

# Knee Replacement

Trauma & Orthopaedics

## The purpose of this leaflet

This leaflet has been created to provide information about knee replacement surgery.

It is for people considering knee replacement surgery and for people who have decided to have knee replacement surgery.

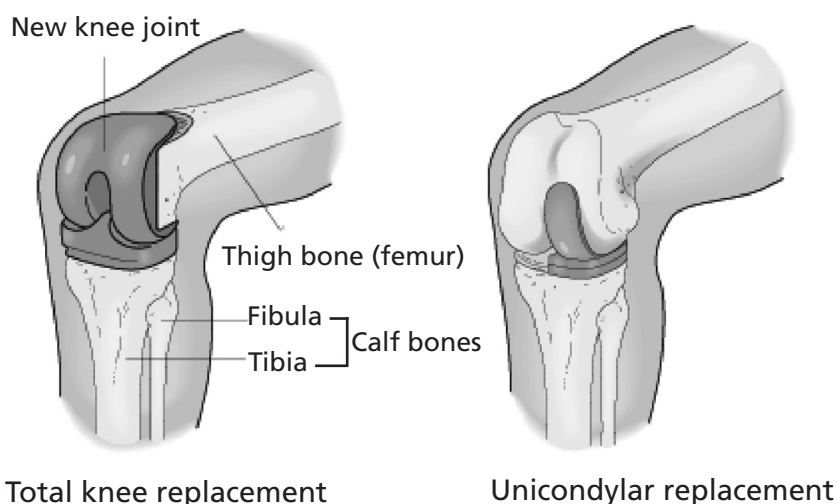
It aims to help you understand what knee replacement surgery is, why you have been offered it and what the risks and benefits are of having it. It also aims to help you understand what happens before, during and after the surgery and what you can do to prepare yourself for it, if you choose to have it

## What is knee replacement surgery?

Knee replacement surgery is an operation designed to replace a damaged knee joint. It involves removing the parts of the joint that have been damaged (due to injury or disease) and replacing them with new components made from metal and plastic.

For most people, a total knee replacement is required. However, if only half of the joint is damaged, a partial knee replacement may be suitable.

Your orthopaedic consultant will advise you about the type of knee replacement you require.



**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.

## Why have I been offered knee replacement surgery?

The knee is known as a hinge joint. It is where the thigh bone (the femur) meets the shin bone (the tibia). There is also a small bone at the front of the knee called the kneecap or patella.

Normally, this hinge joint moves smoothly due to a protective covering called articular cartilage. However, the articular cartilage can sometimes become damaged. This is usually caused by osteoarthritis, also known as 'wear and tear' arthritis. Over time, the cartilage becomes thinner, and the surfaces of the joint become rougher. This causes symptoms such as pain, swelling and stiffness which can limit how well and how far you can walk.

Knee replacement surgery is usually offered if you have severe osteoarthritis (severe pain that has lasted a long time and/or other things have not helped).

## What are the benefits of knee replacement surgery?

When you are offered knee replacement surgery, your orthopaedic consultant is trying to relieve your pain, improve the function of the joint – especially when you are walking or climbing the stairs, and improve your overall quality of life.

## What are the risks of knee replacement surgery?

Knee replacement surgery is a common operation with around 98,500 procedures carried out in England and Wales each year (National Joint Registry 20th Annual Report 2023). Most people do not experience any serious problems; however, as with all operations and anaesthetics, knee replacement surgery carries some risks. It is important that we tell you about them so that you can make an informed decision about your treatment.

## General risks associated with operations and anaesthetics

Any major operation puts a strain on your heart, brain, lungs and immune system. During and after the operation, it is possible that you could experience a chest infection, heart attack, stroke or death. The chances of this are small and will vary depending on your general health, medical history and lifestyle choices.

## Specific risks associated with knee replacement surgery

### **A blood clot or thrombosis**

A deep vein thrombosis (DVT) is a blood clot that develops in one of the major veins in the leg. Although not usually a problem itself, there is a chance that it could move through the bloodstream and travel to the lungs. This is known as a pulmonary embolism (PE) and is a very serious condition that can affect your breathing. A blood clot in the lung can be fatal.

To reduce the risk of blood clots occurring, you will usually be prescribed a blood thinning injection once a day for 14 days after your operation. You will also be provided with some foot pumps for use whilst in hospital. These promote blood circulation in the deep veins of the legs and help in the prevention of blood clot formation. To further reduce the risk of developing a blood clot, you will be encouraged to exercise your legs and start walking as soon as possible after your operation.

If a blood clot does develop, you are likely to require treatment for a number of months.

### **Infection**

After knee replacement surgery, infection can be a serious complication and can either be a:

- Superficial wound infection to the skin and tissues around the incision or a
- Deep joint infection to the soft tissues and metalwork of your knee replacement

Superficial wound infections can happen soon after surgery and are usually treated with a short course of antibiotics. Deep joint infections can happen at the time of surgery or later in life if bacteria get into your bloodstream from another source of infection. These may require a long course of antibiotics, a further operation to clean out the knee, and possible revision knee replacement surgery.

If you develop signs of an infection (for example, a urine or chest infection, tooth abscess or leg ulcer) at any time after your operation, please remind your GP or dentist that you have had a knee replacement.

To try and prevent the risk of infection, your operation will be carried out in a clean air theatre and sterile clothing will be worn by the surgical team. You will also be given antibiotics during and after your operation.

Infection control is taken very seriously in our hospitals. All staff, patients and visitors are required to wash/clean their hands frequently. Hand washes and gels are available on all the wards for this purpose; please encourage anyone visiting you, or staff making direct contact with you, to wash/clean their hands.

### **Scarring and stiffness**

Following knee replacement surgery, tough scar tissue can form around the knee. Scar tissue is not as flexible as normal healthy tissue and can restrict bending of the knee. If the joint was extremely stiff before surgery, there is likely to be quite a lot of stiffness afterwards. You may also have difficulty with kneeling after this type of surgery.

It is important that you perform the exercises taught by the therapy team as soon as possible after your operation and regularly when you are back at home.

It is sometimes necessary to perform a manipulation of the knee under general anaesthetic to release the scars and improve movement.

### **Damage to nerves or blood vessels around the knee**

During the operation there is a chance that some nerves or blood vessels could get damaged. Most nerve injuries recover well, often completely. Uncommonly, nerve damage may be permanent, leading to numbness and/or weakness of the foot.

Rarely, a very debilitating condition that affects the nerves around the front of the knee can develop. This results in significant sensitivity around the scar. This can affect your knee function and ability to sleep comfortably. It can last for up to two years following surgery, however with time it usually settles.

Although it is a very rare condition, sometimes the blood flow to the muscles surrounding the knee can be reduced after the operation. This is known as compartment syndrome. Further surgery would be necessary following assessment and investigation by your orthopaedic consultant.

### **Loosening or breakage of the knee replacement**

Most knee replacements last around 10 years. However, they may become loose where the metal or cement meets the bone. This is the most common long-term problem. Loosening can cause pain and eventually, revision knee replacement surgery may be required. These are more complex operations and take longer to perform.

If you have a partial knee replacement, you might need this revising to a total knee replacement if the rest of the knee joint starts to show signs of osteoarthritis. This type of revision surgery is usually straightforward.

Rarely, the artificial joint may break and another operation would be needed.

### **Amputation**

Extremely rarely, complications due to a severely impaired blood supply, arterial damage or overwhelming infection may lead to amputation of the leg above the knee.

## **Minor problems associated with knee replacement surgery**

### **Leg swelling and bruising**

Swelling of the leg is common after knee replacement surgery and can take a few months to settle completely. This can also be accompanied by bruising. Occasionally, the bruising will extend down the leg and sometimes to the foot.

You may notice that your leg swells during the day, but this should improve overnight when you have rested and elevated your leg. Maintaining your ankle exercises, walking regularly, and avoiding standing or sitting for long periods will help prevent or reduce the swelling.

## **Bleeding**

This is usually only a small amount and is minimised as much as possible during the operation. However, large amounts of bleeding may need to be treated with a blood transfusion.

Sometimes, the wound can bleed a little after the operation. This is normal.

Rarely, the wound edges can separate and cause the wound to open.

## **What are the alternatives to knee replacement surgery?**

There are several options for managing osteoarthritis and before opting for surgery your orthopaedic consultant will encourage you to consider and try them. These include:

- Exercise and physiotherapy
- Weight management
- Pain relieving medications
- Steroid injections

When these have been tried and have either been unsuccessful or are now ineffective, knee replacement surgery can be an extremely beneficial option for many people.

## **How do I decide which treatment is best for me?**

The choice about which treatment is best for you will be made together with your orthopaedic consultant. This will be based on the risks and benefits of the proposed treatment and your individual circumstances. This is called 'shared decision-making'.

## **What happens if I decide not to have surgery?**

It is unlikely that your knee will get better without surgery. Osteoarthritis is a progressive disease which means that it worsens over time. However, many people find that they can cope living with the pain and stiffness.

## **What happens if I decide to have surgery?**

Your orthopaedic consultant will carefully explain the operation to you, including the benefits, risks and possible alternatives. If you are unsure about any aspect of the procedure, please do not hesitate to ask for more information. If you agree to proceed, you will be asked to sign a consent form. You will then be added to the hospital waiting list.

## **How do I prepare for surgery?**

Having surgery can put a heavy strain on your body and mind. Taking an active role in planning and preparing for your operation will help you feel in control, leave hospital sooner and get back to normal more quickly.

Preparing for knee replacement surgery begins as soon as you start considering having the operation. There are many things you can do to prepare yourself for surgery. These include:

### **Be more active**

While waiting for your operation, try and increase your activity levels. We understand that it might seem difficult to be active when you may be in pain or have reduced mobility but try and do any activity which makes you feel out of breath at least three times per week. Start slowly and stay within your limits. If you are overweight, losing weight can help reduce the stress on your heart and lungs. It can also help reduce the strain and pain on your joints.

### **Eat a healthy diet**

Your body needs to repair itself after surgery – eating a healthy balanced diet before and after your surgery can really help. This means getting enough protein and five a day or more fruit and vegetables.

### **Stop smoking**

Smoking increases the risk of you getting a chest infection after your operation. If you smoke, you should try and stop or at least cut down to improve your lung function before your surgery.

### **Reduce alcohol intake**

If you drink alcohol regularly, you should aim to cut down before your operation. This will improve your body's ability to heal and minimise the risk of you developing withdrawal symptoms whilst in hospital.

### **Visit your GP**

Many medical conditions can affect your recovery from surgery. If you have a long-standing medical problem, you should visit your GP for a check-up. It is important to make sure that any health problems are controlled as well as possible ahead of your operation.

### **Visit your dentist**

Good dental health is important to reduce the risks of infection. Your teeth and gums need to be in good condition before your operation. Please visit your dentist for a check-up in advance of your surgery.

## **Pre-Operative Assessment Clinic**

Before you can come into hospital for your operation, you will need to be seen in the pre-operative assessment clinic. During this appointment, your fitness for surgery and anaesthetic will be assessed. You will be asked about your general health and well-being, medical history and the medicines you currently take. Please bring your medicines, prescribed and unprescribed, in their original boxes or a complete list of medications from your GP. Advice will be given if any of your medicines need to be stopped before your operation.

You will have a range of observations and tests performed at your pre-operative assessment appointment. These include your weight and height, blood pressure, heart rate, oxygen levels and temperature, an ECG – which is a tracing of your heart rhythm, blood tests and swabs for infections such as MRSA and CPE.

You will also be given a folder with several leaflets in – they are there for your benefit and to give you as much information as possible about your care and operation. Please read them before you come into hospital for your surgery.

Once you have had your pre-operative assessment appointment, it is important you contact the nurse who saw you if any of the following develop before your operation:

- A cold, chesty cough, or throat infection (including COVID-19 and Flu)
- Skin problems (open wounds, broken skin, cuts, abrasions, insect bites, rashes or infections)
- Dental abscess
- In-growing toenail, athletes' foot, or any type of foot infection
- A urine infection

You will also need to contact your nurse if you're admitted to hospital for any reason, you receive any new diagnoses, start any new medications, or your current medications change.

We want to minimise the risk of your operation being cancelled on the day so please inform us of any changes.

## **What should I do on the day before surgery?**

### **Pack your hospital bag**

Please bring in a small bag or case containing

- Your own washing items
- Day clothes (loose fitting and comfortable)
- Nightwear and dressing gown
- Flat and sturdy footwear (shoes/slippers) with a back in them – flip flops, sliders and mules are not recommended
- Glasses and hearing aids (if used)

- Medications in their original boxes
- Something to keep your mind occupied, for example a book or magazine

Please do not bring large sums of cash or any valuables into hospital.

### **Follow the instructions in your hospital letter**

Please follow the instructions detailed in your admission letter carefully. Remove all nail varnish, false nails and jewellery and adhere to the times you are asked to stop eating and drinking. Have a bath, shower or strip wash before you come into hospital and do not put any make up, creams or perfume/aftershave on. Do not shave your legs or cut your toenails – if you cut your skin, especially to the leg you are having your operation on, it is likely that your surgery will be postponed due to the risk of infection.

## **What happens on the day of my operation?**

You will be given a specific time to arrive at the hospital. Please ensure you travel to the correct site as we perform knee replacement surgery at both New Cross Hospital and Cannock Chase Hospital.

### **Arriving at the hospital**

When you arrive at the hospital, you will be greeted by a member of the reception team. They will book you in and confirm some details with you. You will then be taken through to the admissions area by a member of the nursing team.

### **Routine checks**

The nurse will check all your demographic details and ask if you have any allergies or sensitivities. An identification band will then be placed on your wrist – if you have any allergies the band will be red. If not, it will be white.

The nurse will check your blood pressure, heart rate, oxygen levels and temperature – this is to make sure they are all within normal limits before your operation. They will also ask to see your skin to ensure there are no cuts, sores or signs of infection.

### **Confirming your consent form**

A member of the surgical team will go through the consent form with you – this is to ensure that you fully understand the procedure you are having and that you are still happy to proceed as planned. They will also draw an arrow on the leg you are having the operation on.

### **Meeting your anaesthetist**

Before your operation, you will meet your anaesthetist. They will ask you a series of questions to ensure that you are fit and well enough to have the operation. They will also discuss the anaesthetic options available to you.

### **Getting ready for your operation**

When it is time for you to have your operation, you will be asked to change into a theatre gown. You will then walk to the theatre area with a member of the team. If you are unable to walk, a wheelchair will be provided. You will be greeted by the anaesthetist and operating department practitioner and assisted to sit on the theatre trolley.

### **Attaching monitoring equipment and a drip**

A member of the team will attach some standard equipment to monitor your heart, blood pressure and oxygen levels while you are having your anaesthetic and operation.

You will also have a drip placed in your hand or arm. This will enable the anaesthetist to give you various medicines including antibiotics, anti-sickness, and fluids.

### **Anaesthetic**

Most people having a knee replacement will have their operation performed under a spinal anaesthetic. This is when an anaesthetic is injected into the lower back – between the bones of the spine. This makes the lower part of your body numb so you cannot feel what is happening during the operation and do not feel any pain immediately afterwards.

Some people choose to stay fully awake during their operation, while others choose to have some sedative medication to relax them and make them feel a bit sleepy. Others may choose or require a general anaesthetic.

Your anaesthetist will discuss this with you before your operation.

We recommend that you bring some music, podcasts, or e-books to listen to during your operation. This will help to relax and distract you.

### **The operation**

Once you have had your anaesthetic, you will be transferred into the operating room. The surgeon will make an incision at the front of your knee. The damaged parts of bone are carefully removed and replaced with the artificial knee. The wound is then closed with stitches and/or clips.

If you are having a partial knee replacement, the incision site is usually smaller.

The operation usually takes 60-90 minutes, depending on the complexity of the procedure.

Throughout the operation, the anaesthetist and/or operating department practitioner will be sat with you. They will monitor you closely, talk to you and answer any questions you might have.

## **What happens immediately after my operation?**

Following your operation, you will be transferred to the recovery room where you will receive one-to-one care from a theatre practitioner. Your blood pressure, heart rate and oxygen levels will continue to be monitored closely and your wound dressing will be checked. You will be positioned so you are comfortable and offered some water to drink.

You will usually stay in the recovery room for approximately 30 minutes. Once the theatre practitioner is satisfied with your recovery, you will be transferred to the ward.

### **Eating and drinking**

After your operation, it is important that you start eating and drinking as soon as possible. This will keep you well hydrated and provide the energy your body needs to recover and heal. Once you are eating and drinking, the drip in your hand or arm will be removed.

### **Exercising and walking**

Following a spinal anaesthetic, it is normal to not be able to feel your legs for a couple of hours after surgery. Once you can feel and move your legs properly, you will be encouraged to get out of bed. Early mobilisation is a key component of your rehabilitation and is known to promote faster recovery times. The sooner you move, the earlier you will go home. You will also reduce your risk of complications like chest infections and blood clots.

The nursing and therapy teams will aim to get you up a few hours after your operation. They will help you to sit at the edge of bed, stand and mobilise. You may start walking with a frame first, but you will progress to elbow crutches as soon as it is safe to do so.

For some patients, a same day discharge may be appropriate. If this applies to you, the physiotherapist will also teach you how to safely go up and down a step or flight of stairs.

### **Going to the toilet**

When you are ready to pass urine for the first time, you will be supported to stand and use a urinal bottle (males) or a commode (females). Thereafter, you will be supported to mobilise to the bathroom. This will allow your bladder to empty properly.

### **Pain relief**

After knee replacement surgery, you can expect to experience a moderate level of pain. This is normal. The nursing team will routinely come to you four times a day – these are called medication rounds. If you need additional pain relief in between these times, please ask a member of staff. It is important to remember though, that medication is not the only way to relieve pain.

After knee replacement surgery, the nursing and physiotherapy team will encourage you to move your new joint. This is because movement reduces stiffness and breaks the pain cycle. They will also assess you for ice therapy. Ice therapy helps to reduce pain, swelling and inflammation and improves

range of movement. This can be provided using a simple bag of ice on the knee or a special machine called cryocuff. Your physiotherapist will discuss this with you after your operation. Distraction techniques are another effective way to manage your pain after surgery. For example, talking with other patients, reading, listening to music, or doing puzzles.

One of the side effects of taking strong pain-relieving medication is constipation. To prevent this, you will have some mild laxatives prescribed. The nursing staff will encourage you to take these regularly until your bowel movements return to normal. Another side effect of taking strong pain-relieving medication is nausea or sickness. To prevent this, you will have some anti-sickness medication prescribed.

Effective post-operative pain relief is extremely important as it will enhance your mobility and exercise tolerance.

## What happens the day after my operation?

### **Blood tests and X-ray**

On the morning after your surgery, you will have a blood test taken by the phlebotomy team. These are the same blood tests that you had before your operation. The results will usually be communicated to you by lunchtime the same day.

You will also have an X-ray of your new joint the day after your surgery – this can be at any time.

### **Wound care**

The nurse will remove the big outer bandage on your leg but will usually leave the sealed dressing undisturbed. If the sealed dressing is heavily stained however, it will be removed and a new one applied. It is normal to expect some bleeding after knee replacement surgery so please do not be concerned if this happens.

You may have a thin plastic tube called a drain coming out of the skin near to your knee wound. This tube is connected to a bottle and helps to drain blood away. If you have a drain, the nurse will usually remove it the day after your operation.

### **Physiotherapy**

On the day after your surgery, you will be expected to get dressed and sit out in the chair for most of the day. This promotes a positive mindset and reinforces that you are now in the rehabilitation phase of your knee replacement journey. It also helps reduce the risk of you getting a chest infection and encourages you to bend your new knee joint.

Throughout the day, you will be expected to practice walking – gradually increasing the distance each time. You will also be expected to complete your exercise programme at least 3-4 times each day.

Members of the physiotherapy team will see you on the ward and support you to progress your mobility and improve your joint movement. They will teach you how to safely get out of bed, stand from a chair and get on and off the toilet. They will also teach you how to safely go up and down a step or flight of stairs. Once you can walk with crutches independently, complete your exercises to a satisfactory level and navigate the stairs or a step safely, you will be discharged from the therapy team.

You are expected to take a full and active role in your rehabilitation. The more you can contribute to your recovery, the quicker you will feel better and the sooner you will return home and to a normal active life.

## Physiotherapy Exercises





A member of the physiotherapy team will give you specific advice about the exercises that you need to do after knee replacement surgery. These are aimed at fully straightening your knee, strengthening your thigh muscle, and achieving a good range of movement at your knee. You will be encouraged to perform these exercises regularly each day in between seeing the therapy team. Completing these exercises can be hard work and uncomfortable but it is important to do them so that your knee does not become stiff.



**You may find it beneficial to practice these exercises at home before your operation. Strong muscles**



**around your knee will enhance your recovery.**

The first four exercises can be performed lying on your back as shown or sitting up with your legs straight on your bed or sofa.

 <p>Lying on your back with your legs straight, pull your foot and toes towards you and tighten your thigh muscle.</p> <p>This will firmly push your knee down against the bed.</p> <p>Hold for 5 seconds, then relax.</p> <p>Repeat 10 times or until fatigued.</p>	 <p>Lying on your back, put a roll (or rolled up towel) underneath the operated knee so that it is slightly bent.</p> <p>Pull your foot and toes towards you, tighten your thigh muscle and straighten your knee.</p> <p>Keep the back of your knee firmly in contact with the roll and lift your heel as high as you can.</p> <p>Hold for 5 seconds, then slowly relax.</p> <p>Repeat 10 times or until fatigued.</p>
 <p>Lying on your back, bend your unoperated leg and keep your operated leg straight.</p> <p>Pull the foot of your operated leg towards you and tighten the thigh muscle by pushing your knee into the bed.</p> <p>Lift your leg 20cm off the bed, keeping your knee straight.</p> <p>Hold for 5 seconds, then slowly relax.</p> <p>Repeat 10 times or until fatigued.</p>	 <p>Lying on your back, bend your operated knee as far up as tolerated by sliding your heel towards your bottom. Keep your foot in contact with the bed.</p> <p>Hold it at the full bend for 5 seconds, then slowly slide your leg back to the bed, straightening your knee.</p> <p>Repeat 10 times or until fatigued.</p>

 <p>Sit on a chair with a towel under your operated foot.</p> <p>Slide the foot under the chair as far as you can.</p> <p>Hold it at the full bend for 5 seconds and then slide your foot forwards again, keeping your foot in contact with the floor.</p> <p>Repeat 10 times or until fatigued.</p>	 <p>Sit on a chair with the operated leg on a stool, with your foot the same height as your hip.</p> <p>Make sure there is no support under the knee to allow it to straighten fully.</p> <p>Repeat 3-4 times a day for 5-10 minutes, as tolerated.</p>
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## How long will I be in hospital for?

Everyone reaches their post-operative goals at different times. Our aim is to get you home as soon as it is safe to do so. After knee replacement surgery, most people are discharged one to two days after their operation, with some going home the same day. Please do not expect to stay in hospital any longer than this.

## What happens on the day of my discharge?

You will be discharged home once you and the clinical teams looking after you are satisfied with your progress.

Before you are discharged, you will be given:

- Appropriate walking aids
- A copy of your discharge letter – this is for you to keep
- Medication – this usually includes pain killers, anti-sickness, laxatives and blood thinning injections
- A sharps box – to dispose of the injections
- Spare dressings and clip removers (if applicable)
- Instructions on how to care for your wound and when/where your clips need to be removed
- A discharge information leaflet containing useful contact numbers for when you are back at home

### Transport home

You will need to arrange your own transport home from hospital. You are safe to travel as a passenger in a car. If you have any concerns or anticipate any difficulties, please speak to your pre-assessment nurse.

### Support at home

If you live alone, you may find it helpful to arrange for a friend or relative to stay with you for a few days after you return home. You should arrange this before you come into hospital for your surgery.

Very few people require professional care support at home following knee replacement surgery. If your personal choice is to have this help, you will need to arrange it privately before you come into hospital. The NHS can only provide professional care based on specifically assessed need and cannot arrange convalescent care.

## What should I do and not do when I get back home?

Make sure that you:

- Keep active - continue with your exercises and take regular short walks
- Eat well and drink plenty of water
- Take your medications as prescribed
- Monitor for signs of infection and blood clots

Make sure that you do not:

- Drive until you have checked about this at your follow up appointment
- Go on long journeys for more than 30 minutes without stopping to exercise the leg; particularly in the first six weeks

For detailed information on what you should and should not do when you are back at home, please refer to the 'Discharge Information Following Elective Hip or Knee Replacement Surgery' leaflet.

## When can I use the bath or shower?

If you have a splash proof dressing on your wound, you can use a walk-in shower as soon as you wish. You will need to ensure that the shower head is angled away from your dressing to keep it as dry as possible. If your shower is over the bath, a strip wash at the basin is recommended. You may find that standing in the shower or for a strip wash is uncomfortable. If this is the case, it is recommended that you sit on a stool or chair.

You should avoid having a bath until the wound is fully healed and you can safely get in and out of the bath. This is usually after six weeks.

Always take your time and try and hold onto something solid when stepping in and out. You may find having someone with you helpful. It is also advisable to have an anti-slip mat for safety.

## When do I return to the hospital?

You will usually see your orthopaedic consultant between 6 and 12 weeks after your operation.

Your appointment will be posted out to you.

## Useful Contact Numbers

<b>Main Hospital Switchboard</b>	01902 307999
<b>New Cross Hospital</b>	
Waiting List Co-ordinator	01902 694091
Monday – Friday, 09:00 – 16:30hrs	
Orthopaedic/Fracture Clinic	Extension 86061
Monday – Friday, 08:30 – 16:30hrs	
Pre-operative Assessment Clinic	01902 695587
Appleby Suite	01902 695590
Ward D7	01902 694034



## 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。