

Patient Information booklet review



Many thanks to those individuals who participated in a recent questionnaire reviewing this booklet. Your comments and suggestions

have been very helpful and we shall be incorporating new pictures and information in the redesigned booklet.

With both staff and patient involvement we are now rewriting the booklet and hope to have it republished by the end of the summer.

Patient group database

I would like to thank all the patients who have returned their details to me and completed the information form that is allowing me to build up a group of you who are willing to share information with other patients. Any exchange of details will always be done via myself and permission sought from individuals before any information is given to another party.

It is my hope to put some of you in contact with others who wish to discuss issues around injury, lifestyle and ongoing challenges. Eventually we might try some local group gatherings if this would be of interest to people.

BW

Useful Websites

The Scottish BPI Service acknowledges that these websites do not necessarily represent the views of the team.

www.tbpiukgroup.homestead.com

This website has been put together by people who have a Brachial Plexus Injury and has some good links attached to it. There is quite a 'motorbike' focus to this site with some frank, open and personal views expressed by the individual contributors.

www.disabledparentsnetwork.org.uk

Very informative with lots of helpful ideas.... good support network.

www.disabilitynow.org.uk

a newsy site that covers a wide range of topics and issues from health and politics to travel, culture and careers

www.adp.org.uk

Association of Disabled Professionals – uses expertise of disabled professionals to improve the educational and employment opportunities of disabled people

www.employ-ability.org.uk

an organisation dedicated to assisting people with all disabilities into employment

www.bdaa.co.uk

British Disabled Angling Association

www.bscd.org.uk

British Ski Club for the Disabled

www.ableize.com/recreation-sports

Sports, hobbies and recreation for disabled people of all disabilities.

If you have come across any websites that you have found useful, let us know and we can put them in future newsletters.

DC

The New Victoria Hospital



The New Victoria Hospital's purpose is to introduce a revolutionary approach to meeting the needs of patients undergoing everything from one-off investigations to regular, ongoing appointments. Its modern treatment rooms, advanced day surgery theatres and fresh, comfortable waiting areas will totally change the experience of patients for the better.

The new hospital, is built on a site directly across the road from the existing hospital, and covers three floors in an area of more than 30,000 square metres. It represents a significant investment in NHS services.

The majority of car parking will be provided in the underground car park, with ease of access to lifts servicing all floors. Parking is also available at ground level with disabled car parking spaces allocated close to all entrances as well as in the underground car park close to the lifts. Public transport information including bus and train timetables is also available from: **Traveline:** 0870 608 2608 (www.traveline.org.uk) or **Transport Direct** (www.transportdirect.info).

The £100m state-of-the-art new Victoria will be one of the largest hospitals in Scotland and is expected to treat around 400,000 patients each year when it opens in June 2009 and will signal a new era in patient care and comfort. It will be equipped with state-of-the art imaging machines and advanced day surgery theatres. Modern consulting rooms, airy waiting areas and secure underground car park will also create an attractive and welcoming environment, totally changing the patient experience for the better. On the ground floor of the hospital there is an easily accessible café facility for the use of the public and staff.

The New Victoria Hospital has adopted a colour theme to aid orientation throughout the building as well as highly visible departmental and directional signs. A directory for the hospital will be included in the appointment information pack that all patients will receive. At the main entrance of the building there is a staffed help desk where people will be guided to where to get the information that they are looking for. Also within the main entrance we plan to

have 'patient information' points which will give travel information, health promotion and other advice. Patients will also be given travel information in the outpatient appointment pack.

The core opening hours for outpatient, day surgery and endoscopy services are 8.00am – 9.00pm, Monday to Friday, however some departments such as renal dialysis and the Minor Injuries Units will also function during the weekend. The GEMS service, which provides an out-of-hours GP service, will have primary care emergency centres at each of the hospitals. These will operate between 6.00pm and 8.00am seven days a week.

Within the New Victoria Hospital there will be 60 inpatient beds. Forty-eight of these are for elderly rehabilitation, similar to the type of care that is currently provided within the Mansionhouse ward block. The remaining 12 beds will be '23 hour support beds'. These are beds that will be used by the Day Surgery Unit, allowing patients who require it more time to recover from their day surgery procedure.

Each hospital has a multifaith area, called the Sanctuary, that allows anyone to have access to for prayer or contemplation. The Sanctuary is situated on the ground floor near the main entrance and will be open to all staff, patients and visitors.

We are currently involved in some extensively detailed Information Technology (IT) work to connect the IT systems within the hospitals to those within the GP practices. This will mean that at any time from when the GP refers you to the hospital he will be able to connect up electronically and check on whether or not you have been seen by your consultant, investigated and what the outcome of the visit was.

This is an exciting and challenging time for all the staff involved in the move to a new facility so we ask that you bear with us during these times of change. We will endeavour to keep you informed of any changes that may affect you but at present the contact numbers for David McKay, Service Administrator (0141 201 5436) and myself are unchanged (0141 201 5394).
Beverley Wellington, Clinical Nurse Specialist

Specialist Orthotic Solutions

The patient has given his permission for his name and details to be used.

Injuries to the brachial plexus can have a profound effect on many aspects of the patients' life. These include the ability to carry out activities of daily living (dressing and preparing food etc) or returning to employment. However, I am always amazed by the way in which people adapt to cope with the challenges they face.

Unfortunately there are some activities which can be more difficult to master than others. This is often the case when considering hobbies which requires a high level of manual dexterity.

When I encounter patients struggling to return to their hobbies I always strive to help resolve any issues preventing them from doing so.

Often the best way to do this is to produce a one-off device using a group of plastics known colloquially as "low temperature thermoplastics (LTP)". These materials allow an orthosis to be applied directly to the patient allowing considerable time-savings over conventional orthotic casting techniques. There are many types of LTP available with varying properties. The most important property is the fact that they can be applied directly to the patient whilst hot. This is carried out by heating them in a thermostatically controlled water bath. Most Orthotist, OTs and Physios have the skills and equipment to produce such items.

In the case of Michael his love of music and of playing the guitar were of great importance to him. In fact, as a music teacher it went far beyond a simple hobby and was an integral part of both his job and who he was. Following damage to his brachial plexus Michael realised that he would never play the guitar as he once did and the intricate finger plucking style of guitar was now beyond him.

Understandably he still wished to carry on playing and teaching guitar in some capacity. Fortunately he regained reasonable control of his elbow but he was unable to hold the plectrum. He was referred to me for assessment to see if there was anything that could be made to assist him.



In this sort of situation it is often the simplest solution that is the most successful. A piece of low temperature thermoplastic was moulded around his hand and bull clip from the stationary cupboard in the office was attached to the top. This was set up so that it would hold the plectrum at the correct angle to strum the strings. To provide additional grip a small piece of Velcro was attached to both the plectrum and the bull clip. This ensured that the plectrum which would stay in place whilst strumming. The simple design of this orthosis allowed Michael to continue with his passion for guitar and improved his ability to teach his pupils.

This situation is an example of a problem where a simple solution works best but there are often challenges which require a more elaborate device. Fortunately there are many companies which strive to provide solution in such situations. One such company is Texas Assistive Devices from the USA. It is there stated mission to "become the world's leading provider of devices designed to assist persons with upper extremity hand dysfunction". As with many such companies they produce a wide range of devices to assist with activities of daily living but it is there specialist hobby product that separates them from the rest. They produce devices to assist with a wide range of activities from woodwork, gardening, golf and snooker. They even produce an archery trigger (pictured) which allows a user with a weakened hand to pull back an archery bow and then release the string by blowing into a small tube attached to the device. This example shows that almost all activities are catered for no matter how unlikely they may appear at first.

If you are struggling to return to your hobbies or are having difficulty with activities of daily living I would encourage you to seek the help of an Orthotist, OT or Physio. There may well be a simple solution or a specialised device which could help.

Brian McLaughlin, Orthotist

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