time to rest.

This will help your hip last as long as possible.

References and further information

1. British Orthopaedic Association (2006) Primary Total Hip Replacement: A Guide to Good Practice (2006). Available at: www.boa.ac.uk
2. Hip Joint Replacements Article. Available at: www.patient.co.uk (Accessed 2014).
3. NHS Choices: Hip replacement. Available at: <http://www.nhs.uk/Conditions/Hip-replacement/Pages/Introduction.aspx> (Accessed 2014)
4. NICE (2010) Interventional Procedure Guideline: Minimally Invasive Total Hip Replacement

My Hip Operation Goals



At the end of my pre-operative assessment clinic appointment:

- I have a better understanding about my forthcoming surgery and stay in hospital
- All of my questions have been fully answered
- I know who to contact if I have any further concerns before I go into hospital for my operation
- I have received written information about the procedure I'm going to have

Before I go for my operation

- I have seen my anaesthetist and understand about the type of anaesthetic I'm going to have
- I have seen my surgeon and the hip which is going to be operated on, has been marked
- I know what will happen immediately after my operation when I'm in the recovery area
- I feel safe and well prepared for my operation

After my operation, when I'm back in my room:

- I feel comfortable, with my pain and nausea controlled
- I'm able to complete my toes, feet and breathing exercises
- I feel confident about drinking fluids
- I am able to rest in-between my carers' visits
- I have stood by my bed with assistance

During the first day after my operation:

- I'm feeling comfortable and my pain is controlled with medication
- I'm feeling more confident about my exercises
- I'm drinking and starting to eat a light diet
- I have stood by my bed and walked a few steps with assistance

On the second (and subsequent days) after my operation:

- I am comfortable and taking regular pain relieving tablets
- I have walked around my room with a frame with a walking aid
- I am eating a well balanced high fibre diet and drinking plenty of fluids
- I have completed my exercises as instructed

Before going home:

- I'm comfortable and taking pain relieving tablets as I need them
- I'm becoming increasingly independent and more confident each day
- I'm eating a well balanced diet
- I can walk competently with my walking aids
- I can go up and down stairs/steps safely
- I am aware of who to contact should I need advice when home
- I have a clear understanding of my follow up care

At home:

- I can walk competently with walking aids and manage stairs/steps safely
- I know how to care for my wound and what to look for if it isn't healing as well as it should
- My pain is controlled with the tablets I am taking
- I understand the physical movements I should avoid and why
- My carer is managing to help me with the things I cannot do yet

Do you know...?

Below are a few questions designed to check that you know about the most important aspects of your care before you go home.

If you don't know the answer to any of these questions, then please ask your nurse or physiotherapist before you go.

I know...

- What number to call and who to speak to, if I have any concerns once I am home
- What I can do on my own and what I need help with
- The importance of my exercises and how and when to do them
- How much pain, bruising or swelling I should expect when I get home (and for how long)
- How long I need a dressing on my wound and how to change it if it becomes loose
- When & where my stitches or clips will be removed
- When and how to take my medication
- What the side effects are of my medication, including my painkillers
- When my next physiotherapy appointment is
- When my next Doctors appointment is
- When I can shower or have a bath
- When I can return to normal activities (including sex)
- When I can do my usual sporting activities
- When I can drive again
- When I can go back to work
- How to put on my anti-embolism stockings and when they can be removed
- The symptoms of complications to look out for (e.g. wound infection or DVT)

Notes

A series of horizontal dotted lines for writing notes.

For further information, help and advice please contact the physiotherapy department on:

or the nurse in charge (if you need advice on your wound or any other aspect of your care) on:



People caring for people