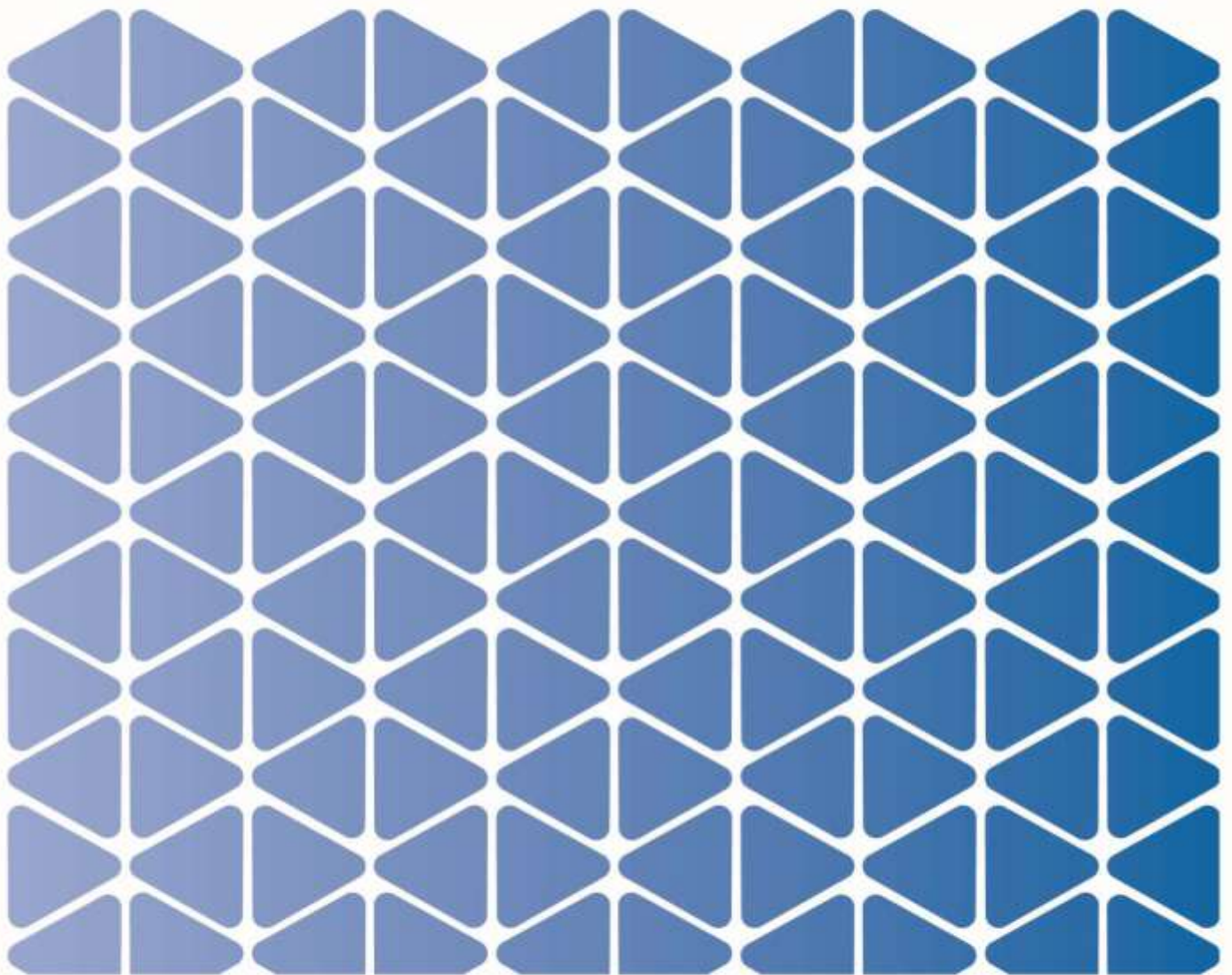




PATIENT INFORMATION

Total Hip Replacement



It has been recommended that you have surgery to replace your hip.

This leaflet explains some of the benefits and risks of the surgery and the alternatives to the operation. We want you to have all the information you need to make the right decision. Please ask your surgical team about anything you do not fully understand or want explained in more detail.

We recommend that you read this leaflet carefully. You and your doctor (or other appropriate health professional) will also need to record that you agree to have the procedure by signing a consent form, which your health professional will give you.

Your medical team will regularly refer to this leaflet. Please bring it with you to all of your appointments and hospital admission.

About Total Hip Replacement

The hip joint is a “ball and socket joint”. It is a very important joint as it allows a great deal of movement but is also weight-bearing. As a result of this, it is often prone to “wearing away”.

The most common reason for a Total Hip Replacement is osteoarthritis, but diseases or conditions such as rheumatoid arthritis, fracture of the neck of the femur (thighbone), damage resulting in loss of blood supply to the head of the femur (avascular necrosis), septic arthritis, Pagets disease of bone and osteoporosis in women may also lead to a hip replacement.

Some childhood conditions cause secondary osteoarthritis, which may lead to a total hip replacement in younger patients.

All of these conditions tend to lead to pain and loss of function which are the most common factors influencing the decision as to when to operate on your hip. Pain is a very personal and individual experience. If pain is severe enough to prevent you walking, carrying out your normal activities and causing you pain at night preventing you sleeping, then this is may warrant considering surgery.

Function is also an important consideration. You will frequently be asked about tasks of daily living such as putting on your socks, cutting toenails, going up and down stairs and getting in and out of the car etc, as a measure of your functional loss.

It is a combination of the both pain and function, and how they interfere with your day-to-day life, will determine the need for a total hip replacement.

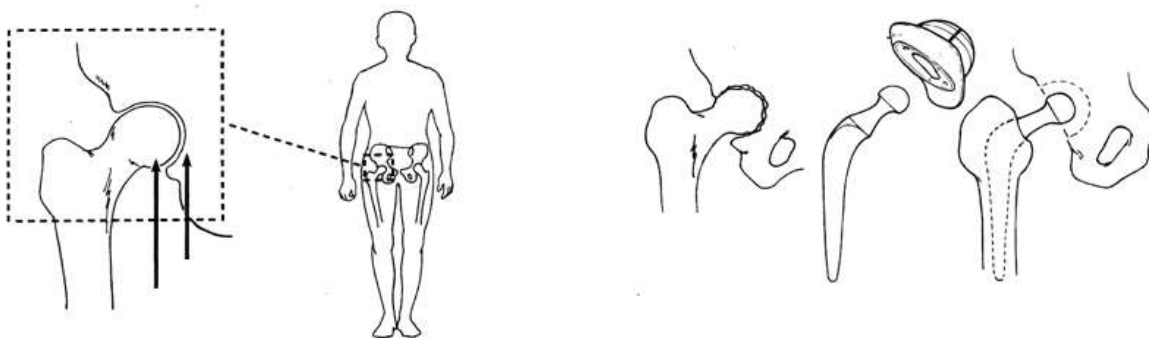
What is a Total Hip Replacement?

The hip joint is a ball and socket joint and is made up of two parts, the ball at the top of the thighbone (femoral head) and the socket (acetabulum), which is in the pelvis. The surfaces of these bones are covered with a smooth compressible gristle called articular cartilage. When arthritis occurs, the cartilage is worn away leaving the underlying bone exposed. The result is roughening and distortion of the surface, which causes pain, stiffness and restricted movement. The leg may look shortened and wasted and you may walk with a limp.

The operation replaces the damaged head of the femur with a stainless steel or ceramic ball mounted on a stainless steel stem and relines the socket (acetabulum) with a special plastic polyethylene or ceramic

socket. These components are most commonly attached to the bone with a type of cement, but some types of prosthesis are un-cemented. Your consultant will discuss this with you.

The new joint aims to relieve pain, and in most cases, will lessen stiffness and restore your leg length and mobility.



Choice of implants

There are a number of implants available. These may be implanted with or without the use of bone cement. Depending on your age and activity levels, alternative prostheses may be suggested – such as a ceramic head and socket or a short stem prosthesis. The reason for their use will be discussed on an individual basis.

Outcomes

Total hip replacement is a very good pain relieving procedure. It does not always remove all of the pain and discomfort but usually relieves most of it.

In general, 95% of hip replacements should last at least 10 years. In the more elderly population over 80% of implants will last up to 20 years.

The same is not necessarily true for hip replacements inserted into younger patients. The increased incidents of failure in this age group may be related to the fact that younger patients are usually more active.

Benefits of the procedure

The aim of your surgery is to give you pain relief and hopefully improve your mobility.

Serious or frequent risks

- Surgery for total hip replacement is a major operation and there are some risks associated with it. The general risks of surgery include problems with:
 - Breathing (for example, a chest infection);
 - The heart (for example, abnormal rhythm or, occasionally, a heart attack);
 - Blood clots (for example, in the legs or occasionally in the lung); and
 - Bleeding - There is a small chance you will need a blood transfusion after surgery.

COMMON: (2-5%)

Blood clots: a DVT (deep vein thrombosis) is a blood clot in a vein. These may present as red, painful and swollen legs (usually). The risks of a DVT are greater after any surgery (and especially bone surgery). Although not a problem themselves, a DVT can pass in the blood stream and be deposited in the lungs (a pulmonary embolism– PE). See later. This is a very serious condition which affects your breathing. Your doctors may give you medication through a needle to try and limit this risk of DVTs from forming. Some centres will also ask you to wear stockings on your legs, while others may use foot pumps to keep blood circulating around the leg. Starting to walk and getting moving is one of the best ways to prevent blood clots from forming.

Bleeding: this is usually small and can be stopped in the operation. However, large amounts of bleeding may need a blood transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise within the wound which may become painful & require an operation to remove it.

Pain: the hip will be sore after the operation. If you are in pain, it's important to tell staff so that medicines can be given. Pain will improve with time. Rarely, pain will be a long term problem. This may be due to altered leg length or any of the other complications listed below, or sometimes, for no obvious reason.

Prosthesis wear/ loosening: Modern operating techniques and new implants, mean that most hip replacements last over 15 years. In some cases, this is significantly less. The reason is often unknown. Implants can wear from overuse. There is still debate as to which material is the strongest. The reason for loosening is also unknown. Sometimes it is secondary to infection. This may require removal of the implant and revision surgery.

Altered leg length: the leg which has been operated upon, may appear shorter or longer than the other. This rarely requires a further operation to correct the difference or shoe implants.

Joint dislocation: if this occurs, the joint can usually be put back into place without the need for surgery. Sometimes this is not possible, and an operation is required, followed by application of a hip brace or rarely if the hip keeps dislocating, a revision operation may be necessary.

LESS COMMON: (1-2%)

Infection: You will be given antibiotics just before and after the operation and procedure will also be performed in sterile conditions (theatre) with sterile equipment. Despite this there are still infections (1 to 2½%). The wound site may become red, hot and painful. There may also be a discharge of fluid or pus. This is usually treated with antibiotics, but an operation to washout the joint may be necessary. In rare cases, the implants may be removed and replaced at a later date. The infection can sometimes lead to sepsis (blood infection) and strong antibiotics are required.

RARE: (<1%)

Altered wound healing: the wound may become red, thickened and painful (keloid scar) especially in Afro-Caribbean people. Massaging the scar with cream when it has healed may help.

Nerve Damage: efforts are made to prevent this, however damage to the nerves around the hip is a risk. This may cause temporary or permanent altered sensation along the leg. In particular, there may be damage to the Sciatic Nerve, this may cause temporary or permanent weakness or altered sensation of the leg.

Bone Damage: the thigh bone may be broken when the implant (metal replacement) is put in. This may require fixation, either at time or at a later operation.

Blood vessel damage: the vessels around the hip may rarely be damaged. This may require further surgery by the vascular surgeons.

Pulmonary Embolism: A PE is a consequence of a DVT. It is a blood clot that spreads to the lungs and can make breathing very difficult. A PE can be fatal.

Death: this rare complication can occur from any of the above complications

- Most people will not experience any serious complications from their surgery. The risks increase for elderly people, those who are overweight and people who already have heart, chest or other medical conditions such as diabetes or kidney failure. As with all surgery, there is a risk that you may die. Approximately 3 in 1000 patients may die as a result of this type of surgery.
- A skilled team of doctors, nurses and other health-care workers who are involved in this type of surgery every day will care for you. If problems arise, we will be able to assess them and deal with them appropriately.

Other procedures that are available

There are a number of things that you can do to help manage your hip pain before opting for surgery:

- Take regular exercise;
- Keeping your weight down;
- Physiotherapy;
- Physical aids for example, walking stick or shock absorbing shoes;
- Take painkillers, there are also creams and gels that you could try; and
- Joint injections.

Your medical team will discuss these with you.

The National Joint Registry

This is designed to keep records of all knee and hip replacement operations in England and Wales. It is aimed to give audit information about different types of joint replacement and identify patients should there be a need for an urgent clinical review. We will discuss this with you at your pre-operative appointment.

Before your surgery

Pre-operative Education

After you have been put on the waiting list for surgery you may be invited to a hip school or an Occupational Therapy Pre-operative Assessment. The class includes a talk about your operation, benefits and risks of a hip replacement, the pre operative clinic appointment, postoperative care, physiotherapy (including exercises pre surgery), and occupational therapy. It also gives you the opportunity to ask questions about your hip replacement.

The Occupational Therapy Pre-operative Assessment is an individual assessment with the Occupational Therapist during your pre-operative clinic appointment. It includes the opportunity to

discuss your surgery, your home circumstances and helps you to plan for your admission and discharge.

How to make sure you are well prepared

Replacing a hip joint is a major operation and should not be undertaken lightly. Before your operation, it is important that you are healthy and fit. You will gain more from your new hip joint if you are prepared to put in some effort and work hard. Building up muscle strength will also help your post-operative recovery.

Diet

Before your operation, it is important that you eat the correct diet. A healthy balanced diet means eating a range of bread, breakfast cereals, potatoes, pasta and rice and more fruit and vegetables.

Our pre-admission nurses will tell you if you are overweight and advise you to:

- Reduce the fat in your diet;
- Cut down on sugary foods;
- Eat more whole grain foods;
- Keep alcohol to sensible limits.

Exercise

Exercise is important for the following reasons:

- It keeps the joints mobile;
- It strengthens muscles;
- It increases circulation of the blood;
- It improves oxygen to the tissues;
- It increases psychological well-being.

Activity is not the same as exercise. Many people think that because they are active at home or at work that they need not carry out specific exercise routine, but this is not the case. Never rush doing exercise, start slowly and gradually increase. Pain or uncomfortable stiffness following activity is a sign that it has been overdone.

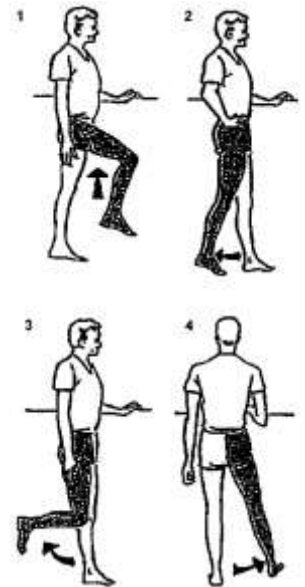
You can start some exercises straight away whilst you are waiting for your operation. These will help strengthen up the muscles around your hip and leg and will make recovery afterwards quicker and easier. They may also relieve some of your current symptoms.

Pain

Do not ignore pain. It is nature's signal to cut back on that activity. Next time, do a little less, and then slowly increase, as you are able. Any activity that causes rapid swelling of a joint is probably excessive.

Exercises from a standing position

1. Hold onto a secure support to one side of you (for example, a work surface or the back of a chair). Gently bend your knee and hip up towards you, then slowly down. This movement should be slow and smooth. **Remember: do not** lift too high (never bend more than 90 degrees at the hip).
2. Starting in the same position as above, with a straight leg, take your leg out behind you, keeping your foot facing forward. This will only be a very small movement (make sure you are standing up tall). **Do not** bend at the waist or the knee.
3. Holding on to a secure support (from the same position as before) lift your heel up towards your bottom bending at the knee. You will probably only manage to bend the knee to about 90 degrees.
4. Again, from the same position, with your feet facing forwards, lift your operated leg out to the side with the leg remaining straight.



Exercises from a sitting position

Sitting on the floor (or bed) with your legs straight out in front of you:

1. Tighten your thigh muscle and push your knee as straight as it will go so that there is no gap behind it. Repeat 10 times.



2. With a board under your leg and something slippery under your foot, keep your leg straight, slide your leg out to the side, and then back again. You must be careful not to allow your foot to turn outwards. Repeat 10 times.

3. With a board under your leg and something slippery under your foot, gradually bend your hip and knee. Repeat 10 times.



4. Place a rolled up towel under your knee, straighten your knee to lift your foot off the floor, and then slowly lower. **Do not** let your foot drop suddenly. Repeat 10 times.

Please note: You do not need to lie completely flat for these exercises (you may have pillows behind you).

Practical Points

Do not worry if some of the exercises are difficult to start with, keep trying and they will get easier. Stop if they are very painful.

To get up from a chair

Always put the painful leg out in front of you, push up with your hands on the arm of the chair, and then use your good leg to push yourself upwards.

To sit down

Always put the painful leg out in front of you before lowering yourself into the chair.

Walking sticks

If you use a walking stick:

1. If possible put it into the opposite hand from your bad hip.
2. Check the rubber ferrule on the end of your walking stick has not worn through.
3. Check it is the right height (stand with your arm straight beside you, the handle of your walking stick should be level with your wrist joint). Note: when measuring your stick, you should wear the shoes you most often wear – not high heels.

Sometimes it may be advisable to use two sticks instead of just one. This stops you putting too much weight on your good leg by spreading the weight between the two sticks.

How to manage stairs

Going up:

- First take a step up with your healthy leg.
- Then take a step up with your affected leg.
- Then bring your stick or crutches up on the step.
- Always go one-step at a time.

Going down:

- First put your stick or crutch one-step down.
- Then take a step down with your affected leg.
- Then take a step down with your healthy leg, onto:
- The same step as your affected leg.
- Always go one-step at a time.



Your pre-surgery assessment visit

We will ask you to go to a pre-admission clinic where you will be assessed by a member of the pre-op nursing team. The aim of this visit is to record your current symptoms and past medical history, including any medication you are taking.

Please bring to your pre-operative assessment visit a list of the medications you are taking or have recently taken, including medicines prescribed by your family doctor and those bought “over the counter” without prescription, and also any herbal medications. Keeping an up-to-date list of medications with you is highly recommended.

For further information please look on the trust website <https://www.worcsacute.nhs.uk/pre-operative-assessment-clinic>

Therapy

The Physiotherapist and Occupational Therapist may see you at the pre-admission clinic, hip class, or on the ward when you arrive. Physiotherapy and Occupational Therapy are important parts of your rehabilitation.

Postoperative exercise

The role of the physiotherapist is to assist you in achieving the best movement in your hip that is possible and to enable you to be as mobile as possible.

Your abilities before your operation will obviously guide this. After your operation, the physiotherapist will come and show you your exercises.

It is important to practise your post-operative exercises regularly throughout the day. They are designed to gradually increase the range of movement and muscle strength around your hip and prevent complications after your operation.

The physiotherapists or nursing staff will be more than happy to pass you the equipment needed to do your exercises, do not be afraid to ask.

Post-operative Exercises

1. Deep breathing exercises - These should be carried out every hour to lessen the effects of the anaesthetic and prevent a chest infection.
2. Vigorous movements of the feet and ankle - These should be carried out every hour to prevent thrombosis in the calf.
3. Tighten your thigh muscles by pushing the back of your knee into the bed. Hold for the count of four, and then relax. This should be done regularly to maintain the strength of your quadriceps muscles.
4. You should continue with the exercises you were doing before your operation and your Physiotherapist will go through these again with you after your operation.
5. You can start the exercises in standing when you feel comfortable, hold on to a secure surface, such as kitchen work top.

Hip movements

It is recommended you avoid any extreme movements or positions that may cause you undue discomfort, such as squatting. You should only move in directions that are comfortable and do not push your hip into any positions that cause you pain.

Getting in and out of bed

A physiotherapist or nurse will help you get out of bed for the first time.

The occupational therapist can advise you on a suitable height for your bed and chair at home.

It is easier, but not necessary, to get out of bed with your operated leg first.

Note: Getting back into bed is the reverse of this procedure



Walking

You can take full weight through your leg straight away (unless advised otherwise by your consultant or physiotherapist).

The sequence is always:

- Walking aid moved forward first.
- Then the operated leg.
- Finally the un-operated leg.



Turning round can be to either side, but avoid twisting or pivoting on your new hip. Therefore, your feet should be picked up at each step so that the operated leg is not placed too far in, or out.

As your confidence and leg control improves, you will progress to walking with sticks or crutches. You should practice with these until a satisfactory walking pattern is achieved.

Most people manage with two walking sticks or crutches by the time they leave hospital, unless there are associated problems with other joints. Your Physiotherapist will assess these problems with you.

It is important you are measured correctly by your Physiotherapist for the walking aid you are using. Returning to a 'normal' walking pattern is extremely important. This will take considerable time and effort. Your Physiotherapist will help you with this.

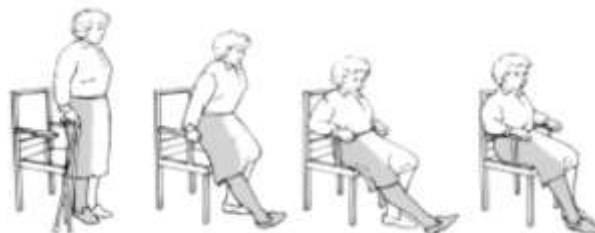
Getting in and out of chairs

Initially it is easier to sit in a firm, high chair with arms and you will be advised how to do so safely by your Physiotherapist or Occupational Therapist.

If you are well enough you may sit out in a chair the day after your operation. This is dependent on your Consultants regime and your Physiotherapist will guide you.

Sitting down on a chair with arms

1. Position yourself so that the backs of your legs are right up against the front of the chair.
2. Reach back for the arm of the chair, one hand at a time.
3. Slide your operated leg out in front of you.
4. Sit down on the front of the seat, and then move backwards until comfortable.



Getting on and off chairs without arms

1. Position yourself sideways onto the chair, with the back of your legs touching its side. Support yourself with one hand on the back of the chair, place your operated leg out in front of you and reach with the other hand for the seat of the chair. Lower yourself into the seated position. With both hands on the seat of the chair, pivot on your bottom.
2. Adjust yourself into a comfortable position.



Getting up is the reverse procedure.

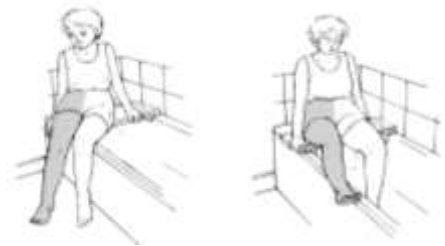
Daily Activity

Your Occupational Therapist may see you whilst you are in hospital to assess your ability to manage safely and independently when at home. You will be given advice and, where necessary, equipment will be supplied.

After the operation, you will temporarily need to alter the way in which you perform some daily activities.

Getting in and out of the bath

Do not attempt to get in or out of the bath without using a **bath board** for the first 12 weeks after your operation. Bath boards fit standard sized baths and if your bath is suitable, one may be provided for you by your Occupational Therapist.



Firstly, sit on the bath board fitted over the bath and lift your legs into the bath, one at a time. You must remain seated and must not stand up from the bath board. You will practice this with your Occupational Therapist. You must not sit in the bottom of the bath for 12 weeks.

Showering in a cubicle

Step into the shower cubicle with your un-operated leg first and get into a position where you can operate the controls. You may need to Wash the lower part of the legs and feet with a long handled sponge, which will be supplied to you if needed.

To get out, stand on the un-operated leg, lift the operated leg and step out of the shower. Follow with the operated leg in the same way, bringing it to the floor so that you are standing outside the shower cubicle on two feet.

Some patients prefer to 'strip wash' initially after the operation.

Getting Dressed

You may find it difficult to reach your feet after the operation, the occupational therapist will show you how to dress independently and advise you on any equipment you may require to help you with this. .

The upper half of your body can be dressed as usual. To dress the lower half start from a seated position on a firm chair or on your bed. You may find it easier to dress the operated leg first and undress it last. To put on your socks, pants, stockings or shoes you may require dressing aids, the occupational therapist can give you advice on where to purchase these from.

Getting on and off the toilet

The occupational therapist will assess your ability to get on and off the toilet independently. Some people may require a raised toilet seat and/or a toilet frame. These can be provided for you.

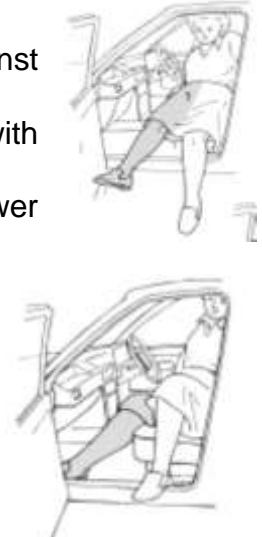
How to manage stairs

Please see 'how to manage stairs' section on page 6 of this leaflet.

Getting in and out of the car

The passenger seat should be moved back as far as possible:

1. Ensure you are on a level to start with and not too near the kerb.
2. Position yourself sideways onto the car, with the back of your legs against the sill.
3. Reach for the back of the seat with your left hand and the seat base with your right hand.
4. Put your operated leg out in front of you, with the knee straight and lower yourself onto the edge of the seat. It helps if you lean back slightly.
5. Using your un-operated leg and your hands, push yourself backwards onto the driver's seat, keeping the operated leg straight in front.
6. Leaning backwards and pivoting on your bottom, slide your legs into the car. Be careful and do not rush, ensure that you keep the operated leg straight during the movement, until you are facing forwards.
7. Adjust yourself into a comfortable position.



Getting out is the reverse of the procedure.

Bending

Do Not bend your operated hip excessively. Instead, hold onto something solid, such as a table, window ledge or work surface, and slide your operated leg out behind. You can then go down, bending the knee of the un-operated leg.

General Household Activities

- Only light household duties can be done for the first three months.
- **Do not** stand for long periods. You should try to spread your household chores evenly throughout the week.
- Allow yourself plenty of time to rest.
- Avoid heavy activities for the first six weeks after leaving hospital, including using a vacuum cleaner.

Kitchen Tasks

In the kitchen you are advised to cook on the top of your cooker – not the oven as this requires bending and lifting hot things out with both hands. Use the grill and microwave oven if you have one. Move around the kitchen with your walking aids or with a stick in one hand and your other hand supported on the work surface.

It is important for someone to do your shopping for you until you are fully mobile. Do not lift heavy bags. Do not carry food or drink whilst using a walking aid, your Occupational Therapist will advise you on your individual circumstances.

Light exercise and hobbies

After you leave hospital you can take regular short walks on even ground – gradually building up the distance you go.

After approximately 12 weeks you may be able to return to hobbies such as light gardening, dancing and golf. You may also begin exercise classes again, letting your instructor know that you have had a hip replacement. All should be done in moderation without excessive effort. Your consultant will advise you on sporting activities.

We recommend that you avoid strenuous exercise and heavy lifting for at least 12 weeks.

Leaving hospital

How long you will be in hospital varies from patient to patient and depends on how quickly you recover from the operation and the anaesthetic. Most patients having this type of surgery will be in hospital for two to five days.

Medication when you leave hospital

Before you leave hospital, the pharmacy will give you any extra medication that you need to take when you are at home.

Postoperative recovery

You can continue to walk with crutches or sticks for as long as you feel you need some support. You may then reduce to one stick (this should be used in the opposite hand to your operated leg if possible). Gradually increase the distance you walk, but do not try to do too much too soon.

How long it takes you to recover from your surgery varies from person to person. You should consider who will be available to support you at home during the early stages of your recovery. When you go home, you should be able to carry out many of your daily activities independently but you will need to take it easy and should expect to get tired to begin with. If you have concerns about managing on discharge you should discuss this at pre-admission clinic staff or ward staff as soon as possible.

Stitches

We will take out any clips that seal the wound after about 14 days. If you have left hospital before this time, we will arrange for a community nurse to do this.

Personal hygiene

You will not be able to use the bath or shower until your wound is dry and completely healed and then you should follow the hip precautions detailed earlier in this leaflet.

By the time you are discharged from hospital you should be able to get on and off the toilet without any assistance. If equipment is required the Occupational Therapist will assess you and provide this for you.

Diet

You do not usually need to follow a special diet. If you need to change what you eat, we will give you advice before you go home.

Sex

Unless you have pain, or advice to the contrary from your Consultant, sexual intercourse can be resumed six to eight weeks after your operation.

It is recommended that you should avoid extreme movement at your hip.

Driving

You should not drive until you feel well enough to do so and are confident that you could perform an emergency stop without discomfort – probably at least six to eight weeks after your operation. It is your responsibility to check with your insurance company. You should avoid long car journeys for at least six weeks after surgery.

Work

How long you will need to be away from work varies depending on:

- How serious the surgery is;
- How quickly you recover;
- Whether or not your work is physical; and
- Whether you need any extra treatment after surgery.

Most people will not be fully back to work for eight to 12 weeks depending on the nature of your job. Please ask us if you need a medical sick note for the time you are in hospital and for the first three to four weeks after you leave.

Outpatient appointment

Before you leave hospital we may give you a follow-up appointment to come to the outpatient department, or we will send it to you in the post. Your appointment will be approximately six weeks after your operation.

Summary and further advice**Do not:**

- Push your hip joint into extreme or uncomfortable positions
- Go on car journeys for more than 30 minutes without stopping to exercise your leg.

Do:

- Take regular short walks on even ground – gradually building up the distance up you go.
- Use a walking aid for as long as you feel necessary.
- Keep as active as you can and keep to a sensible diet.
- The exercises you have been shown in hospital, they will help build up the muscles around your hip to help prevent dislocation. On discharge, the home (post operative) exercises should be practised. Try to do them three times a day and gradually increase how many you do each time

Contact details

If you have any specific concerns that you feel have not been answered and need explaining, please contact the following.

Alexandra Hospital

- Ward 16 Staff (phone 01527 512104)

Kidderminster Treatment Centre

- Ward Nursing Staff (phone 01562 512356)

Other information

The following internet websites contain information that you may find useful.

- www.patient.co.uk
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhsdirect.nhs.uk
On-line health encyclopaedia
- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust

Comments

We would value your opinion on this leaflet, based on your experience of having this procedure done. Please put any comments in the box below and return them to the Clinical Governance Department, Finance Department, Worcestershire Royal Hospital, Charles Hastings Way, Worcester, WR5 1DD.

Name of leaflet: _____ Date: _____

Comments:

Thank you for your help.

Patient Experience

Being admitted to hospital can be a worrying and unsettling time. If you have any concerns or questions you should speak to a member of staff in the ward or department who will do their best to reassure you. If you are not happy with their response, you can ask to speak to someone in charge.

Patient Advice and Liaison Service (PALS)

Our PALS staff will provide advice and can liaise with staff on your behalf if you feel you are unable to do so. They will also advise you what to do if your concerns have not been addressed. If you wish to discuss making a formal complaint PALS can provide information on how to do this. Telephone: 0300 123 1732. Monday to Thursday 8.30am to 4.30pm. Friday 8.30am to 4pm. An answerphone operates outside office hours. Or email us at: wah-tr.PET@nhs.net

Feedback

Feedback helps us highlight good practice and where we need to improve. There are lots of ways you can give feedback including completing a Friends and Family Test card or undertaking a survey. For further information please speak to a member of staff, see our Patient Experience leaflet or visit

www.worcsacute.nhs.uk/contact-us

If you would like this leaflet in an alternative language or format, such as audio or braille, please ask a member of staff.

Polish

Jeżeli są Państwo zainteresowani otrzymaniem niniejszej ulotki w innej wersji językowej lub formacie, prosimy zwrócić się w tej sprawie do członka naszego personelu.

Bengali

আপনি যদি এই লিফলেটটি অন্য ভাষায় বা ফর্ম্যাটে পেতে চান যেমন, অডিও বা ব্রেইল তাহলে অনুগ্রহ করে সদস্য বা কর্মীদেরকে তা জানান।

Urdu

اگر اس کتابچہ کو آپ کسی متبادل زبان یا ہیئت جیسے آڈیو یا بریل میں چاہتے ہیں، تو برائے کرم اسٹاف رکن سے مانگیں۔

Romanian

Pentru a obține această broșură în altă limbă sau în alt format fie audio sau limbajul Braille, vă rugăm să apelați la un membru al personalului.

Portuguese

Caso deseje este folheto numa língua ou formato alternativos, tal como ficheiro áudio ou em Braille, por favor dirija-se a um dos nossos funcionários.

Chinese(Mandarin)

如果您想要本手册的替代语言或格式的版本，如音频或盲文，请向工作人员咨询