

Your Pre-Operative Assessment Appointment

Pre-Operative Assessment Unit – New Cross Hospital

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Your pre-operative assessment aims to clarify your fitness for surgery and anaesthesia. The overall aim is to identify and minimise any risks of surgery and anaesthesia, and to facilitate your journey through to the date of surgery. The department will complete a comprehensive health assessment so that when you arrive for your surgery you will be fully prepared.

How to contact us:

Pre-operative assessment office direct line

01902 445850 / 01902 695587

Cannock Pre-operative assessment direct line

01543 576408

Monday – Friday, 8:30am – 4:00pm.

Please contact the department within 72 hours of your clinic appointment if you cannot attend. Failure to attend your appointment will result in your operation being cancelled, as all patients undergoing a general anaesthetic require an assessment to ensure that they are fit to proceed. If you no longer wish to have your procedure and would like to be removed from the waiting list, please contact the relevant waiting list for your surgeon on the main switchboard number 01902 307999.

What will happen next?

Further information and confirmation of your appointment will be sent to you nearer your appointment date. If you have any queries or concerns regarding this appointment please contact us on the numbers above and we will be happy to help you. We will also send you a text message to remind you of your appointment if you have given us your mobile number.

What if I need to change my appointment?

If you are unable to attend your appointment we ask that you contact the pre-operative assessment unit as soon as possible, your appointment can then be offered to another patient. Please remember that we need to make sure that any tests and investigations that may be required are completed and reported before you can have your surgery. Delaying your pre-operative assessment appointment may cause delays in your date for surgery.

The date and time for your agreed appointment is:

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

You and your anaesthetic

Critical Care

Introduction

This leaflet gives information to help you prepare for your anaesthetic. It has been written by patients, patient representatives and Anaesthetists, working in partnership. You can find more information in other leaflets in the series. You can get these leaflets, and large print copies, from www.youranaesthetic.info. They may also be available from the anaesthetic department in your hospital. The series will include the following:

- Anaesthesia explained – a more detailed booklet
- Your child's general anaesthetic
- Having a spinal anaesthetic
- Epidurals for pain relief after surgery
- Headache after an epidural or spinal anaesthetic
- Dental work and general anaesthesia
- Having an eye operation under local anaesthetic
- Your tonsillectomy
- Your anaesthetic for aortic surgery
- Anaesthetic choices for hip or knee replacement

Types of Anaesthesia

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

Local anaesthesia involves injections which numb a small part of your body. You stay conscious but free from pain.

Regional anaesthesia involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain.

General anaesthesia gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- Discuss types of anaesthesia with you and find out what you would like, helping you to make choices
- Discuss the risks of anaesthesia with you
- Agree a plan with you for your anaesthetic and pain control
- Are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery; they manage any blood transfusions you may need
- Plan your care, if needed, in the Intensive Care Unit
- Make your experience as pleasant and pain free as possible

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the risks, side effects and complications in modern anaesthesia?

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. There are approximately 10 deaths for every million anaesthetics given in the UK.

It is important to note that risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years; serious problems are uncommon.

To understand a risk, you must know:

- How likely it is to happen?
- How serious it could be?
- How it can be treated?

The risk to you as an individual will depend on:

- Whether you have any other illness
- Personal factors, such as smoking or being overweight
- Surgery which is complicated, is long, or done in an emergency

People vary in how they interpret words and numbers. This scale is provided to help:

Very Common	Common	Uncommon	Rare	Very Rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000

Side Effects and Complications

More information on the side effects and complications listed here is in the leaflet 'Anaesthesia explained'.

- RA = This may occur with a regional anaesthetic.
GA = This may occur with a general anaesthetic.
LA = This may occur with a local anaesthetic.

Very common and common side effects:

- RA GA Feeling sick and vomiting after surgery
GA Sore throat
RA GA LA Dizziness, blurred vision
RA GA LA Headache
RA GA Itching
RA GA Aches, pains and backache
RA GA Pain during injection of drugs
RA GA Bruising and soreness
GA Confusion or memory loss

Uncommon side effects and complications:

	GA	Chest infection
RA	GA	Bladder problems
	GA	Muscle pains
RA	GA	Slow breathing (depressed respiration)
	GA	Damage to teeth, lips or tongue
RA	GA	An existing medical condition getting worse
	GA	Awareness (becoming conscious during your operation)

Rare or very rare complications:

	GA	Damage to the eyes
RA	GA LA	Serious allergy to drugs
RA	GA	Nerve damage
RA	GA	Death
RA	GA	Equipment failure

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Before coming to hospital

Here are some things that you can do to prepare yourself for your operation:

- If you smoke, giving up for several weeks before the operation reduces the risk of breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help
- If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe (if having a general anaesthetic)
- If you have a long-standing medical problem such as thyroid problems, epilepsy or high blood pressure (hypertension) your GP should give you a check-up.

What preparations do you need to make for your operation or procedure?

Arrange to take at least one day off from work, school or college after the procedure. This is required following any general anaesthetic; you may need longer depending on what operation you are having. This will be fully explained at your pre-admission clinic.

Because you are having an operation and a general anaesthetic, it is important that you have someone to collect you from the hospital in a car or taxi and to look after you when you get home. If you are going home on the day of your operation, then you need somebody to be with you for 24 hours. If you are discharged the morning after your operation, somebody needs to collect you and be with you for the rest of that day.

It is vital that this is arranged before your hospital admission.

Before your Anaesthetic

You will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by filling in a questionnaire, by talking to doctors on the ward, or when you meet your Anaesthetist. It is important for you to bring:

All the pills, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter, in their original packaging

A list of any allergies you may have.

On the day of your operation

Nothing to eat or drink – fasting ('Nil by mouth')

The hospital should give you clear instructions about fasting. It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs.

If you are taking medicines

You should continue to take them as usual, unless your Anaesthetist or Surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will need specific instructions. If you are taking recreational drugs, you must tell the nurse, as this could lead to complications with your anaesthetic. This information will be treated with strictest confidence.

If you feel unwell when you are due to come into hospital, please telephone the ward for advice.

Your Anaesthetist will meet you before your operation and will:

- Ask you about your health
- Discuss with you which types of anaesthetic can be used
- Discuss with you the benefits, risks and your preferences
- Decide with you which anaesthetic would be best for you
- Decide for you, if you would prefer that.

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested.

The choice of anaesthetic depends on:

- Your operation
- Your answers to the questions you have been asked
- Your physical condition
- Your preferences and the reasons for them
- Your Anaesthetist's recommendations for you and the reasons for them
- The equipment, staff and other resources at your hospital.

Pre-medication (a 'pre-med') is the name for drugs which are sometimes given before an anaesthetic. Some pre-meds prepare your body for the anaesthetic, others help you to relax. They may make you more drowsy after the operation. If you want to go home on the same day, this may be delayed. If you think a pre-med would help you, ask your Anaesthetist, though they may advise against it.

A needle may be used to start your anaesthetic. If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward. The ward nurses should be able to do this.

If you are having a local or regional anaesthetic, you will also need to decide whether you would prefer to be:

- Fully alert
- Relaxed and sleepy (sedation)
- Have a general anaesthetic as well.

Sedation is the use of small amounts of anaesthetic or similar drugs to put you into a 'drowsy' state, but you will still be able to communicate with staff throughout your operation.

When you are called for your operation:

- A member of staff will go with you to the theatre
- Children or adult patients with special needs may have their carer or parent go with them to the anaesthetic room
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on in place
- Jewellery and decorative piercing should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin
- Make up or body lotion, plastic nails or nail varnish should be removed
- If you are having a local or regional anaesthetic, you can take an iPod or MP3 player with you to listen to music through your headphones
- If you are able to, you will be asked to walk to theatre. If you are walking, you will need your dressing gown and slippers. If not, you will go to theatre on a bed or trolley
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that you are having the right operation.

The Operating Department ('Theatres')

Most anaesthetics are started in the anaesthetic room.

The Anaesthetist will attach monitors which measure your heart rate, blood pressure and oxygen levels.

When the Anaesthetic has started, you will go through to the operating theatre for the operation.

Local and Regional Anaesthetics

- Your Anaesthetist will ask you to keep quite still while the injections are given
- You may notice a warm tingling feeling as the anaesthetic begins to take effect
- Your operation will only go ahead when you and your Anaesthetist are sure that the area is numb
- If you are not having sedation you will remain alert and aware of your surroundings. A screen will shield the operating site, so you will not see the operation unless you want to
- Your Anaesthetist is always near to you and you can speak to him or her whenever you want to.

General Anaesthetics

There are two ways of starting a general anaesthetic.

- Anaesthetic drugs may be injected into a vein through a cannula (a plastic tube inserted into your vein, usually in the back of your hand). This is generally used for adults
- You can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

Once you are unconscious, an Anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness.

After the operation, you may be taken to the recovery room. Recovery staff will be with you at all times. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

Pain relief afterwards

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain.

Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow**
These are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work.
- **Injections**
These are often needed, and are given either into a vein for immediate effect, or into your leg or buttock muscle. If in a muscle they may take up to 20 minutes to work
- **Suppositories**
These waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit
- **Patient controlled analgesia (PCA)**
This is a method using a machine that allows you to control your pain relief yourself. The machine is set so that you cannot give yourself an overdose
- **Local anaesthetics and regional blocks.**
These types of anaesthesia can be very useful for relieving pain after surgery.

What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Questions you may like to ask your Anaesthetist

- Q Who will give my anaesthetic?
- Q Do I have to have a general anaesthetic?
- Q What type of anaesthetic do you recommend?
- Q Have you often used this type of anaesthetic?
- Q What are the risks of this type of anaesthetic?
- Q Do I have any special risks?
- Q How will I feel afterwards?

Going Home

Please remember that if you have been given a general anaesthetic, this can affect your memory, judgement and coordination. So, when you go home rest quietly.

For 24 hours after a general anaesthetic:

- Do not drive or operate any mechanical or electrical equipment such as a cooker or even a kettle
- Do not lock any doors behind you in case you feel faint or unwell when alone
- Do not do anything that requires fine coordination and judgement
- Do not sign any legal documents
- Do not drink alcohol
- Do not take sleeping tablets.

'If you have any further questions please telephone the Hospital switchboard on 01902 307999, and ask for the Pre-Operative Assessment Office – at either New Cross Hospital or Cannock Chase Hospital depending on which site you will be attending.'

How to reduce the risk of you falling in hospital

What can you, your family or carer do to reduce the risk of you falling whilst in hospital?

1. Bring in to hospital any equipment you normally use such as a walking aid
2. If you have a walking aid, please ensure it is in good condition. Remind staff that it is your personal property and we will ensure it is labelled with your name and address
3. If you normally wear spectacles please have them with you and only wear your distance ones when walking. Take special care when using bi-focal / vari-focal glasses
4. Ensure your clothing is well fitting. Ask relatives / carers to supply you with a belt if required when wearing trousers. Foot wear should be low, non-slip and fit properly. If you wear slippers please make sure they have backs to them
5. Use the call bell provided to summon assistance and keep it within reach
6. Take care when getting up from a sitting or lying position
7. Inform staff if you feel unsteady or unwell before you begin to walk
8. If staff recommend that you walk under supervision please ask for assistance and wait until someone comes
9. Ask the nursing team to introduce you to the ward so that you are aware of the facilities you may use whilst on the ward
10. Actively look out for hazards such as spills, wet floor signs and inform staff about these hazards
11. Keep your fluid levels up by drinking plenty of fluids as the hospital environment tends to be warm and you can easily become dehydrated
12. If you have a fall:
Inform staff immediately. You will be examined by a senior nurse or doctor and your falls risk assessment will be recalculated. Nursing staff may move your bed to another bed space to assist in observing you more closely. The nursing staff will then take steps to identify the contributing factors that led to your fall.

Your care plan will be altered accordingly to include measures to assist in eliminating the risk of your falling again, Any changes to your care resulting from the fall will be discussed with you and your family.

During your stay in hospital you may be referred to the physiotherapist and occupational therapist for assessment.

Advice for family, relatives and carers

Please inform staff if you are concerned about your relative falling. For the safety of patients, it would help if you report any of the following problems:

- Spills on the floor
- Trailing wires / cables
- Obstacles round the bed

You can also help by:

- Remove chairs after visiting
- Take unnecessary items home to reduce clutter
- Replace bed side tables and call bells before you leave
- Ask staff to replace bed rails if they are in use

If you require any further help or advice please talk to your nurse or contact the Ward Sister or Charge Nurse for your ward.

What to think about once you leave hospital

If falls are a potential problem on discharge, you may be referred to:

The Falls Prevention Service
West Park Rehabilitation Hospital
Park Road West
Wolverhampton
West Midlands
WV1 4PW

Tel: **01902 444502**

Or a family member can refer directly to the service.

Opening hours: Monday – Friday, 8:00am – 4:30pm

Carbapenemase-Producing Enterobacterales (CPE)

Infection Prevention

Introduction

This leaflet will provide you with information regarding what Carbapenemase-Producing Enterobacteriacease (CPE) is, how you will be tested and the precautions that will need to be taken.

What does Carbapenemase-Producing Enterobacterales (CPE) mean?

It is a group of bacteria which are very resistant to antibiotics. The bacteria usually live harmlessly in the bowels of humans. If, however the bacteria get into the wrong place, such as the bladder or bloodstream, they can cause infection.

Carbapenems are one of the most powerful antibiotics. Carbapenemases are enzymes (chemicals that break things down) made by some of these aforementioned bacteria which enable them to destroy carbapenem antibiotics. This then makes the bacteria become resistant to these antibiotics.

Why does Carbapenem resistance matter?

Carbapenem antibiotics can only be given in hospital directly into the bloodstream. Until now these antibiotics have been relied upon to successfully treat certain difficult infections when other ones have failed to do so. Consequently, in a hospital where there are many vulnerable patients, spread of these resistant bacteria can lead to cause for concern.

How will I know if I am at risk of having CPE?

The nursing or medical team will carry out a risk assessment upon your admission to determine if you have been in a hospital abroad, another hospital in the UK, or have visited a designated high risk country. If any of those options apply to you, a CPE screen will be offered to you and you will be accommodated in a single room with your own toilet facilities until the results are known.

How will I be screened for CPE?

Screening will mean taking a rectal swab by inserting it gently just inside your rectum (bottom) and staining the swab with a small amount of faeces (poo). The sample will then be sent to the microbiology laboratory and the result will normally be given to you within 2-3 days. On occasion, if you were a contact of a positive CPE patient, another sample may be required a week after the first one was taken.

What does it mean if the result is positive?

If your result is positive, the nursing or medical team will be able to discuss your positive CPE result with you in detail. If you have an infection, you will require antibiotic therapy. However, if there are no signs of infection and you are simply carrying the bacteria, no treatment will be required. You will be accommodated in a single room with your own toilet facilities.

What does it mean if I am classed as a CPE Contact?

Occasionally it is not known immediately if a patient is infected with CPE bacteria. Consequently, they may not be isolated in a single room straight away. A CPE screen will be offered if you have shared the same bay in a ward with a patient found to have a positive CPE screen. This screen is offered to you as there may be a slight chance that you may have picked up the CPE bacteria that they are carrying.

How can CPE be stopped from spreading?

As mentioned before, if you have a CPE positive result, you will be accommodated in a single room, with your own toilet facilities. Health care practitioners will wear gloves and aprons each time they enter your room, and when having close contact with you they will wear long sleeve gowns. Hand hygiene for both staff and you is of vital importance. Practitioners will adhere to strict hand hygiene when providing your care.

It is important you wash your hands frequently, especially after going to the toilet and before and after you eat. You should avoid touching any medical devices such as a urinary catheter tube or intravenous drip; particularly at the point where it goes into your body or skin.

Visitors will be asked to wash their hands on entering and leaving your room. They will be asked to wear a long sleeve gown and gloves if they are assisting with your personal care. Visitors should avoid sitting on your bed and use the chairs provided in the ward.

What about when I go home?

There is a possibility that you may still be a carrier of CPE when you go home. More often than not, this will not go away with time and you will likely remain a carrier. No treatment or special measures are required. Any infection that you may have had will have been treated prior to your discharge. Please continue to maintain good hand hygiene upon discharge. If you have any concerns you may wish to contact your GP for advice.

If you had a positive result, then before you leave hospital the nursing team will provide you with a letter advising that you have an infection or have been colonised with CPE. You will also be provided with a card stating your positive CPE status. It is vital that you keep this card with you at all times. Upon any further healthcare interaction, you must show them your card so they will be aware of your positive CPE status so that appropriate care can be provided for you and the health care setting.

Should a member of your household be admitted to hospital, you should let the hospital staff know that you are, or have been, a carrier and show them your letter or card so that they can take appropriate action.

Where can I find more information?

If you would like any further information please speak to a member of the nursing or medical staff, who may also contact the specialist infection prevention team for you.

Are you at risk of a Deep Vein Thrombosis in hospital?

We have written this leaflet for all hospital in-patients to explain how the risk of a blood clot can be reduced. It does not replace explanations and information given to you by our staff but we hope you will find it a helpful guide to use before, during and after your stay in hospital. If you have any questions or need any further information please do not hesitate to ask your doctor or nurse.

What is a blood clot or deep vein thrombosis (DVT)?

Deep vein thrombosis (DVT) is the name given to a blood clot which forms inside a vein. Typically these clots form inside the veins of the leg, interrupting blood flow and making the leg swollen and painful.

Sometimes these clots can break off and become lodged in one of the arteries in the lung. This is called pulmonary embolism (PE) and can cause pain, breathlessness, and lack of oxygen in the blood which can be fatal.

DVT may also cause life long problems such as painful swollen legs, varicose veins and ulcers. It is estimated that 25,000 people who are admitted to hospital in the UK die from preventable blood clots each year.

DVT and PE are known together as venous thromboembolism (VTE).

Am I at risk of a blood clot?

A blood clot is more likely to happen when you are not moving around very much. When you are inactive for longer than normal, blood tends to collect in the lower parts of your legs. The blood moves around the body more slowly and can trigger a blood clot (also known as a thrombus).

If you are unwell and confined to bed and / or recovering from major surgery you are at a higher risk than normal of developing a blood clot.

Other factors may increase your risk such as:

- You or a member of your family has had a blood clot before
- You are having an operation
- You are unable to move around
- You are over 60 years of age
- You are obese (you have a body mass index of 30 or more)
- You have long standing problems with your heart and lungs
- You have had a recent heart attack or stroke
- You have cancer or have had recent chemotherapy
- You are on the combined contraceptive pill, or hormone replacement therapy (HRT)
- You are currently pregnant or have recently given birth
- You have inflamed varicose veins
- You have a disorder that makes your blood more likely to clot
- You have certain other health problems, for example, some types of infections, inflammatory bowel disease or rheumatic conditions
- If you are having an operation, you may be more at risk if you take a long journey in the 4 weeks before or after your operation

How will my risk be assessed?

The Department of Health has made the prevention of VTE a priority across the NHS. When you are admitted to hospital you will be assessed for your risk of developing a blood clot using a list of risk factors similar to those listed previously. If necessary, you will be given preventative treatment.

This recommendation was made by the National Institute for Health and Clinical Excellence (NICE). For more information, read NICE's 2018 guideline Venous Thromboembolism in over 16s: Reducing the risk of hospital acquired deep vein thrombosis or pulmonary embolism. [nice.org.uk/guidance/ng89](https://www.nice.org.uk/guidance/ng89)

What can I do to reduce the risk of developing a blood clot before I come into hospital?

- Keep mobile – move around as much as possible in the weeks leading up to your surgery
- Take care on journeys – if you can, avoid long uninterrupted journeys of over three hours in the month before your surgery. If you do need to travel on long journeys either by coach, train or air, try to move your legs regularly. If travelling by car, have a break and walk around every one to two hours
- Medication – If you are planning to have an operation your healthcare team will advise you if any of your usual medicines should be stopped before you have your operation.

When I come into hospital can I do anything to reduce my risk of developing a blood clot in hospital?

There are a number of things you and your healthcare team can do to help reduce your risk of blood clots while in hospital.

- Make sure that you do not become dehydrated
- Also make sure that you start to move around as soon as you are able to

Depending on your risk factors you may also be offered:

- Compression stockings or a compression device, to help keep the blood in your legs circulating and / or
- Anticoagulant medicine, which helps prevent blood clots

Compression stockings can be either knee length or thigh length, and fit tightly to encourage your blood to flow more quickly around your body. It is important that these are worn correctly.

Compression devices are inflatable and work in the same way as compression stockings, inflating at regular intervals to squeeze your legs and encourage blood flow.

Anticoagulant medicine helps to reduce the risk of blood clots. This will most often be given in the form of a once or twice daily injection called enoxaparin, usually given into the stomach. Patients who have had a planned hip or knee operation may also be offered an oral medicine as an alternative.

What happens when I leave hospital?

You may need to continue treatment with compression stockings and / or an anticoagulant medicine when you leave hospital. Before you leave, your healthcare team should advise you on how to use your treatment, how long it should continue for, and who to contact if you are having any problems.

Once you are well enough, it is important that you try to move around or do leg exercises as soon as possible. Also avoid taking long journeys for four weeks after you come out of hospital.

How do I tell if I might have a blood clot?

Signs to look out for after your hospital treatment include:

- Unexplained pain or swelling in your leg
- The skin of your leg feels hot or tender, or is discoloured (red, purple, blue)
- Your feet are numb or tingling
- The veins near the surface of your leg appear larger than normal
- You become short of breath
- You feel pain in your chest or upper back or ribs which is worse when you breathe in deeply
- You cough up blood.

If you experience any of the above symptoms, seek medical help immediately from your GP or hospital.

If you develop a blood clot, medication is very effective in treating the problem.

Where can I find more information?

If you have any concerns you should speak to any healthcare professional on your ward.

Other useful contacts

New Cross Hospital VTE Nurse

Mobile via Switchboard: 01902 307999

NHS 111

NICE

www.nice.org.uk/guidance/ng89

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。