# Hysterectomy

Gynaecology

## Introduction

Following discussion with a health practitioner at your consultation, you have opted for hysterectomy as the best form of treatment for you. This booklet has been designed to give you a better understanding of what a hysterectomy is: the benefits, risks and alternative treatments available to you. Do not be afraid to ask your medical or nursing team more about your operation if this booklet does not answer all your questions.

## What is a Hysterectomy?

Hysterectomy is defined as the surgical removal of the womb (uterus). It can also involve the removal of the fallopian tubes, ovaries and cervix, in order to cure or alleviate a number of gynaecological problems. Following this operation, you will no longer have periods; you will not be fertile and not be able to have any more children.

## Different types of hysterectomy

**Abdominal hysterectomy:** removing the womb through a cut across the tummy. The cut is usually about 10-12 cm long and is just above the pubic hair line. Occasionally a up and down cut may be needed and the surgeon will discuss your planned incision prior to your operation

**Vaginal hysterectomy:** Where the womb is removed through a cut in the top of the vagina which is then stitched. You have no external scar

**Total laparoscopic hysterectomy:** a keyhole procedure through several small cuts on your tummy to free the womb which is then removed vaginally.

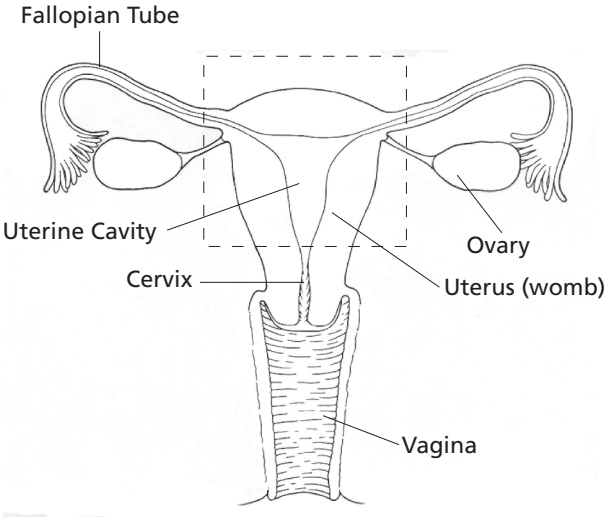
**laparoscopically-assisted vaginal hysterectomy (LAVH) and laparoscopic hysterectomy (LH):** part of the operation is performed laparoscopically and part vaginally

The choice about which treatment is best for you will be made together with your doctor. This will be based on the risks and benefits of the treatment and individual circumstances. There are also different types of abdominal hysterectomy; these vary according to your condition and are described overleaf.

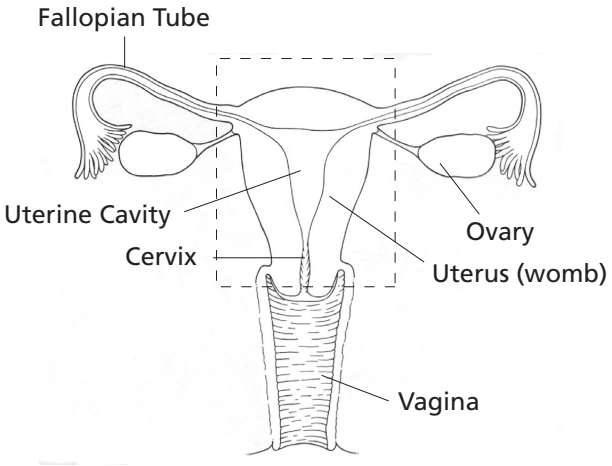
**The prevention of infection is a major priority in all healthcare and everyone has a part to play.**

- **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.**

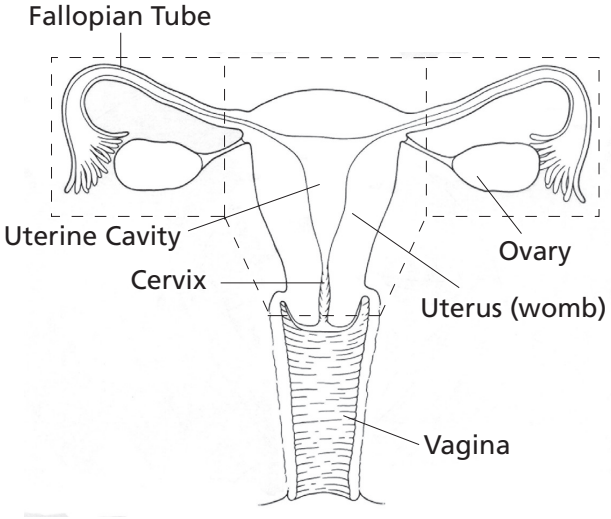
**Subtotal Hysterectomy:** The body of the womb is removed, leaving the cervix in place. If you have this operation you will need to continue to have cervical screening (smear) following surgery




**Total Hysterectomy:** The body of the womb is removed along with the cervix




**Wertheim's Hysterectomy or Radical Hysterectomy:** The body of the womb, cervix, part of the vagina, fallopian tubes, usually the ovaries, parametrium (the broad ligament below the fallopian tubes), the lymph glands and the fatty tissue in the pelvis are usually removed. Wertheim's Hysterectomy or Radical Hysterectomy The body of the womb, cervix, part of the vagina, fallopian tubes, usually the ovaries, parametrium (the broad ligament below the fallopian tubes), the lymph glands and the fatty tissue in the pelvis are usually removed.



The fallopian tubes are generally removed during hysterectomy but your ovaries may or may not be removed depending on the reason for your surgery. The procedure you will have depends on your individual case. Your specialist will talk to you about the most appropriate operation for you

## Why may I need a hysterectomy?

There are many reasons why a woman may need a hysterectomy which include heavy or painful periods, fibroids (non-cancerous growths of the muscle lining of the womb), endometriosis (small patches of womb lining growing outside the womb), prolapse or a gynaecological cancer or pre-cancerous condition

## What are the benefits of this surgery?

The benefits will depend on the reason for the hysterectomy. Problems like heavy periods will be cured by total hysterectomy. However, other problems like pelvic pain may not be improved or cured by a hysterectomy. If you have been diagnosed with a cancer of the womb or cervix, a hysterectomy will form an important part of your treatment. Your surgeon will discuss with you the chances of a hysterectomy leading to a cure or an improvement in your condition.

## What are the consequences of not having the surgery?

If you choose not to have a hysterectomy then your symptoms will remain. Heavy bleeding, fibroids, endometriosis, prolapsed womb will remain unchanged. If you have or we suspect that you have cancer of the womb, ovaries or cervix and you choose not to have surgery then a full diagnosis or treatment cannot be completed.

## What are the risks of having a hysterectomy?

For the majority of women, a hysterectomy is a liberating experience and they go on to lead perfectly normal lives. However, for a number of women, complications can arise during and after surgery. 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.

**Women who are obese, who have significant pathology (such as fibroids or endometriosis), who have had previous surgery or who have pre-existing medical conditions are at an increased risk of serious and frequent complications**.

## More common risks include:

- Infection - surgery is covered by antibiotics, but up to 10% of patients require antibiotics afterwards for infection in the chest, urine, scars or pelvis
- Pain, bruising, delayed wound healing or keloid formation
- Numbness, tingling or burning sensation around the scar (This is usually self-limiting but it could take weeks or months to resolve)
- Bladder and bowel problems are common (about 1 in 10 women) including difficulty passing urine (a catheter may be put in to help with this), irritable bladder, and slow return of function to normal

## Serious risks include:

- The overall risk of serious complications from abdominal hysterectomy is approximately four women in every 100 (common)
- Damage to the bladder and/or the ureter (seven women in every 1000) and/or long-term disturbance to the bladder function (uncommon)
- Damage to the bowel: four women in every 10 000 (rare)
- Haemorrhage requiring blood transfusion, 23 women in every 1000 (common)

- Return to theatre due to bleeding or wound breakdown other complications: occurs in up to 1 in 100 (1%) women after hysterectomy. If you have had a laparoscopic or vaginal hysterectomy it may be necessary to perform a laparotomy (open operation) if you return to theatre to gain access to fix the problem if the problem cannot be dealt with laparoscopically
- Pelvic abscess / infection(2 in 1000 - uncommon) can present as fever, severe abdominal pain and foul vaginal discharge. This can be serious and if you have these symptoms, you should to seek urgent medical attention
- Venous thrombosis or pulmonary embolism, four women in every 1000 (uncommon)
- Vaginal vault dehiscence: After a hysterectomy, the top of the vagina can open, particularly if there is an infection or trauma to the area. This risk is greater in total laparoscopic hysterectomy (1%) than in other forms of hysterectomy
- Abnormal connection between organs such as bladder, vagina or bowel called a fistula can form. If this happens, you may need further surgery to repair the fistula
- Hernia: at site of abdominal incisions or laparoscopic port site occurs in up to 1 in 100 (1%) of women after hysterectomy
- There is a risk of Covid infection whilst in hospital which can be fatal
- Risk of death within 6 weeks, 32 women in every 100 000 (rare). The main causes of death are pulmonary embolism and cardiac disease

## Other risks

- The possibility of being unable to perform the planned procedure, for example, Anaesthetic reason, technical difficulty during the procedure etc
- The anaesthetist will discuss risks associated with a general anaesthetic prior to your surgery. Anaesthetic complications are generally rare but more common if you have serious medical problems or if you are excessively overweight
- Internal scarring (known as adhesions) in the abdomen and pelvis can form, which may cause problems such as painful sexual intercourse or pelvic pain. Rarely adhesions can cause bowel obstruction in the long term
- Women who have had a hysterectomy for pelvic pain may find that their condition has not improved. Some women may develop chronic pain after hysterectomy
- Surgery may affect sexual function and some women may have less interest in sex after having a hysterectomy
- Ovarian failure: Even if one or both of your ovaries are preserved at the time of hysterectomy, they could fail within five years of having your hysterectomy. This is because ovaries receive some of their blood supply through the womb, which is removed during the operation
- The top of the vagina may lose support after a hysterectomy, and in time this may lead to a vaginal vault (top end of the vagina) prolapse (bulge down below)

## Additional procedures that may be required during hysterectomy

- Blood transfusion
- Repair of damage to bowel, bladder, ureter or blood vessels
- Removal of one or both ovaries for unsuspected disease

## Are there any alternatives to hysterectomy?

The alternatives to hysterectomy should have already been discussed with you. Options available depend upon your reason for undergoing hysterectomy, but can include:

- For heavy periods - Drug therapy, Mirena Intra-uterine system, Embolisation of fibroids, or Endometrial ablation (procedure which destroys the lining of your womb

- For prolapse - Either no treatment or conservative treatment using a pessary in the vagina

Leaflets are available on the alternative options; please ask for additional leaflets if you want to know more about any of the options mentioned

## Does my cervix have to be removed?

Some women are concerned that removing the cervix will lead to a loss in sexual function, but there is no evidence that this is the case. If you are reluctant to have your cervix removed, you should talk to your gynaecologist about possible risks of keeping your cervix. 5% of women who keep their cervix will require an operation at a later date to address problems related to the retained cervix (on going bleeding etc).

## Will my ovaries be removed?

The decision to remove your ovaries depends on the reason for doing the hysterectomy. Your gynaecologist may recommend removal of your ovaries if you have a family history (mother or sibling) of ovarian cancer or breast cancer or they are found to carry a genetic fault (BRCA1 BRCA2), to reduce the risk of cancer occurring in the future. Sometimes it is advisable to have the ovaries removed to increase the success of the operation. This applies particularly to patients who have a condition called endometriosis, patients with severe premenstrual symptoms and patients with cancer / pre-cancer of the lining of the womb. If you have already gone through, or are close to the menopause, your gynaecologist may recommend removing ovaries regardless of the reason for your hysterectomy to protect against the possibility of ovarian cancer developing in the future.

Other gynaecologists feel it is best to leave the ovaries in place if the risk of ovarian cancer is small, for example, if there is no family history. This is because the ovaries produce several hormones that are beneficial to women. They can help protect against conditions such as osteoporosis and they play a part in feelings of desire and pleasure. Your gynaecologist will be able to discuss the benefits and disadvantages of removing your ovaries with you.

Removing the ovaries will cause you to go through the menopause, so you may be advised to take Hormone Replacement Therapy (HRT), dependent on your age at the time of your operation.

If you would prefer to keep your ovaries, make sure that you have discussed with your gynaecologist and make it clear before your operation. You may still be asked to give your consent for your ovaries to be removed if an abnormality is found during the operation. Think carefully about this and discuss any fears or concerns you have with your gynaecologist.

## What should I expect before the operation?

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.

Before admission for surgery you will be asked to attend a pre-admission clinic to ensure that you are fit and well for your surgery. A nurse practitioner or a doctor will ask about your general health, past medical history and any medication that you are taking. Any necessary investigations will be organised, such as blood tests, electrocardiogram (ECG) and chest X-rays.

You will receive information about your admission, hospital stay, operation and pre and post-operative care. You will also be given the opportunity to ask any further questions that you may have. You are advised that you should not go on a long haul flight (more than 4 hours) in the six weeks prior to your surgery due to the increased risk of clots in your legs.

If you smoke, try to stop completely. This will make your anaesthetic safer, reduce the risk of complications after the operation and speed up the recovery time. If you are unable to stop completely, even doing so for a few days will be helpful.

Some medicines need to be stopped or altered before the operation. You should check with your GP and bring your list of medications with you when you come to the pre-admission clinic. If you take a contraceptive pill, you should stop it at least four weeks before the operation and you should use another method of contraception.

## What happens on my admission to hospital?

You are usually admitted to hospital on the day of surgery, but admission times vary.

Some patients need bowel preparation prior to surgery. You may be given picolax or an equivalent preparation; this is a medication that makes you go to the toilet and helps to empty your bowel.

If you do need bowel preparation, you could be admitted at 2pm the day prior to surgery, or given instruction to take the preparation at home prior to your admission.

## What happens on the day of my operation?

You will not be able to eat and drink for a specified time prior to your surgery. Your letter detailing your admission date and time will advise you of this.

It is important to have a bath or shower on the day of your operation before you come in to the hospital. Please ensure that any nail polish is removed from finger and toe nails and any false nails removed. After your shower or bath do not apply any body cream, make up or deodorant to your skin.

All jewellery must be removed other than a wedding ring. This can be left on and taped over prior to your surgery.

Most patients will walk to the theatre. A nurse will accompany you to theatre, and then your care will be taken over by a theatre nurse.

Once you are in the small room just outside the operating theatre, you will be given the anaesthetic. This is usually started by an injection in the back of your hand by the anaesthetist. You may also have a mask placed over your nose and mouth. You will not remember anything following this injection until the ward nurse collects you from the recovery room following your surgery.

In some circumstances, a general anaesthetic is not given, and an alternative (epidural or spinal anaesthetic) is used instead. This is an injection of anaesthetic around or in the spinal cord which numbs the nerves below it. The anaesthetist will discuss this with you more fully if required.

## What happens after my operation?

It is quite normal to feel groggy when you wake up from the anaesthetic. During your recovery from the anaesthetic, the nursing staff will observe you by monitoring your temperature, pulse and blood pressure, and by checking your wound and sanitary pad for any signs of excessive bleeding.

You are likely to return from theatre with an intravenous infusion (drip) which provides your body with fluids until you are able to drink normally.

You may also have a catheter (tube) in your bladder. This means that initially following surgery you do not have to get out of bed to pass urine, and the urine automatically drains into a bag at your bedside. It is usually removed after 24 hours, or when you are mobile. Occasionally, a wound drain is used. It is a plastic tube coming out of your abdomen (tummy) and is attached to a container which drains blood and fluid to prevent a build up of fluid under the wound. This is usually removed after 24 - 48 hours following surgery.

## What about my wound?

Following abdominal hysterectomy, the wound is held together by stitches or staples and these are removed 5 - 10 days after surgery. Sometimes, dissolvable stitches are used.

These do not usually have to be removed but they can take a few weeks to dissolve. If after a few weeks they remain, they can be trimmed. Contact your GP or Practice Nurse who will be able to help you.

Laparoscopic hysterectomy wounds are closed with dissolvable stitches.

Following surgery, it is sometimes necessary to have a vaginal gauze pack to prevent bleeding. This is removed approximately 24 hours after surgery. Although the stitches after vaginal surgery are not visible, you may see them fall out into the toilet, or in your underwear as they dissolve. This is normal.

## Will I have any pain or sickness?

There may be some pain and discomfort following surgery. Regular pain killing medication will be given to you as required, or you may return from theatre with a pump with painkilling medication which you are able to use yourself. Please do not suffer in silence. Ask if you need painkillers. Some people experience nausea (feeling sick) or vomiting (being sick) due to a combination of the period of starvation prior to surgery, the surgery itself, anxiety and anaesthetic. Medication will be given to you to help reduce the feeling of sickness and any vomiting that may occur, after surgery.

## Will I have any vaginal bleeding?

You may experience a discharge or some bleeding from the vagina, like a period. This is normal and could continue for several weeks following surgery as healing takes place. You will need to continue to wear sanitary protection (not tampons) until it stops. If you experience any heavy fresh vaginal bleeding or any offensive (smelly) vaginal discharge you should contact your GP or the hospital immediately.

## When can I get up after the operation?

You should get out of bed as soon as possible following your surgery, usually the following day. Whilst you are recovering following your surgery, you must practice deep breathing exercises, and leg exercises, rotating your ankles and moving your feet and legs to help improve the circulation. A separate sheet is available from the physiotherapist, which recommends pre (before) and post (after) operative exercises.

You will also be given an injection nightly to reduce the risk of blood clots (deep vein thrombosis) occurring in your legs, you may need to continue daily injections once at home. If this is necessary your medical / nursing team will advise you. You will be asked to wear stockings (similar to support stockings) specifically for reducing this risk. These should be worn both during your stay and following discharge home, instructions will be given to you by your nursing team.

## When will I be able to go home?

The usual length of time spent in hospital following abdominal, vaginal or laparoscopic hysterectomy surgery is from one to four days, but some people do go home earlier than this and others need to stay a while longer. Stitches and staples are usually removed on the day of discharge, but if you are well enough to go home prior to their removal. Then you can return to the ward, or go to your practice nurse at your GP's surgery to have them removed. Your nursing team will make arrangements with you prior to your discharge home.

You may be asked to return to the hospital for a follow up check between 6 - 12 weeks following your surgery. Many patients now do not need to have a hospital follow up, although we do recommend that you return to your GP for a check up between 6 - 12 weeks following your surgery if you have any concerns.

## Will I have any pain at home?

Once at home, you can continue using painkillers if needed, but try to reduce them gradually throughout the days and weeks as the pain eases. You may become more aware of general aches and pains to your back, groins and legs. This is normal and will improve with time.

You are not routinely given pain killers to take home from the hospital and we advise that you have a supply of painkillers ready at home.

## How should I care for my wound/s at home?

Continue with daily baths or showers, avoid bath oils, creams or talc and dry your wound by patting with a clean towel. Your wound may also change colour over the weeks as bruising subsides and the scar will eventually fade.

Occasionally, the wound can become infected. If you notice any swelling, redness or discharge from your wound, you will need the wound checking by your GP, and you may need to be commenced on antibiotics. You may also find that the wound feels numb.

## What about passing urine after my operation?

During your operation, the bladder is sometimes handled by the surgeon and passing urine can feel different for some time. Sometimes during surgery you are catheterised, this means that immediately following your operation when you are most uncomfortable, you do not have to get out of bed to pass urine, and the urine will drain directly into a bag at your bedside. When this is removed, usually after 24 – 48 hours, you can occasionally have difficulty passing urine. If you do have difficulty you must inform a nurse. Sitting on the toilet with the taps running, or sitting in a warm bath relaxing may help. Try not to get anxious as it is a common problem and reinsertion of a catheter may be required for another 24 hours or so.

If you develop stinging, dribbling, burning, offensive (smelly) urine or find that you are passing urine more frequently, you may have a urine infection. In this case, you may start antibiotics and advise you to increase your fluid intake. Cranberry juice has been found to reduce urinary problems. However, it is advisable to drink only 1 - 2 glasses per day.

## Will my bowel pattern change?

Almost everyone at sometime during their lives will experience problems with their bowels. Following gynaecological surgery, some women find they have problems with constipation. Again this may be due to the surgeon handling the bowel during the operation. It can also be caused due to the reduced amount of fluid taken, diet and exercise; along with loss of privacy can also complicate matters. Certain painkillers (those containing codeine) are known for slowing the action of the bowel so be aware of this. A mild and gentle laxative or glycerine suppositories can be given to help you open your bowels. This will make you feel more comfortable. Again, an increase in fluids can help, and a high fibre diet gradually introduced, as too much fibre in the early days may aggravate (worsen) “wind” pains.

You may also notice some abdominal distension (swelling of your tummy). This often becomes worse at night, but again this settles with time. You may also have trapped wind and indigestion, due to lack of movement. Peppermint water may help reduce the wind pains in the early days following surgery. Gentle exercise will also help.

Once at home with your own routine and diet, problems should settle.

## Will my mood be affected?

It is not uncommon to feel weepy after your surgery. This will also reduce as things return to normal. If you do not feel emotionally better after a few weeks you may contact your GP or a hysterectomy support group who may be able to help. (Contact numbers on back of leaflet).

## What about rest and exercise?

For the first couple of weeks at home, it is normal to feel tired, but it is still important to continue mobilising with rest periods in between. You may “potter” about, make drinks and snacks, place meals in the microwave and you can lift a kettle!

You can go up and down stairs, have a bath or shower daily and go for short walks. We now believe that moving around reduces the complications that can arise following surgery.

If you become tired in the afternoon, rest in bed if you wish for one - two hours and then get up and potter around again. Do NOT stop in bed all of the time.

The recovery time needed varies from individual to individual. Some women are able to pre-arrange help from family, friends and neighbours to do shopping and washing, etc. Some partners may be able to take time off work for the first couple of weeks, although you do not have to have someone with you 24 hours a day.

Make use of convenience foods and stock up your food cupboards before your operation.

If you live alone, or are unable to arrange help for yourself, in special circumstances, a social worker may be arranged by hospital staff if they feel you have not got enough support.

Plan your weeks and set yourself achievable goals. Heavier household jobs and gardening should be left for 4 - 6 weeks. When you feel ready to iron, if you sit down and iron for short periods this is OK. Standing to iron should be left for 3 - 4 weeks, as standing for long periods can be very tiring. Remember to continue your exercises. These will help to keep your tummy trim, strengthen your pelvic floor muscles to reduce the risk of urinary incontinence, strengthen your back muscles and maintain good posture.

## When can I drive?

Most women feel well enough to drive at approximately 2 - 6 weeks depending upon the type of hysterectomy you have had. This is advisable only if you are comfortable wearing a seatbelt, and you're able to perform an "emergency stop" without hurting yourself and without any hesitation. It is also advisable to check with your insurance company regarding driving following surgery, to ensure you are fully insured.

## When can I have sexual intercourse again?

Your body may feel a little bruised and uncomfortable for a few weeks after the operation. Most women prefer to wait until after their 6 - 12 week check-up. We advise you to avoid intercourse at least for six weeks after hysterectomy as intercourse too soon after surgery may cause bleeding from the suture (stitch) line.

## Will I need Hormone Replacement Therapy?

Not all women undergoing hysterectomy require hormone replacement therapy (HRT). This depends on a number of factors including: your age at the time of the operation, whether your ovaries have been removed or not, the reason the operation was performed and whether you are experiencing menopausal symptoms or not. You may not want to use HRT if there is a family history of breast cancer, thrombosis, heart disease or stroke. Your medical or nursing team will advise you accordingly.

## When can I return to work?

Again this varies depending on the type of hysterectomy you have had and the type of work that you do as some jobs are more strenuous than others. You may return to work as soon as you feel ready. If you require a sick note, one can be issued from the ward prior to your discharge home, covering you for up to the first 6 weeks. If further sick notes are required, your GP will provide them.

## Finally

Prior to your admission, if you do have any questions or worries you may contact your GP for advice, or ring the ward on 01902 694034.

## Useful websites / support associations:

https://www.nhs.uk/conditions/hysterectomy/

www.nice.org.uk

www.rcog.org.uk

https://www.rcog.org.uk/globalassets/documents/patients/patientinformation-leaflets/recovering-well/abdominal-hysterectomy.pdf

www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'

Hysterectomy Association
60 Redwood House
Charlton Down
Dorchester
DT2 9UH
Web Address: www.hysterectomy-association.org.uk

Endometriosis UK
10-18 Union Street
London
SE1 1SZ
Web Address: www.endometriosis-uk.org

# References

Heavy menstrual bleeding: assessment and management NICE guideline Published: 14 March 2018 www.nice.org.uk/guidance/

RCOG Consent Advice no. 4, Abdominal hysterectomy for benign conditions, 2009.

## 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。

Designed & Produced by the Department of Clinical Illustration,
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Review Date 21/07/2026 Date Produced 2005 WCA_1012_28.07.22_V_4