

Patient Information Booklet

Planned Surgery



This booklet belongs to:

.....

This booklet provides you with information on having an operation at Plymouth Hospitals NHS Trusts.

You will find it useful to bring this booklet with you each time you visit the hospital, to write or update information relevant to you.

You were pre assessed on

by

Please call Erme ward on (01752 439021) between 0900 and 1700 if there are any changes to your medical condition between your pre assessment and your surgery.

You were advised to stop medication

..... days prior to your surgery.

Coming In For Your Operation

You will receive an admission letter from us advising you

- * of the date and time to come into hospital and where to go
- * about eating and drinking (pre-operation fasting)

You should

- * eat and drink normally **up until** the times specified on your admission letter (and page 12)
- * have a shower or bath on the morning of surgery (this will reduce the risk of developing a wound infection)

You should NOT

- * shave your operation site (shaving increases the risk of developing a wound infection)
- * take the medicines listed below on the morning of surgery

Do take other pills / medicines

Going Home After Your Operation

We expect you to go home on day after your operation

Who is going to take you home?

You will travel home by car/taxi/other

You have made the following care arrangements at home:

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Introduction

This booklet gives information to help prepare you, your family and friends for your operation and stay in hospital.

At Plymouth Hospitals NHS Trust we want you to come into hospital as strong as possible, ready for your surgery and to make a quick recovery. We will use the principles of Enhanced Recovery to help this happen.

The *Enhanced Recovery* programme is used in most hospitals through out the UK and is a way of caring for you before, during and after your operation. At Plymouth Hospitals NHS Trust we are using the principles of *Enhanced Recovery* for all our patients having planned surgery. The most important part of Enhanced Recovery is that it is a **partnership** between **you** and **us**.

You can take an active role in your enhanced recovery by:

- * Following any pre-surgery health advice (e.g. stop smoking, losing weight, gentle exercise)
- * Eating and drinking normally up until the times advised
- * Getting out of bed as soon as possible after surgery
- * Doing regular breathing and leg exercises when in bed
- * Working with us to manage your pain

By following these steps you should:

- * feel better, sooner
- * leave hospital, sooner
- * return to normal living, sooner
- * reduce the risk of developing after surgery complications

An Outline of a Patient's Journey

Introduction

Seen by consultant (or member of their team)

Decision made that surgery is needed and appropriate. Patient referred for review in the pre-op assessment clinic



Assessed by pre operative assessment team

Patient's fitness for surgery assessed.
If fit, patient added to the surgery waiting list



Admission for surgery



Operation / Procedure



Post operative care



After discharge from hospital

Follow up may be needed with your GP, community nurses or with the specialist team in hospital outpatient department
Patient will be informed of arrangements before they leave hospital and their GP will know within 24 hours

Consent

You will be asked to sign a consent form before your surgery to allow the surgeon to perform the required surgical procedure.

The Anaesthetist will also talk to you and ask for your consent verbally to perform the anaesthetic for your operation

Please make sure that you understand the procedure, the risks and your options prior to signing the consent form. It is important that you completely understand the information and cooperate in your care. You will be given several opportunities to ask any questions you may have. If you don't understand something please tell the nurse or doctor.

There will be a copy of the signed consent form for you to keep with this booklet. Please ask for it at the time of signing.

Blood Transfusion

Signed consent for a blood transfusion is not required. However, you should be told about the possible need for blood transfusion and its risks and benefits. You should also be made aware of possible alternatives where practicable.

Leaflets about blood transfusion are available, please ask your nurse for a copy. If you wish to discuss transfusion issues in greater depth ask to speak to a Transfusion Practitioner or speak to your surgical team.

More information about blood transfusions is available at:

<http://www.npsa.nhs.uk/pleaseask/beinformed/transfusions>

Pre-Operative Assessment

The Pre-operative Assessment appointment will last for about 2 hours. Please allow for this when planning your day.

We aim for you to be seen in the pre operative assessment clinic on the same day as your surgical outpatient appointment. However, you may need or choose to return on another day. For some patients we may be able to assess you over the telephone.

At the assessment you will:

- * be asked about your general health, medical history, medication and any allergies you may have
- * have swabs taken to screen for MRSA (Methicillin Resistant Staphylococcus Aureus)
- * be given information about your operation
- * be advised about when to start your pre-operation fasting (times to stop eating and drinking)

For some operations we routinely ask an anaesthetist to see you. You may be asked to do a Cardiopulmonary Exercise Test (CPET). This is to see how your heart and lungs are working. If we want you to do the cycle test you will have been sent an information sheet explaining it.

You may have investigations that will help the doctor assess any medical problems which may affect your anaesthetic or surgery. This can include a heart trace (ECG) and blood tests.

Your medication will be reviewed and you will be advised which pills / medicines to take on the day of your operation and which ones not to take.

Preparing Yourself for Surgery

Before you come into hospital for your operation you can prepare yourself for your recovery.

If you smoke

Derriford is a smoke free site. Giving up smoking for several weeks before the operation reduces the risk of infections. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help. **You should try not to smoke on the day of your operation.**

For support to quit smoking

Contact the Plymouth NHS Stop Smoking service on 01752 314040 before you come into hospital. Talk to your GP or nurse at pre-assessment clinic. They will be able to provide you with nicotine replacement therapy (NRT) prior to your admission. All wards, including the preoperative admissions ward, can provide you with NRT to help with cravings if you should need it on the day of surgery.

If you are overweight

Reducing your weight will reduce the risk of developing a wound infection after surgery.

Long standing medical conditions

If you have a long-standing medical condition such as diabetes, high blood pressure (hypertension), asthma or thyroid problems make sure they are well controlled before surgery. See your GP if you have concerns.

Dental problems

If you have loose teeth or crowns, treatment from a dentist before surgery may reduce the risk of damage to your teeth during anaesthesia.

What to Bring With You

As there is limited storage space on the wards only bring essential items with you. Your belongings should fit into a **small** case/bag (no bigger than hand luggage on an aeroplane).

Essential items to bring with you:

- * A warm dressing gown
- * Indoor footwear e.g. slippers
- * Loose day wear
- * Underwear
- * Nightwear
- * Toiletries
- * Book or magazine
- * Your pills and medicines (in the original containers)
- * The name, address and contact number of your next of kin or friend
- * A small amount of money
- * Any booklets / letters that the clinical team ask you to bring

Please do not bring:

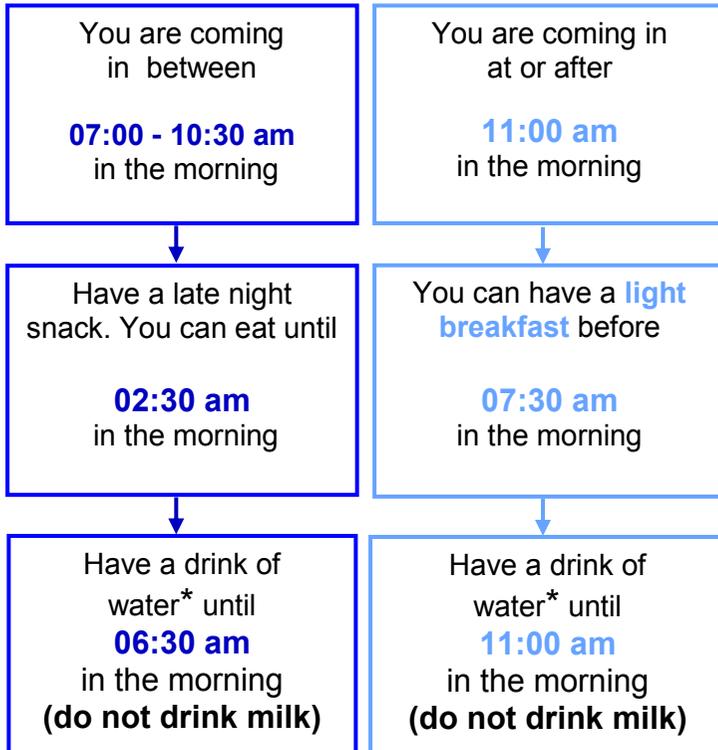
- * Cigarettes or tobacco
- * Alcoholic drinks
- * Large sums of money
- * Valuables such as jewellery
- * Mains electrical equipment

Please be aware that any valuables including money, jewellery and expensive electronic equipment are brought in at your own risk and the hospital is not liable should they go missing or become damaged.

Eating and Drinking Before Your Operation - Fasting Instructions

Before your operation you should eat and drink normally until the times written in the fasting instructions below:

(Unless you have been instructed to take bowel preparation to help clean out your bowel before your surgery).



*If you have been given the preOp drinks (see page 13), drink these instead of water and **finish them** by the time written in the box.

Do not have chewing gum or sweets/mints between the time you should stop eating and your operation.

Pre-Operative Drinks

Pre-Operative Drinks (Nutricia and/or Fresubin preOp)

Depending on the type of surgery you are having you may be given a pre operative drink (*Nutricia/Fresubin preOp*) to drink on the day of your operation.

Research has shown that having a specially formulated drink *before* surgery can help make you feel better more quickly after your operation.

Nutricia preOp is a high calorie drink made especially for patients having surgery. It is a clear, still, lemon flavoured drink that contains carbohydrates and minerals. It is suitable for everyone, **except people with diabetes**. The drinks can be kept at room temperature or in the fridge.

Fresubin preOp If you have been given Fresubin drinks please follow the instructions given to you in the pre assessment clinic

Patients with Diabetes

If you have diabetes you should not have been given these preOp drinks. **DO NOT USE** these drinks if you have *any type* of diabetes.

Admission Ward / Area

When you come into hospital for your operation you will go to the admission ward/area first. This is a waiting area with chairs not beds. As space is limited, we ask that only one relative/friend waits with you.

On the admission ward / area you will see:

A Nurse who

- * will check your details and give you an identity bracelet
- * will label your bag and direct you to the appropriate waiting area
- * may measure your legs for a pair of surgical stockings (TEDs) to prevent blood clot formation
- * may give you some pills/medicine

Your Anaesthetist who

- * will check your details and the operation you are expecting
- * will ask about your general health
- * will discuss the types of anaesthetic / pain relief available
- * may allow you to have a drink, depending on the time of your operation

Your Surgeon who

- * will check your details and the operation you are expecting.
- * will check / gain your consent for the operation (this will involve signing a consent form and you will be given a copy)
- * will mark the site of your operation with a marker pen

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

Going to the Operating Theatre

Jewellery, decorative piercing and tongue studs should be removed. If you cannot remove your jewellery it can be covered with tape to prevent damage to it or to your skin.

Most patients walk to the theatre. You will be taken by a member of staff. A relative or friend can go with you to the entrance of the theatre complex but are normally not allowed into the actual theatre waiting area.

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on.

Once in the theatre complex:

- * Theatre staff will check your identification bracelet, your name and date of birth and will ask you about other details in your medical records as a final check that you are having the right operation
- * Routine monitoring equipment to record heart rate and blood pressure will be attached to you. This will involve placing sticky discs on your chest underneath your surgical gown
- * As part of the Surgical Safety Checklist there will be a final check of your details before you are given your anaesthetic and you have your operation

The Recovery Area

After your operation you will be transferred to the recovery room. This is where all patients go for a period of close observation after surgery.

During this time your vital signs will be monitored, including:

- * Heart rate
- * Blood pressure
- * Breathing
- * Temperature
- * Pain score

If you feel up to it, you can have a drink and a biscuit in the recovery area.

Before you leave the recovery area you will need to:

- * be conscious
- * be able to cough and swallow
- * have stable vital signs
- * have good pain control

When you are sufficiently recovered, you will be taken on a bed to your designated ward where you will be carefully monitored by nursing staff.

Guide to Anaesthetics

Anaesthetists

Anaesthetists are doctors who:

- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery
- discuss types of anaesthesia and the associated risks with you
- manage any blood transfusions you may need and plan your care, if needed, in the Intensive Care Unit

Some types of anaesthesia

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

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

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

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

The type of anaesthetic you will have depends on

- * your operation and your physical condition.
- * your answers to the questions you have been asked
- * your preferences and the reasons for them
- * your anaesthetist's recommendations for you and the reasons for them

How Anaesthetics are Given

Understanding risk

In modern anaesthesia, serious problems are rare. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years.

To understand a risk, you must know:

- * how likely it is to happen
- * how serious it could be
- * how it can be treated

The risk to you as an individual will depend on:

- * whether you have any other illness
- * personal factors, such as smoking or being overweight
- * surgery which is complicated, long or done in an emergency

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

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

Side Effects and Complications

RA = This *may* occur with a regional or local anaesthetic

GA = This *may* occur with a general anaesthetic

Very common and common side effects (1 in 10 - 100)

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

Uncommon side effects and complications (1 in 1000)

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

Rare or very rare complications (1 in 10,000 - 100,000)

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

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

You can get further information about Anaesthesia from:

- * The Association of Anaesthetists of Great Britain and Ireland (AAGBI) <http://www.aagbi.org/>
- * Royal College of Anaesthetists - <http://www.rcoa.ac.uk/>

Pain Relief

The type of pain relief used will be discussed with you before your operation by your anaesthetist and depends on several factors including:

- * The type of the surgery to be carried out
- * Your general health (it may be preferable to use local anaesthetic techniques if you suffer from poor health)
- * Any personal preferences you may have

It is important that your pain is well controlled. If pain is treated well you will experience fewer problems after your operation and will recover more quickly and go home sooner.

You may not be 100% pain free. A balance needs to be found between good pain relief and the side effects of the drugs used.

Forms of Pain Relief

Tablets and Liquid Painkillers

- * E.g. Paracetamol
- * These are suitable for mild to moderate pain and can be very effective if they are taken regularly. They cannot be used if you are unable to drink following your operation

Injections

- * These are used for more severe pain and are given when appropriate
- * Depending on the drug they may be given into a vein via the cannula (a small, flexible tube), or may be given into your buttock or thigh

Patient Controlled Analgesia (PCA)

This is a syringe with morphine or a similar drug in a pump, which is attached to a button that you can press if you are in pain.

You will then receive a small dose of the drug. You can use the PCA as often or as little as you like. The pump knows how much drug you are allowed and how often, so you cannot overdose or become addicted.

Normally pain following an operation is short-lived and you will only require these painkillers for a few days.

Local Anaesthetic Nerve Blocks

- * If you are having an operation on your arms or legs; some anaesthetists are able to inject local anaesthetic near the nerves supplying the relevant limb. This prevents the nerves from transmitting pain signals to the brain. This results in the arm / leg feeling numb for some hours afterwards (you will not be able to move it properly during this time)
- * Your anaesthetist may be able to insert a fine infusion line close to the nerves supplying the operated area. Local anaesthetic is given down this line by a specialised pump for 3 to 5 days after the operation to keep the operated area numb and you comfortable
- * You will be monitored carefully on the ward until the numbness wears off so that you do not develop pressure sores

Epidurals

- * Anaesthetists place a line into the epidural space that lies close to the spinal cord. Painkilling drugs in a pump are given via this infusion line into the epidural space which stops pain messages being transmitted to the brain to prevent you feeling pain.
- * These also have a button which you can use to top-up your epidural if you are in pain.
- * They can be extremely effective in relieving pain after major surgery on the chest, abdomen or legs.
- * An epidural line is usually left in place for 3 days after surgery

Pain relief complications

The list below is given as a basic guide, for more information please ask your anaesthetist.

Tablets / Liquids / Injections

- * Constipation
- * Nausea, gastric irritation or vomiting
- * Drowsiness
- * Breathing difficulties
- * Itching and allergic reactions

Pain Controlled Analgesia (PCAs)

- * As above
- * Difficulty passing urine
- * Slow breathing rate
- * Hallucinations

Nerve Blocks

- * Local anaesthetic toxicity — uncommon
- * Nerve damage—very rare

Epidurals

- * As above
- * Low blood pressure
- * Severe headache - uncommon
- * Infection or bleeding around the catheter - uncommon
- * Disabling injuries following an epidural are extremely

The First Days After Your Operation

You may have tubes, drains and a catheter (a fine tube put in your bladder to allow drainage of urine) in place when you wake up after your operation. We will aim to remove these within a day or two of your operation.

Reducing the risk of developing blood clots (Deep vein thrombosis)

In order to reduce the risk of blood clots forming while you are in hospital, you might wear special stockings called TEDs (thrombo embolic device) and you might be given a daily blood thinning injection (Clexane). Moving around as early as you can, after your operation will also help reduce the risk of clots forming.

Shortly after your operation, you will be encouraged to:

- * do gentle leg and breathing exercises
- * sit out of bed as often as possible
- * eat and drink - initially you may find it easier to eat little and often
- * eat your meals sat in your chair as soon as possible
- * start walking as soon as possible
- * dress in your normal day clothes

It is important to start moving as soon as possible after your operation as it helps to:

- * reduce the risk of blood clots forming
- * reduce the risk of developing a chest infection
- * encourage your digestive system to return to normal

Pain Control

It is important that your pain is well controlled so that you can walk about, breathe deeply, eat, drink and sleep well and recover more quickly. **If at any time you feel your pain is not well controlled, it is important that you tell the nursing team.**

Exercise After Surgery

In Bed

When in bed you should have the backrest raised at a slight angle (at least 30°) for as much time as possible. Along with sitting out of bed and moving around as often as possible, this will help reduce the risk of developing a chest infection.

Breathing Exercises

It is important to start doing gentle breathing exercises as soon as you can and to do them every hour

- * relax your shoulders and upper chest
- * take a deep breath in (through your nose if possible) to fill up your lungs
- * hold that breath for 3 seconds
- * slowly breath out through your mouth
- * take three of these breaths and then relax

Coughing

You need to be able to cough well in order to clear any phlegm off your chest. It may be more comfortable to cough if

- * you bend your knees when lying down
- * you lean forward when sitting up
- * you support your wound firmly with a pillow or rolled up towel

Gentle Leg Exercises

Simple exercises while in bed or sitting in a chair can help reduce the risk of developing a deep vein thrombosis (DVT).

Move your feet in a circle or up and down 10 times an hour to improve circulation.



As soon as you are able after surgery, get out of bed and sit in your chair and gradually start to walk, as moving around improves circulation .

Possible Complications After Surgery

Wound infection

Your surgery wound can become inflamed, painful and weep fluid, which may be caused by infection. The majority of wound infections can be treated by a course of antibiotics and settle down following treatment, but may delay your recovery.

How can you help reduce the risk of wound infection?

Ensure you are thoroughly showered and clean prior to your surgery. Keep your wound dressings clean and dry. Your nurse will advise you when the dressing can be removed.

MRSA

We carry millions of micro-organisms (germs, bacteria that can only be seen with a microscope) both inside and outside of our bodies and generally they do us no harm. 30% of the population carry a bacterium called Staphylococcus Aureus within their noses, causing no problem at all. MRSA stands for Methicillin Resistant Staphylococcus Aureus which is a type that has become resistant to antibiotics.

It, like many other bacteria, can live on the body and, outside of the healthcare setting, causes no problems. However, if it gets into a wound in sick people who are susceptible to infections, it can become difficult to treat.

If a patient is infected with MRSA they may be nursed in a side room to prevent its spread. Staff caring for the patient closely will wear aprons and gloves. Everyone should wash their hands before entering and leaving the room including visitors.

MRSA will not affect your discharge home. However, if in the future, you need antibiotics from your GP for an infection, it is worth mentioning that you have had MRSA previously. More information is available on the Health Protection Agency's Website: <http://www.hpa.org.uk/>

Deep Vein Thrombosis (DVT)

This is the term used when a blood clot develops in the deep veins in the leg, most frequently below the knee. Normally your leg muscles squeeze your leg veins, which aids the flow of blood. If you are immobile for any period of time the blood flow slows down. Sometimes the flow gets so slow that a clot is able to form. If that clot breaks free it can block an important blood vessel elsewhere in the body. Most patients will have been given surgical stockings to prevent this.

Pulmonary Embolism (PE)

This can happen when a part of a DVT breaks off and travels to your lung. It is a serious disorder and may be life-threatening in some cases but the risk is low. Signs and symptoms include: - difficulty breathing, chest pain, coughing up blood-stained phlegm or sudden collapse.

At your pre-assessment appointment and on admission, your risk of DVT will be assessed. Your treatment may include:

- * doing your regular leg exercises in bed
- * wearing surgical stockings (TEDs)
- * daily injections of Clexane or a Rivaroxaban tablet (blood thinning drugs)

How can you help reduce the risk of clots?

- * Wear your surgical stockings for 24 hours a day - only remove when you are washing. Ensure the stockings fit well and are not too tight or pushed / rolled down and there are no wrinkles creating tight bands in the stockings
- * Get up and mobilise as soon as you are able following your surgery
- * Perform your exercises independently once you have been directed to do so
- * Take your medication as prescribed

The First Few Days at Home

Wound Care

Your wound may be slightly red and uncomfortable for the first 1-2 weeks.

Contact your GP or the ward from which you were discharged if you experience any of the following:

- * increased bleeding/oozing/fluid discharge from the wound
- * inflammation or swelling
- * pain

Removal of Clips / Stitches

- * Some stitches dissolve over a period of time and will NOT need to be removed.
- * Other stitches and clips will need to be removed. This is usually done between 10-14 days after surgery by the Practice Nurse at your GP surgery. Details will be in your discharge letter.

Exercise

Take regular gentle exercise several times a day. Gradually increase your activity during the weeks following your operation until you are back to your normal level of activity.

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Work / Returning to normal activity

Your surgeon will advise you when you can return to work / normal activity following your operation. If required you will be given a sick note.

Driving

You should NOT drive for 24 hours following an anaesthetic. Your team will give you more specific driving advice relevant to the operation you have had. You should only start driving with medical consent when you feel confident that you can drive safely. It is advised that you contact your insurance company before starting to drive again.

Problems

For any concerns about your surgery, you can get advice by contacting the ward you were discharged from or your GP, on-call doctor or district nurse. **IN AN EMERGENCY DIAL 999**

Information About The Wards

Ward Visiting Times

Visiting times are usually from 2pm until 8pm. Usually a maximum of two visitors per patient are allowed at any one time. Some wards have other visiting restrictions to allow patients enough time for rest and recovery. Please ask the staff on your ward about visiting times

Same-Sex Accommodation

All wards and specialist units have separate bays for men and women, with separate toilet and washing facilities. At times you may be nursed in a mixed sex bay due to the level of care you require. Staff will discuss this with you and explain what steps they are taking to return you to same sex accommodation as quickly as possible.

Mobile Phones

Areas where mobile phones can be used will be signed in the hospital. There are areas of the hospital where mobile phones **cannot be used** because they interfere with sensitive equipment. Please show respect to other patients by using your phone quietly.

Hospedia

Many of the wards have a Hospedia unit at each bed which can be used to watch TV, listen to radio and make and receive telephone calls.

Details of how to use the system will be available when you arrive. You can use a credit or debit card to pre-buy services or use cash at vending machines around the hospital

Smoking

Derriford hospital is a smoke free site. Inpatients can have Nicotine Replacement Therapy and the support of the Stop Smoking service (see page 10).

Patient Advice and Liason Service

The Patient Advice and Liaison Service (PALS) offers help, advice and support to patients, relatives and visitors. They can:

- * provide information about hospital services
- * offer advice on where to go to get health information
- * help with problems that you haven't been able to sort out with staff on a ward
- * advise you how to make a complaint
- * tell you about independent organisations that can help you make a complaint
- * listen to your views on how we can improve our services, and pass this on to the appropriate people for action

PALS are open Monday to Friday from 9:00am to 4.00pm

Patient Advice and Liaison Service
Level 7
Derriford Hospital
Plymouth
PL6 8DH

Telephone Number 0845 155 8123

Local Accommodation

For patients or relatives who need to stay close to the hospital prior to admission or whilst their relative is an in-patient there are:

- * a number of local hotels
- * Hospital Residences
- * Heartswell Lodge

Hospital Residences

- * Patients and or relatives can use this accommodation for a short stay. The residences are approximately a 10 minute walk from the hospital.
- * For enquiries and to check availability and details of charges please contact the Accommodation Office, Monday to Friday 9-5pm.

Tel: 01752 439055/6

www.plymouthhospitals.nhs.uk/workingforus/residences/Pages/Home.aspx

Heartswell Lodge

A charitable residence for relatives of patients in Derriford Hospital. For enquiries and to check availability at the lodge, please contact the Lodge directly:

Tel: 01752 315900

www.heartswelllodge.co.uk

Notes

Transport Access People (TAP) Provides a safe co-ordinated cost effective transport service for the community. The service is for people who need help with any non-urgent health related journey, whether you wish to travel alone or with a friend TAP will help with all your needs.

TAP brings together many of the voluntary transport providers, under one telephone number.

A small charge will be made.

Cornwall Patients 01872 223388

Devon Patients 08450539100

Your Notes

This leaflet is available in large print and in other languages and formats.

Contact Patient Services on 01752 437035

Derriford Hospital
Derriford Road
Plymouth
PL6 8DH
Tel: 0845 155 8155

www.plymouthhospitals.nhs.uk

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