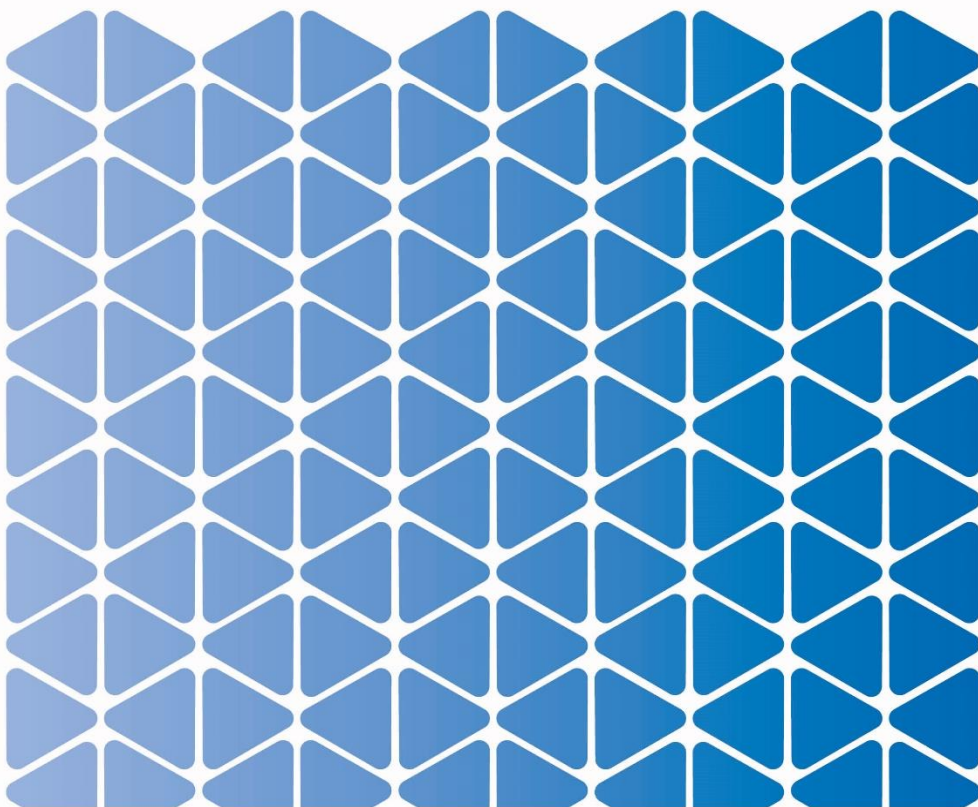




PATIENT INFORMATION

YOUR PLANNED ELECTIVE SURGERY



Having an Operation in Worcestershire

Pre-operative Information

Your Specialist Pre-operative Assessment Nurse is:

You can contact them by calling:

Contents page

Introduction	4
Patients' Rights and Responsibilities	5
Responsibilities	6
Fasting Advice Prior to Surgery	7
Prepare for Surgery by living healthily	8
Useful Information before your surgery	10
What to bring to hospital	12
On Arrival to Hospital	13
The Anaesthetic for your Surgery	14
Pain relief after surgery	15
If you get ill before surgery	16
Infection Control	17
Physiotherapy after surgery	19
Wound Care after surgery	20
Transport	23
Getting to our sites	24
Car Parking	25
Meals, Visiting Times and Cancellations	26
Spiritual Support	27
Patient confidentiality	28
Useful contact information	29
Patient experience	31

Introduction

Welcome to Worcestershire Acute Hospitals NHS Trust which incorporates 3 main operating sites:

- Worcestershire Royal Hospital, Worcester
- Alexandra Hospital, Redditch
- Kidderminster Treatment Centre

The contents of this booklet will provide you with information and advice regarding your hospital admission for your planned surgery.

Please read this booklet carefully. It aims to prepare you for your stay and should make your visit more relaxed and therefore more comfortable. You may find it helpful to bring this document with you when you are admitted.

Whilst you are with us you will be given excellent treatment and care from our clinical teams. We will make every effort to look after your individual needs.

If you have any questions about your admission please contact your consultants secretary or specialist nurse who will be pleased to help you.

Patients' Rights and Responsibilities

We want to provide you with the best service and care possible. We aim to be friendly caring and efficient.

You, as the patient, are the most important person in terms of what we do and how we do it.

You have the right to:

- Expect safe and high quality care and to be welcomed and made comfortable during your visit to hospital.
- Be treated with respect and dignity including privacy during your visit with us.
- Have family, friends and other representatives with you in discussions about your treatment.
- Choose whether or not you agree to have any medical treatment.
- Be referred for a 2nd opinion, if you and your GP agree this is desirable.
- Confidentiality.
- Make a comment, complaint or suggestion to help us make our services better for you and others.

Responsibilities

- We want you to be involved in discussions about your treatment
- Patients and visitors should respect hospital property and help us provide a safe, caring and comfortable environment
- Please respect other patients and visitors
- **The Trust will not tolerate any form of aggression or violence towards any member of staff, patients or other members of the public**
- You are responsible for:
 - Letting us know when things go right as well as wrong
 - Letting us know if you cannot attend an appointment
 - Letting us know if you change your contact/address details
 - Returning equipment when it is no longer needed.

Fasting Advice Prior to Surgery

If you have been given specific food or bowel preparation instructions important to your surgery then please follow them. If you have not been given specific instructions, the following guidance applies:

For all patients on a MORNING THEATRE LIST

(i.e. 07:00 AM – 07:30 AM admission)

- **The day before surgery**, eat a main meal in the late afternoon before your operation. Also have a snack in the late evening. The snack should contain 'starchy' food, i.e. cereal, bread, biscuits or crackers.
- **On the day of surgery**, do not eat anything after 2AM. Before 6AM we strongly encourage you to drink water, dilute squash or unsweetened tea/coffee (with NO MORE than one fifth milk). After 6AM you must not eat or drink anything or chew gum.

For all patients on an AFTERNOON THEATRE LIST

(i.e. 10:30 AM -11 AM admission)

- **The day before surgery**, eat and drink as normal.
- **On the day of surgery**, eat a light early breakfast before 7AM. Before 11AM we strongly encourage you to drink water, dilute squash or unsweetened tea/coffee (with NO MORE than one fifth milk). After 11AM you must not eat or drink anything or chew gum.

For all patients on an EVENING THEATRE LIST (i.e. 1PM admission)

- **On the day of surgery**, eat a light lunch at 11AM. Before 3PM we strongly encourage you to drink water, dilute squash or unsweetened tea/coffee (with NO MORE than one fifth milk). After 3PM you must not eat or drink anything or chew gum.

For all patients on an ALL DAY LIST

- Follow MORNING LIST guidance unless otherwise instructed

Prepare for Surgery by living healthily

Smoking

We recommend you stop smoking as early as possible prior to surgery to help reduce the risk of postoperative complications.

Stopping smoking 4 weeks before surgery will help with wound healing and your heart and lung function. Even stopping 3 days before will help your body transport more oxygen.

Speak to your GP or local pharmacy for more help. The NHS Stopping Smoking helpline is 0300 123 1044.

The hospital and its grounds are strictly non-smoking. This includes the canopies at the entrances to the building. There is a 15 m exclusion zone around the premises where smoking is not permitted. Designated smoking shelters are available.

Alcohol

There is a link between hazardous drinking and complications such as bleeding, impaired wound healing and infection after surgery.

Avoiding alcohol in the weeks before surgery will significantly reduce the risk of these serious complications from occurring.

For most people stopping drinking will cause no problems at all. However, if you are a heavy drinker and have had anxiety, tremor or confusion when you stop drinking then suddenly stopping is not advised. The body can become dependent on alcohol and suddenly stopping can cause seizures and/or death. If you are a heavy drinker who has had problems when you've stopped in the past please seek further advice from your doctor or nurse.

Men and women are advised not to drink more than 14 units a week (equivalent to 6 pints of average strength beer or 10 small glasses of low strength wine)

Prepare for Surgery by living healthily

Nutrition

Eating a balanced diet and working towards a healthy BMI/ weight will always help to minimise complications during and after surgery.

You may be asked to drink a carbohydrate rich drink called a 'pre-op drink' which contains energy to help you heal afterwards.

In the run up to surgery ensure you are eating regular meals with healthy snacks in between.

Unless you have been put on a special pre-op diet please ensure your diet contains:

- 5 items of Fruit and Vegetables per day
- Carbohydrates (i.e. starchy foods), i.e. potatoes, pasta, rice, bread in each meal
- 2 portions of meat, fish or meat alternatives (i.e. tofu, eggs or lentils) per day
- 2-3 portions of milk and dairy products(i.e. yoghurt, milk or cheese) per day
- Drink 6-8 cups of fluid per day

Recreational Drugs

Recreational 'street drugs', including legal highs, can cause serious and possibly life-threatening reactions under anaesthetic. Please advise us of any drug usage so that we can make a plan to ensure your procedure is carried out as safely as possible.

For free confidential advice about using drugs please see www.talktofrank.com

Useful information before your surgery

Pregnancy

Surgery can carry a risk to unborn babies. If you are of childbearing age, a member of staff will ask you to complete a pregnancy test before surgery. The testing will be done in private and you will be informed of the result. This is a routine test and applies to all women of childbearing age.

Contraceptive Pill and Hormone Replacement Therapy (HRT)

For most procedures we recommend that you continue taking the pill or HRT. If you are having a major operation or surgery to your legs then we may need you to stop these medicines for several weeks beforehand. This should be discussed with you in the surgical clinic and also in the pre-operative assessment clinic. If you are not sure about what to do about the Pill or HRT please contact your surgeon in the first instance for advice.

If you are taking the Pill or HRT you are at a small risk of developing a blood clot (DVT) so you may be asked to wear compression stockings or take blood thinning injections afterwards until you are mobile

Some antibiotics reduce the effectiveness of the pill for a period of time afterwards. If you are using the pill for contraceptive purposes please ask the team for advice about the need for using additional protection.

Breast Feeding

General Anaesthetics are short acting and rapidly re-distribute around the body within minutes. In most cases breast feeding mothers will be awake and alert within 30-60 minutes from the end of surgery. In more major operations when strong painkillers are required after surgery we suggest you seek advice from your doctor, nurse or pharmacist about breast feeding. The Breast feeding support network and helpline are also a valuable source for advice (Helpline 0300 100 0212).

We do advise that you avoid taking Codeine or Tramadol when breastfeeding.

Useful information before your surgery

Piercings and cosmetics

Please remove all piercings before you come in and leave them at home for safe keeping. If you have piercings at risk of closure it could be better to replace them beforehand with a plastic bar. If you have a tongue piercing you will be required to remove this before your anaesthetic. Please remove make up, nail polish and gel nails (at least one from each hand) prior to coming in.

Painkillers

Non-prescription painkillers, e.g. Paracetamol and Ibuprofen (if safe for you) can be purchased cheaply in many places such as supermarkets. We do not usually supply simple over the counter medicines (i.e. painkillers) so please ensure you have obtained a supply before your procedure. The nurses in Pre-Operative Assessment clinic can advise you regarding which painkillers are suitable and safe if you're unsure.

Flights

If you have a flight longer than 4 hours either 4 weeks before or 4 weeks after your surgery please inform your surgeons secretary. Some operations may need to be re-scheduled to reduce the risk of developing a blood clot. For major operations on the leg or pelvis (i.e. joint replacement) it might be necessary to defer flights for up to 12 weeks after surgery.

Each case is unique and if the benefit of continuing surgery is thought to outweigh the risks it might be appropriate to proceed.

If you are flying after surgery please seek advice about reducing the risks of blood clot from your doctor and inform your travel insurance company.

Usual medications

Bring a small supply of your usual medications (in their original containers) into hospital with you. We will **not** provide you with additional supplies of your prescription medications on discharge. please ensure you have sufficient supplies before coming for your procedure.

What to bring into Hospital

Clothing

- A nightdress or pyjamas
- Day clothes
- Clean underwear
- Dressing gown and slippers

Toiletries

- Soap, toothbrush, toothpaste, shampoo, deodorant
- Comb or hairbrush
- Small hand-towel
- Sanitary towels or tampons
- Razor and shaving materials
- Paper tissues

Documentation

- Your letter of admission and appointment card
- A list of your medications **and** the medications you usually take in the original containers
- Notebook and pen
- Address book and important phone numbers, including your GPs and Next of Kins contact details
- Your consent form, if you have been given one
- Your district nursing / maternity notes (if relevant)

General

- Healthy snacks
- Books or magazines
- A small amount of money for phone calls, newspapers, drinks etc.

What not to bring

- Please do NOT bring valuables or jewellery into hospital
- Please ensure you REMOVE all make up and varnish before surgery
- Please do not bring in *controlled* medicines (i.e. morphine type drugs) to hospital. We will provide you with these during your stay.

On Arrival to Hospital

On the day of surgery please continue taking your usual medications, with a small sip of water, unless you have been advised otherwise.

Please make sure you go to the right hospital, as indicated on your admission letter. You will attend an admission area - the exact admission area will be written on your admissions letter.

A nurse will go through an admission form with you and ask you routine questions about your medical and personal details.

You will be changed in to a Hospital Gown and slippers. You may be fitted with anti-embolism stockings which help prevent blood clots. If you are a female of childbearing age you will be asked to take a routine pregnancy test and you will be informed of the result.

You will meet with a member of your surgical team and your anaesthetist to go through the surgical procedure and anaesthetic process.

If you have not already signed a consent form, you will be asked to sign a consent form which states that you agree to the treatment and you understand what it involves. Both your surgeon and anaesthetist will be happy to answer any questions you may have.

Usually you will be encouraged to drink fluids (including squash or tea/coffee with less than 20% milk) up to two hours prior to surgery. If there is uncertainty about when your procedure will be you may be kept 'nil by mouth' for longer than this.

If you are staying in a ward bed, your medicines will be placed in your bedside locker for security purposes. Your medicines will only be used for you and they will be given back to you to take home when you are discharged.

To speed up the discharge process, please ensure that you have a good supply of your usual medicines as we will not routinely supply more for you when you go home.

The Anaesthetic for your Surgery

Your anaesthetist will meet with you before your operation. They will discuss the anaesthetic you could have.

The type of anaesthetic available will depend on:

- The operation you are having
- Your preferences and the reasons for them
- The recommendation of the anaesthetist

When you are called for your operation:

- A member of staff will go with you to theatre
- Please wear glasses, dentures and hearing aids to theatre
- Jewellery and piercings will be removed or taped over
- You may walk to theatre or you may be taken on a bed or wheelchair

Final safety checks are done before the anaesthetic is started. You will be asked to confirm your name, date of birth, operation, allergies and when you last ate. These checks are normal in all hospitals.

Your anaesthetic will either be a general or regional anaesthetic.

For a general anaesthetic:

- The anaesthetist will usually inject anaesthetic drugs into a vein through a cannula. They will stay with you at all times to ensure you are kept asleep for your operation.

For a regional or local anaesthetic:

- Your anaesthetist will perform an injection. You will be asked to keep still during the injection. 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.
- You may be alert and aware of your surroundings. Sedation may be given to make you sleepy and relaxed.

Pain Relief after Surgery

Good pain relief is important after surgery. Some patients need more pain relief than others.

Occasionally pain is a warning sign that not all is well, therefore, you should always report it to the nurses looking after you and seek their advice.

It is much easier to relieve pain if it is dealt with before it gets bad so we would advise you to take painkillers early on and when offered.

Pain relief can be given in different ways:

- **Pills, tablets or liquids** – these have to be swallowed and usually take 30 minutes to work.
- **Injections** – these may be given either directly into your cannula (a small plastic device inserted into your arm to enable drugs to be injected rapidly) or as an intramuscular injection.
- **Suppositories** – these are waxy pellets that are put into your bottom (rectum). The drug dissolves and passes into your body. They are useful if you cannot swallow or might be sick.
- **Patient Controlled Analgesia (PCA)** – a PCA is a machine that allows you to take control of your pain relief. The painkiller medicine enters your body through a cannula. This is usually offered for larger operations which require more pain relief.
- **Regional Blocks** – include spinals, epidurals and nerve blocks. These are usually inserted by the anaesthetist for major operations. More details will be available from your anaesthetist, or from the Worcestershire Pre-Operative Assessment website.

If you get ill before your surgery

Some illnesses increase the risks of anaesthesia and surgery so we may occasionally feel it is safer to postpone your procedure until you are well.

The majority of planned procedures can be safely postponed.

Chest infection

If you have a chest infection which requires antibiotics we usually recommend waiting 4 weeks between the chest infection resolving and a general anaesthetic. We might continue sooner if we feel the benefits of continuing surgery outweigh the risks of postponing surgery.

If you do have a chest infection requiring antibiotics in the 4 weeks before surgery please contact your Pre-operative Assessment Clinic who will provide further advice. Contact details are at the end of this booklet.

Colds

If you have a severe cold or are feverish in the week before surgery please contact your Pre-operative Assessment Clinic. Contact details are at the end of this booklet.

Skin rashes, sores or cuts near the surgical site

If you develop any of these please contact your Pre-Operative Assessment clinic as this might have implications for surgery. This is especially important in Orthopaedic Surgery where replacement joints are being inserted.

Diarrhoea / vomiting

Diarrhoea and vomiting can be caused by an extremely infectious tummy bug so if you have had diarrhoea in the 5 days leading up to surgery please contact your Pre-Operative Assessment Clinic as we may need to arrange another date.

We might continue with surgery if the diarrhoea is part of your medical condition.

Infection Control

There are some common infections that you might hear of. Some of them are explained below.

MRSA (Methicillin Resistant Staphylococcus Aureus)

You will be screened for MRSA before your admission. MRSA may be found in the nose and on the skin. If you carry MRSA there is a risk it could cause infection in your surgical wound, your bloodstream or transmit to other patients.

How do you screen for MRSA?

Swabs are taken from your nose and groin. It takes 2-3 days for a result. We see large numbers of patients every day so are unable to contact all patients with their results. We will contact you if your result is positive and shows that you are a MRSA carrier.

What happens if I am MRSA positive?

You will need to start treatment. This is a body wash used once a day. There is also a nasal ointment which is used 3 (Bactroban) or 4 (Naseptin) times a day and should be left on the skin for 3 minutes before rinsing.

You will be asked to use this treatment for 5 (Bactroban) or 10 (Naseptin) days, stop for 2 days, then return for re-testing. You will be asked to restart treatment until we obtain your swab results. If this is negative we will phone you and ask you to stop using the treatment. You will then return to us 2 days later for re-testing.

Usually we will want to obtain **3** clear sets of swabs before you come in for surgery. If your surgery is urgent we may bring you in earlier on treatment. In this case you will be nursed in a side room to reduce the risk of transmission to other patients.

MSSA (Methicillin Sensitive Staphylococcus Aureus)

If you are attending for orthopaedic joint replacement surgery we will test for MSSA. If you have MSSA there is increased risk of an infection in the bone so if MSSA is found we would ask you to use a specific antibacterial body wash and nasal ointment for 5 (Bactroban) or 10 (Naseptin) days prior to your operation.

CPE (Carbopenemase Producing Enterobacteriaceae)

You will be tested for this if you have had a stay within another hospital (in the UK or abroad) within the last 12 months. Testing for CPE involves a painless swab taken from your bottom (rectum) plus 2 stool samples or 3 stool samples which should each be taken 48 hours apart.

These samples must then be brought back to the Pre-op clinic or to your GP. Please ensure the 1st sample is brought to Pre-op clinic/your GP on the same day that you collect it.

If any samples are positive you will require an isolated room and may require antibiotics to reduce the risk of CPE causing an infection.

Clostridium difficile (“C-diff”)

Clostridium difficile is a bacteria found in the bowel. It is present in healthy people and people who are unwell. About 3% of the population carries Clostridium difficile and normally it doesn't cause any problems.

When someone is unwell or is receiving antibiotics (i.e. after an operation) then Clostridium difficile could cause a problem. If it is suspected you will be moved to an isolated room, have stool samples tested and if positive you will be given antibiotics that are active against Clostridium difficile.

Hand hygiene

Clean hands save lives. Please use the hand cleaning facilities at every ward entrance and by every bedside.

Staff should frequently wash their hands and use hand rub before and after all contact with patients. They should also be bare below the elbow in clinical areas.

Physiotherapy after surgery

If you are having a large operation it is strongly recommended that you undertake the following exercises to reduce the risk of complications.

Please undertake the following exercises **every hour** after surgery.

Breathing Exercises

If you are too uncomfortable to perform these exercises please ask for more painkillers. You are expected to deep breath and cough comfortably.

1. Take a deep breath in from the bottom of your lungs. Imagine you are about to blow up a balloon.
Hold the breath for a count of 2 seconds then breathe out.
Repeat 3 times.
2. Huff – a huff is a short sharp breath out, as if you're steaming glasses. It helps shift phlegm from the bottom of the lung upwards.
3. Cough – If you have an abdominal wound place your hands or rolled up towel over your tummy and perform a moderate sized cough.

Mobilisation Exercises

These are important to help reduce the risks of blood clots developing.

In bed:

1. Paddle your feet up and down ten times.
2. With your leg out straight push the back of your knee into the bed and tighten the thigh muscle. Repeat this five times on both legs.
3. Squeeze your bottom muscle five times.

In the chair:

1. You will be expected to get out of bed the evening of your surgery or the morning after.
2. While sitting out complete the above exercises you were doing in bed.
3. With the knee bent out at 90 degrees straighten the leg out in front of you then lower it slowly. Repeat five times.

Wound care after surgery – FAQs

What can I do before surgery to reduce the risk of a wound infection?

- Have a bath or shower with soap and dry with a freshly laundered towel. If you are unable to wash yourself your healthcare team should help you have a shower, bath or bed bath.
- **Do not shave your operation site** as this can breakdown the skins natural barrier. In hospital, special clippers are used to trim any hair.
- Stop smoking, ideally for 4-8 weeks.
- If you are diabetic try to keep your blood sugars within normal limits.

How will my wound be managed after surgery?

- It will be covered with a special dressing that helps it heal and protects it from infection.
- The surgeon may use sutures, staples, steri-strips or skin glue to close the wound after surgery.

Sutures: commonly referred to as stitches. There are many types available, some are dissolvable and some are not.

Staples: thin pieces of metal placed with a stapling device through the edges of the wound to keep it closed.

Steri-strips: these look like thin tape clips and are placed across a wound to hold the edges together.

Skin glue: which holds the edges of a wound together and naturally comes off after 7-10 days.

Is it painful to have sutures and staples removed?

It can be uncomfortable but should not be painful. Your surgeon or nurse will explain how long it will take. The longer the wound, the longer it will take to remove the sutures or staples. It usually takes between 1 – 5 minutes.

Wound care after surgery – FAQs

How should I care for my wound?

The most important aspect is to keep it dry and clean for the first 3-4 days. It is usually covered with a dressing for the first 48 hours, but individual cases vary and the nurse/doctor will advise you about this.

Before leaving hospital you will be given information about wound care and things to look for including infection, which must be reported to your doctor as soon as possible.

When will my sutures or staples be removed?

Your surgeon/nurse will advise. If you are discharged before they are removed then the Practice Nurse at your GPs may do this. You will need to make an appointment to see this person for the day when they are to be removed. If you are immobile you may need a District Nurse to visit you.

Is it normal for my wound to itch?

After surgery you may notice the wound is itchy. This can be a sign of healing or can be due to tapes that are used. It is best to avoid scratching. If it becomes too much of a problem speak to your doctor or nurse.

How do I take care of my wound at home?

When you go home your doctor or nurse will advise about how often your wound should be inspected and by whom. Often, this person is the Practice Nurse based at your health centre.

It is normal to have some swelling around the wound. However, sometimes a haematoma (an accumulation of blood) can occur. Usually your body will absorb this fluid with no concerns. However, you should contact your GP if this happens.

If the haematoma is significant and is not getting better after several days, your surgeon may want to remove the fluid. Other signs of concern will be redness or drainage from the wound. If the wound swelling is increasing, gets inflamed or you notice drainage, please contact your surgeon or nurse for additional instructions as this could indicate you have a wound infection.

When can I take a shower?

Ask your surgeon or nurse about when you may first shower - it is usually around 48 hours after surgery. Normally baths are discouraged for the first couple of weeks.

Does it take a long time for the wound to heal?

The surface of your wound should be healed within 2 weeks from surgery unless there is a delay. However, the underlying skin takes much longer to heal. People with certain medical problems (i.e. diabetes, steroid use, impaired immunity or malnourishment) may need additional time for their wounds to completely heal. If you have questions about the time it will take for your wound to heal, please discuss with your surgeon.

Should I bathe/apply an antiseptic solution/cream to my wound?

Only if specifically prescribed by your surgeon or doctor. Antiseptic solutions merely disperse bacteria not eliminate them. Antiseptic creams could make the wound become “boggy” and breakdown. Some antiseptic solutions can delay the healing process.

If your wound demonstrates any signs of infection contact your doctor as soon as possible. In this instance, you may be given specialised antiseptic dressings to help reduce the infection.

Transport

We recommend you make transport arrangements as soon as you are aware of the date you are to be admitted or discharged.

Getting into hospital

Details of public transport to each of our hospitals, including bus timetables are accessible on our website. If you require assistance with public transport please contact the council on 01905 768468 who can assist with bus timetables.

If you can travel in a car please arrange for someone to bring you into hospital. If they are not able, please consider a taxi or public transport. If you require patient transport you can request a transfer by West Midland Ambulance Service on 0121 3079116, you will need your NHS number, GP details and you will need to meet eligibility requirements.

Getting home

Whenever possible, please arrange for someone to collect you from hospital and stay with you for a period of 24 hours following discharge.

If you came to hospital by ambulance or hospital car, you may not qualify for transport when you are discharged. Due to high demand, transport is only provided to patients who have a medical need and are unable to travel by car or public transport.

If your transport home is not available at time of discharge you will be asked to wait in the discharge lounge until it is available.

Public Transport reimbursement

If you are on certain income support benefits you might be entitled to reimbursement of public transport costs. Please ensure this is available before incurring any costs. The cashiers at each site will advise you about whether you qualify for this refund and, if so, will reimburse your travel costs on presentation of appropriate receipts and documentation.

Getting to our sites:

WORCESTERSHIRE ROYAL HOSPITAL, Charles Hastings Way,
Worcester WR5 1DD

By car: From M5 Junction 7, leave the M5 and join the A44 towards Worcester. Continue over the 1st roundabout. At 2nd roundabout turn right joining the A4440 (Swinesherd Way). At the 2nd roundabout on the A4440 turn left onto the B4636. The Hospital is located left off the next roundabout.

ALEXANDRA HOSPITAL, Woodrow Drive, Redditch B98 7UB

By car: From M42 Junction 3, leave the M42 and join the A435 southbound towards Redditch. At the roundabout take the 3rd exit. At the next roundabout take the 1st exit onto Claybrook Drive. Continue to the end of the road and at the roundabout take the 2nd exit along Washford Drive. At the mini-island turn right into Hospital Drive.

KIDDERMINSTER TREATMENT CENTRE, Bewdley Road,
Kidderminster DY11 6RJ

By car: From M5 Junction 3, leave the M5 and join the A456 west bound towards Kidderminster. At the roundabout junction with the Ringway turn right staying with the A456 and continue towards Bewdley. Continue straight over at the next 2 roundabouts and onto Bewdley Road. The hospital is located just before the crossroads with the A4535.

PUBLIC TRANSPORT

Worcestershire Royal Hospital is 1.5 miles from Worcester Shrub Hill.

Alexandra Hospital is 3 miles to Redditch railway station.

Kidderminster Treatment Centre is 1 mile from Kidderminster Railway Station.

For up to date train information please visit www.nationalrail.co.uk or telephone 08457 484950

For up to date Bus information please visit www.traveline.co.uk or telephone Traveline on 0871 200 2233 (12 pence a minute from landlines)

Car Parking

Each site operates a managed car park system.

There are 'pay on foot' and 'pay and display' systems in operation.

The pay on foot system means that you will be given a ticket at the barrier as you enter the car park. When you leave the hospital please use one of the pay machines to pay the charge and have the ticket validated. Pay machines are situated inside the main entrance, inside A&E and in each main car park.

The pay and display machines are located at road side spaces and smaller car parking areas that are not barrier controlled. The pay and display pay stations only accept the following coins: £1, 50p, 20p and 10p. Please obtain a ticket before you leave your car and ensure that it is clearly displayed on you dash board or window.

Please note that these machines do not give change.

Blue Badge Holders will also need to pay for parking.

Pick-up/Drop Off

There are several drop off spaces available for 20 minute drop offs outside the main entrances. Please ensure you do not overstay the time limit as you may be subject to penalties.

Car Parking Concessions

If you are visiting an immediate relative who is a long-stay patient or you are a patient receiving regular treatment, you may be eligible for a reduced-fee parking pass. Please speak to the nurse in charge of the ward/department for more information and an application form

Meals, Visiting Times and Cancellations

Meals

You will have a choice from a menu for your meals. If you have special requirements you may be referred to a dietician who will discuss this.

We are unable to re-heat food that has been brought in.

If you have an allergy or require gluten free food please bring this to the attention of the ward sister.

We aim to protect meal times to give you a chance to eat. This includes asking visitors not to attend during protected meal times.

If you need help with eating meals please ask the nursing staff who will be happy to help you.

Visiting Hours

Visiting times across all wards are 3pm to 7.30pm, although protected mealtimes may apply. Please speak to the Nurse in charge on each ward for further details. When visiting please remember to:

- Buzz for access to the ward and cleanse your hands with alcohol gel
- Visiting is restricted to two people at a time
- We do not allow flowers on any of our wards due to infection risk
- There is a maximum of 2 visitors per bed

Cancellations of Surgery

We are very sorry if you find yourself being cancelled at short notice.

If this does occur it is usually because of bed pressures or medical conditions which mean surgery needs to be postponed.

In this situation please seek advice from your surgical team.

It is particularly important that you are advised by a doctor or nurse about when to restart medications that were stopped before your operation. Please seek advice from your surgical team if this advice is not given. You could also contact your GP about this if advice is not clearly given.

Spiritual Support

A hospital chaplain is available to support you 24 hours a day, 7 days a week. Contact details are given below:

- Rev David Ryan, Alexandra Hospital, Redditch

Contact: Tel: 01527 505723 / Bleep via switchboard /E-mail:
david.ryan5@nhs.net

- Rev David Southall, Worcestershire Royal Hospital

Contact: Tel: 01905 760124 / Bleep via switchboard / E-mail:
d.southall@nhs.net

- Rev Guy Hewlett, KTC and Worcestershire Royal Hospital

Contact: Tel: 01562 513245 / Bleep via switchboard / E-mail:
guy.hewlett@nhs.net

A **Roman Catholic Chaplain** is available at each site, and also is on call 24 hours a day. They can be contacted via switchboard or by contacting one of the chaplains above.

Patient Information and Confidentiality

Your information:

We ask you for your information so that we can provide you with the best available care and treatment. We keep this information, together with details of your past and current care, because it may be needed for future care.

Why do we need your information?

- Providing healthcare treatment
- Educating and training our staff and trainees (we will ask your permission if we need to use your treatment as a specific example)
- Helping staff review the care they provide
- Planning for the future
- Preparing statistics for how the NHS is performing (in this case steps are taken to ensure you cannot be identified personally)
- Accounting for our actions
- Investigating complaints or legal claims
- Carrying out medical and other health research (NB the Local Ethics Committee has to approve all research. You will be contacted before any of your information is used)
- Protecting the health of the public generally

The General Data Protection Regulation 2018 and Electronic Communications Regulations 2003 tells us how we can do this.

Who else can see your information?

- When information is shared it is passed securely and kept confidential by the people who receive it. It will only be used for the purpose it has been shared for. This includes providing information to:
 - GPs and Social care teams
 - Other NHS organisations where you have treatment
- If you agree, and with your permission, your relatives friends and carers will be kept up to date with progress of your treatment

Useful Contact Information

Pre-operative Assessment (POA) Clinic: Contact Details

Worcestershire Royal Hospital POA Clinic:	01905 760871
Kidderminster Treatment Centre POA Clinic:	01562 512350
Alexandra Hospital POA Clinic:	01527 507991

Alexandra Hospital Wards: Contact Details

Birch Ward:	01527 512 170
Ward 10:	01527 512 101
Ward 16:	01527 512 104
Ward 18:	01527 512 106

Worcestershire Royal Hospital Wards: Contact details

Beech A:	01905 760267
Beech B:	01905 760567
Beech C:	01905 760889
Trauma and Orthopaedic Ward:	01905 733590
Lavender Gynaecology Ward:	01905 768 928
Theatre Admission Unit:	01905 760 607

Kidderminster Treatment Centre Ward: Contact details

Ward 1:	01562 512 356
Theatre Admissions Area:	01562 826 350

Patient Experience

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

Patient Advice and Liaison Service (PALS)

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

Feedback

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

www.worcsacute.nhs.uk/contact-us

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

Polish

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

Bengali

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

Urdu

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

Romanian

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

Portuguese

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

Chinese(Mandarin)

如果您想要本手册的替代语言或格式的版本，如音频或盲文，请向工作人员咨询

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