



## Saint Mary's Hospital

# Enhanced Recovery Programme

Information for patients



INVESTOR IN PEOPLE



POSITIVE ABOUT  
DISABLED PEOPLE

This booklet has been provided to give you a guide on what to expect when coming into hospital for surgery to the gynaecology unit at Saint Mary's Hospital. If you require more detailed information about any aspect covered in this booklet, please do not hesitate to ask the staff.

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## What is enhanced recovery?

You will be following our “enhanced recovery programme” for your operation. This programme is a national modern approach to create a ‘fitter’ patient who can recover faster and return home earlier with fewer complications.

It is safe and effective and requires you to be an active participant in your own care. The main focus is improved pre-operative care which means we will aim, with the help of your GP, to get you in the best physical condition before your operation and also ensure you have appropriate care in place for your discharge home. We would also encourage your relatives/friends to provide support and assistance for you at home.

Whilst in hospital we will reduce your length of stay by admitting you on the day of surgery and use less invasive surgical techniques and less opiate based pain relief. After your operation we will manage your recovery (with your participation) with earlier introduction of fluids, diet and mobilisation in order to speed up your rehabilitation.

The aim is to get you back to full health as soon as possible, and research has shown that getting out of bed earlier and starting to eat and drink sooner can help this and reduce any complications.

It is important that we work together to help improve your recovery process.

We do need you to partner with us to work together to speed up your recovery.

# Part 1 – Preparing for admission and surgery

## Before admission

You will be invited to attend a pre-operative clinic appointment prior to your operation. This appointment is to establish your fitness for surgery, plan your discharge date and give you an opportunity to ask questions about the Enhanced Recovery Programme and your plan of care.

You will be asked about your previous medical and surgical history and as part of your routine care you may have investigations such as: Bloods tests/X-rays/ECG (heart trace)/MRSA swabs (to check for infection).

All your results will be checked before your admission for surgery to ensure you are fit for your operation.



If you are currently taking medications it is **important** that you bring these medications in their original boxes to the pre-operative clinic appointment.

If you take warfarin, aspirin or Hormone Replacement Therapy (HRT) you may need to stop these prior to your operation. Please inform the nurse at your pre-operative appointment if you are taking this type of medication so that you can be advised appropriately.

The appointment will last about 2-3 hours and relatives or friends are welcome to join you to support you in planning for your care and recovery.

- **Anaesthetic Assessment**

The nurse will assess your fitness for an anaesthetic initially at the pre-operative clinic and refer you to an anaesthetist if required.

The anaesthetic you receive will depend on you as an individual and may be a general anaesthetic or an epidural (see page 18).

- **What we expect from you**

Please tell us about your individual needs and circumstances as early as possible. We have social workers, a discharge liaison team, occupational therapists and physiotherapists that can help us plan for your discharge. Your length of stay in hospital will vary depending upon the type of surgery you are having. This will be discussed in the pre-operative clinic and then with your nurse on admission. If you have any special requirements, such as social services or transport, please tell your nurse as soon as possible so that she can make the appropriate arrangements for you.

- **Carbohydrate Drinks**

These are a key aspect of the enhanced recovery programme. They provide much needed energy to help you recover and you will be given some before your operation, along with instructions on how and when to take them before and during your recovery.

- **Bowel preparation**

Most patients will not require this or will receive it as an enema or suppository on the morning of surgery. If it is required by your surgeon you will be given medicine with instructions on how to take it at home prior to admission. Occasionally, some patients will need to be admitted the night before surgery for bowel preparation.

- **Fragmin**

This is an injection that you may require if you are being admitted the evening before surgery. It is used to reduce the risk of blood clots developing. (Please see page 20-21 – what is a Venous Thromboembolism (VTE) for more information.)

- **Consent**

Your consent may be obtained in clinic or on the day of admission. This is always required if you are having an operation or procedure and you may at any time withdraw your consent. Your doctor and anaesthetist will discuss the choices of treatment available to you and recommend an option; you are free to choose another option. You will be asked to sign a consent form and given a copy. The amount of information you require varies with individuals but you should understand what is happening to you and the major risks involved. You are encouraged to ask questions and discuss your concerns and if you do not want certain procedures, please let the staff know. A qualified, experienced doctor will always take consent and explain the procedure to you.

If your operation involves removal of bodily tissue (for example, biopsies, womb, etc), these may be checked by other health professionals or perhaps used for research. If you do not want this to happen please inform us.

- **Risks**

There is always some degree of risk with any surgery and your doctor and anaesthetist will explain the most common risks of your operation. Remember - whether you consent to what is being proposed is your decision. So feel free to ask as many questions as you need and to discuss any concerns fully, whether they are cultural, religious or other.

Risk can be described as numbers or words or both. This table may help you to understand how risk is described in healthcare:

<b>Verbal description*</b>	<b>Risk</b>	<b>Risk description**</b>
Very common	1/1 to 1/10	A person in family
Common	1/10 to 1/100	A person in street
Uncommon	1/100 to 1/1000	A person in village
Rare	1/1000 to 1/10 000	A person in small town
Very rare less than	1/100 000	A person in large town
* EU-assigned frequency		
** Unit in which one adverse event would be expected		

Following surgery the doctor will always inform you if something has not gone as planned. However, you may be the first to notice that something is not right. If this happens, tell a health professional right away.

## **What else do I need to do in the days before coming into hospital?**

We advise you to stock up your freezer and prepare your home ready for discharge. Arrange for family or friends to provide support for you once you are back home.

Please ensure you have a stock at home of your usual medications for after your surgery. The ward will not dispense medications that are regularly prescribed by your family doctor (GP).

Also make sure you have a stock of simple painkillers such as Paracetamol and Ibrufen.

At your pre-operative clinic appointment the nurse will be able to tell you:

### **To be completed at pre-operative clinic appointment:**

What time should I come to hospital? .....

What time can I last eat? .....

What time can I last drink clear fluids? .....

What medications should I take? .....

When should I take carbohydrate drinks? .....

.....

If you have any illness such as a cough or cold please ring the pre-op nurses for advice on 0161 276 6310 or 0161 901 0027.

Unless you have been told otherwise, you can eat normally until 6 hours before your operation and drink clear fluids until 2 hours before your operation. Clear fluids are any drinks which are transparent like water, squash or black tea/coffee. Do not drink anything containing milk or food bits or chew gum.

It is important to keep taking your nutritional supplement drinks (given at pre-operative clinic), as these are vital to your recovery. We will tell you when to stop taking them – this is usually 2 hours before your surgery.

We advise all patients to shower or bath prior to admission but avoid using perfumes, lotions etc. Please note we advise patients to use sanitary towels not tampons for any vaginal bleeding after the operation.



**It is important that you ring the ward on the evening before your operation to confirm fasting times and bed availability and your admission time.**

- **The gynaecological ward**

We have a 28 bedded gynaecological surgical unit at Saint Mary's Hospital. This is where we care for all gynaecological in-patients. Emergency patients are also seen on the wards between 4.30 pm and 8.00 am, Monday to Friday and over the weekends.

We care for all gynaecological conditions, surgical and medical, and are open 7 days a week, 24 hours a day.

## **What should I bring with me into hospital?**

- **Medications**

Please bring in all medications that you are currently taking with you. This includes tablets/capsules/liquids/creams/inhalers/ herbal remedies.



Please bring the medications in their original packets so we can easily identify them.

Please leave all valuables at home, including all jewellery, and remove all make-up and nail polish. All personal belongings you do bring in will be your own responsibility as we have very limited storage for any valuables on the ward.

Please bring a simple bag including: dressing gown/slippers/wash bag/towel/sanitary towels/night clothes. There is limited storage on the ward and we aim for a clean, tidy bed area. If necessary, please send unnecessary items home.

If you are on the enhanced recovery programme, we ask you to bring in a set of clothes in order for you to get dressed throughout the day. These should be easy to put on and take off and be comfortable around your wound site. This is part of aiding a quicker recovery and getting you back to normal as soon as possible.

- **Mobile Phones**

We do allow the limited use of mobile phones on the wards, however, we ask you to respect other patients by keeping it on 'silent' when in bays and not using them in bays after 9.00 pm. Please always consider others when using your phone in patient areas. Excessive or loud talking can disturb others. We ask that you use your phone away from others if possible.

## **What will happen when I arrive?**

On arrival please proceed to the gynaecology out-patient reception. You will be asked your name and asked to go to either the admission lounge or waiting area. Please note that, although you may arrive earlier than other patients, they may be seen first if their surgery is scheduled earlier than yours. We apologise for any inconvenience this may cause but it is necessary in order for the theatre lists to start on time.

## Before your operation

You will normally be admitted on the day of your surgery unless your surgeon feels you need to come in the day before. Before going to theatre you will be seen by the nursing staff who will prepare you to go to theatre safely.

If you have not yet given consent, you will see your surgeon who will obtain your written consent and answer any questions you may have.

You will also see the anaesthetist with whom you can discuss pain relief and anaesthetics; this is all to ensure that it is safe to proceed with your surgery. Please inform us if there have been any changes in your details or health since your pre-operative appointment.

If you have been asked to come into hospital the day before your surgery, it is possible that you may have to wait for a bed to become available. In this case you will be made comfortable in the day room. Please feel free to ask for food and drinks.

If you are coming into hospital on the day of your surgery you will be admitted as soon as possible. You may go straight to theatre from the admissions lounge before being shown to a bed.

We will ask you to put on some tight fitting anti-thrombus stockings. These help to prevent blood clots from developing. (Please see page 20-21– what is a Venous Thromboembolism (VTE) for more information.)

## Part 2 – Following surgery

### Day 0 – Immediately after your operation

- On returning from theatre onto the ward, it is important to perform deep breathing exercises.

- You will have an oxygen mask on your face.
- You will be assisted to sit out of bed for up to 2 hours.
- You may have an epidural for your pain as well as regular oral pain killers. (please see page 18).
- If required, you will be given medication to stop you feeling sick.
- You may have a tube in your bladder (catheter) to monitor your urine output.
- You may have a small tube near your wound to remove any excess blood.
- You will be allowed to eat and drink immediately.
- You will have a needle in the back of your hand to give you additional fluids directly into a vein (intravenously).
- Following your operation, we will be checking your blood pressure, pulse and temperature regularly, along with your wound site.

## Day 1 – Day after surgery

- You will be seen daily by members of your medical team.
- We will be checking your blood pressure, pulse and temperature regularly, along with your wound site.
- Your catheter will be removed.
- You will continue to eat as normal.
- You will be required to be out of bed for at least 6-8 hours with rests in between.
- If you have had a PCA, (see page 18) this may be removed today.
- As part of your mobilisation, you will be asked to walk to the day room for each of your meals.

- You will need to walk at least 3 times during the day.
- You may be seen by a Physiotherapist to discuss post-operative exercises.
- You should put on your normal clothes provided you feel well enough, as this has been shown to help patients feel positive about their recovery.

## **Day 2 – Second day after surgery**

- Your epidural will be removed.
- You will continue to eat and drink as normal.
- We will be checking your blood pressure, pulse and temperature regularly, along with your wound site.
- You will be required to be out of bed for at least 6-8 hours, with rests in between.
- You will be asked to walk to the day room for each of your meals.
- You will be encouraged to wear your own day clothes.
- We will confirm your discharge plans.

## **Day 3 – Third day after surgery**

- We will expect you to be washing and dressing yourself.
- We will be checking your blood pressure, pulse and temperature regularly, along with your wound site.
- We will liaise with you to arrange transport home (eg, family).

Depending on your recovery and the date agreed in pre-operative clinic, we will discharge you. If you have had a complication in your recovery or if for any reason your surgeon feels you need to remain in hospital, we will repeat your recovery plan as for Day 2.

You will be expected to continue eating, drinking and mobilising in preparation for going home. Your observations will be monitored and wounds checked.

Patients are expected to arrange their own transport home. If you are on benefits you may be eligible to claim travelling expenses.

Further details can be obtained from the Cashier's office situated on the ground floor of the Royal Manchester Children's Hospital, telephone 0161 276 4013 (9.30 am-3.00 pm Monday-Friday). If you require ambulance transport please inform your nurse on admission.

We would hope to discharge you from hospital at around 11.00 am but on occasions if your transport/medications, etc, are delayed, it may be necessary to ask you to wait in the discharge lounge.

## **Day 4 – Fourth day after surgery**

If you remain in hospital until day 4/5, your care will continue as on Day 3 until you are discharged.

We will be encouraging patients to be independent and self caring as much as possible as part of the recovery programme, however, if you have any concerns about your individual care plan, please speak to your nurse.

Cancer patients will receive support from our Macmillan nurses before and after surgery and can discuss any specific requirements during admission on the ward, or via their contact line 0161 276 6394.

# What happens when I go home?

- **Follow up**

If your doctor wishes to see you again they will inform you or your nurse. You will either be given an appointment before discharge or one may be sent to you by post. Any care required after discharge will be arranged with the community, ward or clinic before you leave hospital.

- **Abdominal pain**

- It is quite usual to feel some griping pains (colic) during the first week or so after surgery. The pains should only last for a few minutes and then subside.
- If you feel continuous abdominal pain that lasts for a few hours, then you should let a doctor know. This could be your GP, or by contacting one of the numbers you have been given.

- **Wounds**

If you require post operative wound care we will arrange for the district nurse to visit you at home.

Wounds will usually be closed with dissolvable sutures (stitches) or with surgical glue, which should not require any further treatment. However, if non-dissolvable stitches are used, this will be discussed with you and arrangements will be made for these to be taken out in the community approximately 10 days later.

It is not unusual for wounds to be slightly red and uncomfortable during the first two weeks, however, please let us know if your wound becomes inflamed, swollen, painful or if it starts discharging fluid.

Complications do not happen often but you need to know what to look out for:



**If you have severe pain lasting more than 1-2 hours which is not relieved with simple pain killers or if you develop a fever in the 2 weeks following your operation, please contact the ward staff (please see page 25 of this booklet).**

- **Bowels**

It is not necessary to open your bowels before discharge and constipation is common with the use of pain killers: Make sure you eat regularly, drink plenty of fluids and take regular walks. If constipation lasts more than 3 days, you can take a mild laxative available from your local pharmacy, but be sure not to exceed the stated dosage.

- **Urine**

You should be passing straw coloured urine. If it is darker you may not be drinking enough. If you have any stinging, please ring us as this can be a sign of infection.

- **Catheter/drain**

Depending on your surgery, you may be discharged with a catheter and/or drain in place. If this happens, you will be shown how to care for them prior to going home and you will be given an appointment to return to hospital for follow up.

Depending on your surgery, you may be contacted by a nurse 24-48 hours after discharge to see how you are feeling/coping. However, please do not hesitate to contact the ward in the interim if you have any concerns.

- **Medications**

Depending on your surgery, you may be given oral pain relief to take home, along with any other medications your doctor wishes you to have. You will be instructed on how to take any medication and will not have to pay for it. Occasionally, there may be a delay in obtaining the medication from the Pharmacy. We would ask you to be patient or, alternatively, you can arrange to pick it up later if this is more convenient for you.

If you have any questions about your medications we can arrange for you to speak to our dedicated Ward Pharmacist. For general advice you can contact the Pharmacy helpline on **0161 276 6270** or e-mail **medicines.information@cmft.nhs.uk**.

If you normally take Warfarin, your community nurse will advise you when you can restart taking this medication.

- **GP letters/sick notes**

Please note that in most occupations you can self certify sick for up to 7 days. You do not require a doctor's sick note; a proof of admission will normally be sufficient. However, if you do require a sick note, please inform your nurse on admission and one will be provided.

We routinely send your GP a letter informing them of your admission/surgery or management/findings and follow up.

- **Driving and Travel**

We advise you not to drive for at least 48 hours following a general anaesthetic or sedation. You should only start driving when you can comfortably wear a seatbelt and feel able to make an emergency stop. However, it is wise to check with your individual insurance company, as they may have different rules.

If you are due to travel abroad shortly after your surgery we advise you to check with your holiday insurance providers prior to travel to ensure you are covered.

- **Work and exercise**

You may return to work within 2-4 weeks unless your job is manual, in which case you should avoid any heavy work/lifting for 6 weeks. You can self certify for the first 7 days. After that the hospital can provide you with a sick note for two weeks. Your GP will be able to provide any further sick notes that may be required until you are fit to return to work.



Walking daily is encouraged from day 1. You should plan to take regular exercise several times a day until, by week 4, you should have returned to your normal activity level.

If you are planning to restart an exercise regime such as jogging or swimming, wait two weeks and start gradually.

Common sense is the best guide. If you are still uncomfortable, modify your exercise. If your wounds are pain free, you may resume your normal activity.

- **Sexual intercourse**

We advise you to wait six weeks after surgery before resuming penetrative intercourse and to ensure that you have no vaginal bleeding or discharge.

## **Part 3 – What else do I need to know?**

### **Understanding and managing your pain**

Many people are worried about pain and we will do our best to make your experience pain free. When we cannot do this we aim to control your pain to a level that allows you to do the things you need to do to get better, such as walk around, cough, and breathe deeply. These activities help to reduce complications such as bedsores, chest infections and blood clots in your legs.

Your nurse will ask you to score your level of pain between 0-10, where 0 (zero) indicates you have no pain and 10 represents the worst pain ever; there is no wrong or right answer - only you know the amount of pain you are in. If this method does not suit, please discuss this with your nurse or doctor.

Please ask for pain relief before it gets too uncomfortable as it is easier to control the pain sooner rather than later, and treating pain will allow for a quicker, more effective recovery.

## Pain score tool:

<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>
0 - 1 - 2	3 - 4 - 5 - 6	7 - 8 - 9 - 10

There are different ways in which your pain can be managed following your surgery. These included oral pain killers, Patient Controlled Analgesia (PCA) and Epidural:

- **PCA (Patient Controlled Analgesia)** (*Detailed leaflet available on request*)

This is a machine that allows you to deliver a small dose of pain killer directly into a vein through a small plastic tube in your hand (cannula). This method gives you greater control of your pain and you will not have to wait for a nurse to help you. The machine has a 5 minute lockout device so you cannot overdose, However it is important that no-one presses the button for you.

This option may not completely eliminate your pain, but your nurse can look at other options to supplement the PCA. Do not wait for the pain to get worse, press the button if you feel pain coming on.

- **Epidural** (*Detailed leaflet available on request*)

This is where a fine tube is put in the spine (epidural space) in theatre by an anaesthetist who then injects local anaesthetic, causing numbness from the waist down. The pump used provides a steady continuous flow of anaesthetic.

This is not suitable for all patients and the anaesthetist will assess your suitability for an epidural prior to surgery.

When the epidural is stopped, full feeling will gradually return. An epidural allows an almost painless procedure.

At first your legs will feel heavy and difficult to move. When you no longer require this level of pain relief the dosage is gradually reduced and then stopped. The sensation in your legs gradually reduces.

### **Side effects and complications of pain killing drugs:**

With all pain killers these can occur but all can be treated relatively simply:

- Feeling sick and nauseous is common to all
- Drowsiness
- Itching (from morphine based drugs)
- Constipation

With epidurals other side effects can occur:

- Difficulty passing urine - a catheter may need to be inserted
- Low blood pressure
- Backache
- Headaches



Rare complications for patients after epidurals can occur. Please inform your doctor or GP if you have: persistent back pain, altered sensation, tingling or weakness in your arms or legs, trouble passing urine or fever along with any of these issues.

**Always tell your nurse if you are having problems or the pain relief is inadequate.**

For more information contact the Acute Pain Team on 0161 276 8678 or [www.youranaesthetic.info](http://www.youranaesthetic.info).

## What is a Venous Thromboembolism (VTE)?

*(Detailed leaflet available on request)*

Venous thrombosis is a condition in which a blood clot forms in the deep veins of the calves, pelvis or thigh. This is also known as a deep vein thrombosis (DVT). An embolism is created if part of the blood clot in the deep vein breaks off and travels through the venous system. This is called Venous Thromboembolism (VTE). The clot will usually lodge in the lung giving rise to a very serious condition called pulmonary embolism (PE).

## Who is at risk of having VTE?

VTE can be an inherited problem and there are some medical conditions that will increase the risk of a blood clot. However, anyone can develop a VTE and the following can increase the risk:

- **Immobility** causes the blood flowing in your veins to slow down, making a blood clot more likely.
- **Surgical operations** lasting over 60 minutes when your legs are still.
- **Illness or injury** causing immobility.
- **Long journeys by plane, train or car** which require you to sit in a cramped position.
- **Damage to the vein** – previous DVT or some chemotherapy drugs that inflame the vein.
- **Contraceptive pills and HRT** with high doses of oestrogen can also cause the blood to clot more easily.
- People with **cancer** and **heart failure** are at increased risk, as are those who are **obese, pregnant** or **over 60**.

We assess all our patients at the pre-operative clinic and on admission to the ward using a national guidance tool to see if you are at an increased risk of developing a VTE. If you are, your nurse and doctor will treat you as necessary.

### How can we prevent VTE?

- Avoid long periods of immobility sitting in a chair for many hours. If you can, get up and move about regularly.
- Regular exercise of the calves and foot muscles is beneficial.
- Drink plenty of water to avoid dehydration.
- For major surgery of the lower abdomen we will ask you to wear elastic compression stockings.
- We may give you a blood thinning injection (anticoagulant) such as Fragmin.
- We will use inflatable sleeves to compress your legs during your operation.
- We will get you up and about as soon as possible after your operation.

In summary, the main cause of VTE is immobility and we will observe you for any symptoms of tenderness, swelling of the calves, warmth and redness and any breathlessness or chest pain. If you experience any of these symptoms you will require further investigation and treatment, therefore prevention is very important.

If you have any further questions please go to the Department of Health website: [www.patient.co.uk/showdoc/23068982](http://www.patient.co.uk/showdoc/23068982)

## Infection Control - fighting infection together

**Hand washing is the most effective way of stopping the spread of germs and bacteria. Always wash your own hands and insist that others wash theirs to protect you.**

**Alcohol gel dispensers** are available at doors and beds. All patients and visitors are asked to use them or wash their hands in the sinks.

**Staff** – don't be shy. Feel free to ask staff if they have cleaned their hands. They should not be annoyed if you ask them.

**Beds** – Please do not sit on other patients' beds or let visitors sit on yours.

## **MRSA (Methicillin-Resistant Staphylococcus Aureus) – What is it?** *(Detailed leaflet available on request)*

Staphylococcus is a bacterium commonly found on skin and in the noses of many healthy people without causing harm. This is known as colonisation. However, it can sometimes cause infections, the most serious being septicaemia (blood poisoning), particularly in those who are already unwell. Whilst most infections can usually be treated with antibiotics, some strains of Staphylococcus Aureus have become resistant to the usual antibiotics (such as methicillin). These are known as methicillin-resistant staphylococcus aureus (MRSA). MRSA is unlikely to present a problem to a healthy person.

### **How do we reduce the risks?**

All patients are swabbed prior to or on admission. Staff implement infection control measures, particularly good hand hygiene, as MRSA is most often spread by hand contact.

We encourage all staff, patients and relatives to wash and dry their hands when in hospital.

Patients with MRSA are usually cared for in a side room to prevent spread and asked to stay within the room and treated with an antiseptic skin cleanser and hair wash.

Visitors can come as normal, however, young children and those at high risk are discouraged. No special treatment is required by visitors apart from good hand washing before and after visiting.

Treatment is usually stopped when patients are discharged and the patient's GP is informed.

It is important to tell staff if you have ever had MRSA in the past, both for your own safety and that of others.

If you or your visitors are suffering from any diarrhoea or vomiting, you must inform staff. Friends or relatives with infections must refrain from visiting to protect other vulnerable patients from the spread of disease. They should not visit until they have been symptom-free for at least 48 hours.

## Visitors

Ward visiting hours are:

**1.30 pm–4.30 pm and 6.00 pm–8.00 pm**

You may bring partners/friends on admission to provide support before theatre but they will be asked to leave when you go to theatre.

Please respect that most of our patients will have under gone surgery so will need quiet time to recover. Visitors should be kept to a maximum of 2 at any one time.

It is also advisable not to bring children to visit unless this has been agreed beforehand with the ward manager and it is felt to be in the child's best interest.

Please note that Day Case patients have separate visiting hours due to the different nature of their conditions. Please respect this decision; it was made for the benefit of all our patients.

We have a relative's kitchen that can be used by relatives to make drinks and store patients' own cold food. We are unable to heat food due to health and safety regulations. Unfortunately we are not able to provide supplies.

## **Relatives Room**

If any patients are acutely ill or have special requirements we have one relatives' room that can be used for overnight stays. Please see the ward manager as this is a limited resource but does have sleeping and bathroom facilities.

## **Chaplaincy – Multi-faith spiritual care**

The Trust has its own Chaplaincy service. Some people find that a visit from a Chaplain is helpful whilst they are in hospital. If you would like a visit from the hospital Chaplaincy team or information on Sunday services, please ask a member of staff during your hospital stay. All denominations and faiths are catered for in the hospital.

There is a multi-faith chapel located on the ground floor orange zone in Manchester Royal Infirmary (MRI) which is open 24 hours for staff, patients, friends and relatives to visit.

There is an on-call system in the Trust for all faiths and denominations.



If you would like more information you can contact the Chaplaincy service on 0161 276 4582 (24 hours).

Please do not hesitate to ask if we can help in any way.

## Contact numbers:

Should you require any additional information or help please contact:

Gynaecology Ward:

**0161 276 6105** or **0161 276 6517** or **0161 701 0048**

(24 hours a day)

Gynaecology MacMillan Nurses:

**0161 276 6394** 8.00 am – 5.00 pm, Monday to Friday

Pre-operative Nurses:

**0161 901 0027** 8.30 am – 4.30 pm, Monday to Friday

## Zero Tolerance Policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

## No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 ([www.stopsmokingmanchester.co.uk](http://www.stopsmokingmanchester.co.uk)).

## Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website [www.nhs.uk](http://www.nhs.uk) - click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: [pals@cmft.nhs.uk](mailto:pals@cmft.nhs.uk). Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.



## No Smoking Policy

The NHS has a responsibility for the nation's health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on  
Tel: (0161) 205 5998 ([www.stopsmokingmanchester.co.uk](http://www.stopsmokingmanchester.co.uk)).

## Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排



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