Having keyhole surgery on your heart's mitral valve

Department of Cardiac Surgery

Information for Patients

Produced: April 2024
Review: April 2027
Leaflet number: 1496 Version: 1

Introduction

This leaflet aims to help you and your family understand more about the operation that is planned for you.

It will give you general information about what to expect

- before coming into Glenfield Hospital from your admission to discharge home or to another care setting.
- when you go home and your recovery.

Patient and family experience

Glenfield Hospital wants to give patients and their families the best care experience. Patient and family centred care is at the heart of what we do. You may wish to involve your family members or carers in your care to help and support you whilst in hospital.

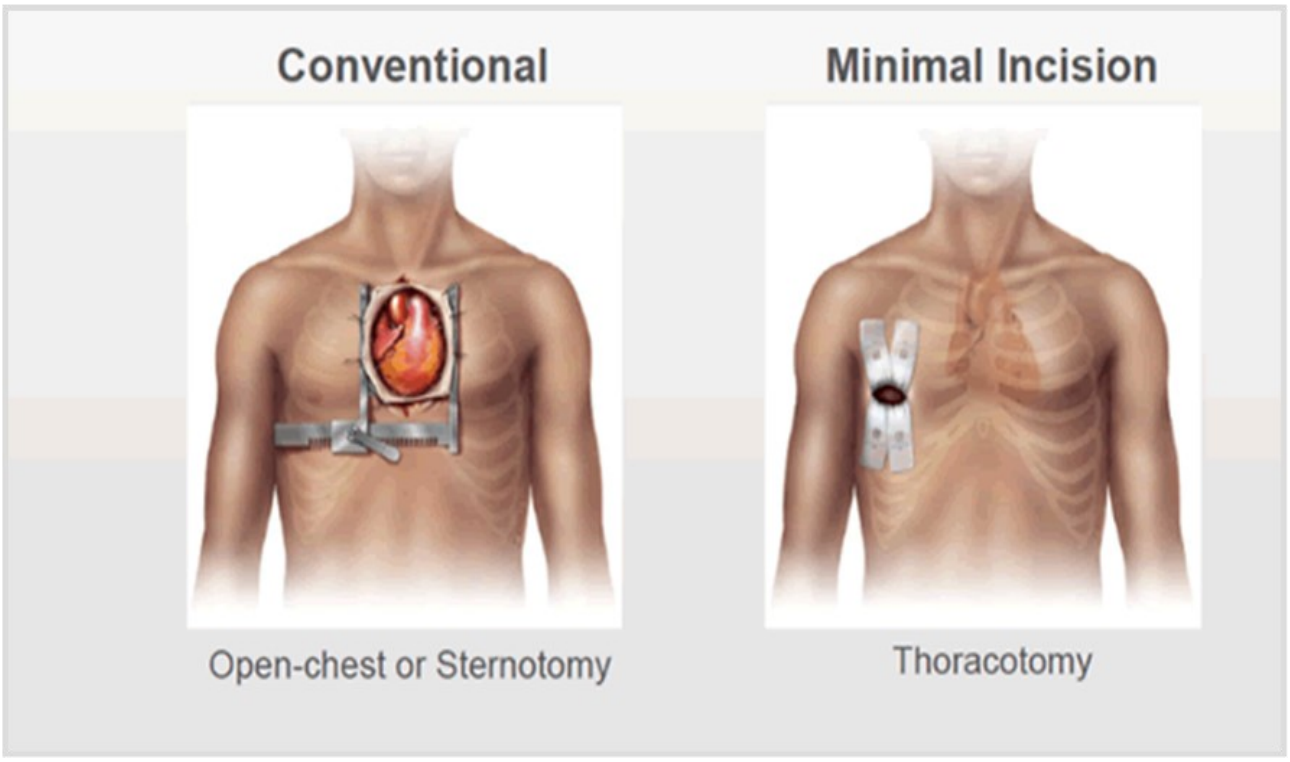
With your permission we are happy to share information about your care and how you feel with your family members. Please tell us with whom and how much information you would like us to share. Your experience is very important to us. If you, your family or carers have any concerns while you are in hospital let us know straight away, at the time that they occur, so we can put things right.

Heart valve disease

Your heart has 4 valves. They make sure that the blood flows through it and round your body in 1 direction. These valves can become damaged or diseased over time. When this happens they can either leak, which is known as regurgitation or become narrowed, which

is known as stenosis. When this occurs, it can make you feel tired, short of breath and may limit your daily activities depending upon the how bad the disease is.

The traditional way to do surgery on the mitral valve is by cutting the breastbone (sternum). This is known as a sternotomy. It leaves a 9 to 12 inch scar on the front of the chest (see picture below left). It is still used for most heart (cardiac) surgery as it gives very wide space for the surgeon to do the operation. This does mean the surgeon cutting through the breast bone. It takes the patient about 2 to 3 three months to recover from this type of operation.



Mini-mitral surgery is minimally invasive (see picture above right). This is also known as keyhole surgery. The surgeon makes a 5cm to 7cm cut on the right side of the chest. The surgeon gently opens the space up between the ribs to see the heart.

A high-definition video camera is then used to guide the procedure inside the heart.

The surgeon can then repair or replace the damaged mitral valve.

Once inside the heart, the repair or replacement technique is carried out in exactly the same way as the sternotomy operation but using longer instruments.

What can I not do after open surgery?

- No driving for 6 weeks
- No lifting of anything heavier than a bag of sugar for 6 weeks
- No pushing up from a bed or chair with your arms for 6 weeks

Benefits of having a keyhole surgery

- The recovery period is much quicker. Usually after about 3 weeks you will feel better and be able to do most of your normal activities. This does depend on each individual patient and their general health. It may be longer if you have other underlying conditions.
- You will have less discomfort and pain after surgery, particularly with the use of catheters that numb the pain nerves where the cut (incision) is placed.
- You will have a shorter hospital stay, usually 4 to 5 days
- You have less risk of wound infection
- You can drive again after 4 weeks, if you feel well enough to do so
- The restrictions and limitations on lifting and pushing up from a bed/chair do not apply as with traditional heart surgery when patients have a sternotomy wound
- The cosmetic result is generally excellent by comparison, particularly in females where the scar is hidden under the right breast.

Who is suitable for the keyhole technique?

Most mitral and tricuspid valve repairs and replacements can be done through this way. The most complex valves to repair are probably still best done through an open (sternotomy) wound at the front of your chest. Your surgeon will advise you on the best choice for you.

An irregular heartbeat which is known as atrial fibrillation (AF) is corrected at the same time, known as ablation procedures (also known as cryo-maze), though at Glenfield we are yet to start this procedure.

This surgery can also

- correct or repair holes between the top 2 pumping chambers in the heart, which are called atrial septal defects or ASDs, and
- remove benign atrial tumours (myxomas) which are non-cancerous tumours.

Your surgeon will discuss the best option for you.

Who is not suitable for this type of surgery?

- Patients who have had right lung surgery or radiotherapy to the right side of the chest before.
- Those with poor circulation (peripheral arterial disease).
- Those who need combined bypass and valve surgery to be done at the same

What are the risks?

As with all surgery, heart operations involve some risks to the patient. These risks vary according to the type of operation, your health and your individual heart condition. The surgeon will discuss

these in detail with you, so that you are fully informed about the risks and benefits of the procedure.

The minimally invasive approach is just as safe as the conventional approach to valve surgery in terms of risk of dying or having a stroke. This type of surgery takes longer to do, but despite this, patient recovery is much quicker.

There is a possibility that during this type of surgery, the surgeon may need to change to the conventional approach during the operation to keep you safe.

We will talk to you about all the risk in detail during the consent procedure, when you sign to say you consent to have surgery.

At the Glenfield Hospital we did 15 procedures where 3 patients developed pulmonary oedema. This is a severe lung condition where there fluid collects in the lungs. They needed the support of ECMO straight away after the procedure to help to recover from the oedema. ECMO means artificial lung circulatory device which supported the oxygen to the lungs of these patients for about a week. All the 3 patients recovered from this complication and discharged safely to their home. We have and are improving our services to make minimally invasive procedures even safer more than the conventional procedure.

We are collaborating with an expert Consultant Mitral Surgeon from another advanced mini-mitral centre who will be our proctor to reduce this risk.

Will I need any special tests before surgery?

You will be seen by the surgeon in the outpatient clinic. They will discuss with you if you are suitable for this type of surgery. You will then need to have some tests before it is confirmed that you are suitable for this surgery. These may include:

- CT scan – a specialised X-ray scan of the main arteries in your body
- A TOE or transoesophageal echocardiogram. This is a special ultrasound scan of your valve. You will need to attend as a day case to have this done by your cardiologist either at Glenfield or at the referring hospital.
- Blood tests, chest X-ray, breathing tests and heart tracing (ECG).

Frequently asked questions

Q: What are the long-term results?

A: This technique has been available in North America and most of the EU countries since the mid-1990s. The technique of valve repair when the surgeon gets to the valve is the same as those used during the conventional approach. The data we have so far suggests that there is no difference in long-term outcomes

Q: Is the heart-lung machine still used during the operation?

A: Yes, we make a 2cm cut in the groin and use the arteries and veins in the groin for cardiopulmonary bypass. This cut is placed in the skin crease so will be hardly visible afterwards.

There is a 5% risk of developing some swelling at this site but this usually settles down over a few months.

Q: Will I still need a coronary angiogram?

A: Yes, you will need the same tests as someone who is having the conventional operation.

Q: Are any extra tests needed? If so, where will they done?

A: Yes, you may need to have a CT scan of the arteries in your body. This will be done in Glenfield.

Q: How long is an average operation?

A: About 4 to 5 hours. Patients are kept sedated for a few hours after the operation on the Intensive Care Unit (GICU).

Q: How long before my family can see me in the Critical Care Unit?

A: Once the nursing staff are happy with all your monitoring, 1 to 2 members of your family at any one time are welcome to visit you. We will let you know what the visiting times in the GICU are.

Before coming into hospital

As part of your preparation for surgery you will be seen by an advanced Clinical Nurse Practitioner or a senior house officer who is specially trained. The assessment will take up to 2 hours. During this assessment the nurse/doctor will:

- Take a full medical history
- Do a clinical examination
- Check if you need any support at home after your surgery or if you have any disability
- Explain the procedure and your hospital stay
- Explain the recovery period after your surgery
- Discuss cardiac rehabilitation, which is advanced physiotherapy to help in quick recovery
- Repeat any tests if needed
- Give advice on your medication. This includes which tablets you need to stop before coming into hospital
- Discuss any concerns or answer any questions you may have
- Discuss your length of stay
- Arrange any help you may need, such as a social worker, or advise you who to contact for advice about stopping smoking

Important advice: Please visit your dentist before valve surgery. You need to get a dental clearance. This is very important as it lowers the risk of infection to your repaired or new valve.

Coming into hospital

We believe that relatives or carers should be involved in your care and treatment whenever possible and only if you are in agreement with this.

If you have any special needs or learning disabilities we may need to complete a document called a Hospital Passport'. This gives details of all your needs. This document will be with you during your stay.

We will hopefully have been informed of your needs before your admission so that any arrangements for extra support can be put in place.

If we have not been told please let us know as soon as possible.

If English is not your first language or if you have any religious needs please let us know. We will do all we can to help.

Arrival on the ward

Some of the tests you had in the pre-op clinic may be repeated. Do not be alarmed at this. Some are done as a matter of routine, like your pee (urine) test and your weight. Some may have to be repeated to check that any abnormalities have been corrected. The reasons will be explained to you but if you are still worried just ask.

You will be met by a member of staff on admission in the ward.

You will be seen by an anaesthetist, the doctor responsible for your anaesthetic.

You will also be seen by the consultant or a member of their team to discuss and complete your consent form, if this has not already been completed at your clinic visit. During the consent process the doctor will discuss in full the risks and benefits involved in your operation. You will be asked to sign the consent form to show that you have understood this. If you have any questions please do not hesitate to ask.

Teaching and further training

Medical students and other healthcare professionals cannot learn all they need to know from textbooks and lectures. During your treatment, you may be asked to consent to having students present or taking part in your examination or treatment under the guidance of a qualified person. You have the right to refuse without affecting our standard of care to you in any way. Your co-operation in helping students will benefit other patients in the future.

What to bring when coming into hospital

You will get a letter with the date and time to come in for your operation. You can eat and drink as usual on the day of your admission unless you are specifically told otherwise in your letter.

Please bring the following items with you when you come into hospital:

- Your tablets in their original bottles or packets. You will be asked to hand to the nurse on the ward

- Nightwear, dressing gown and underwear
- Flat comfortable shoes or full slippers
- A book or some magazines
- A separate wash bag with toothbrush, toothpaste, denture box, brush/comb, glasses in their case if you wear them and shaving equipment. It would be helpful if you could label your denture box and glasses case with your name and date of birth before you come into hospital

Jewellery and money

A small amount of money can be brought into hospital. However, we would advise that valuable jewellery or large amounts of money be kept at home.

You will need to take off any jewellery, including wedding rings, before your operation. Please leave these at home.

Please note the hospital cannot be liable for any loss of personal belongings or valuables during your stay with us.

Preparing for your operation in hospital

Hair removal

Before the operation you will need to remove hair from around the operation sites. The nurses on the ward will tell you how to do this and help you if needed. **Please do not do this by yourself at home** as shaving increases the risk of infection. If you shave too early, you may cut yourself, which can be another source of infection.

Showering

You will need to have a shower the night before and before your operation. The nursing staff will advise you when the best time is for you to do this. They will also give you some antiseptic skin wash. This will help stop any infection occurring in your wounds. If you need help when showering please tell the nursing staff.

Pre-medication

Before your operation, your pre-medication will be given to you. It is often known as the pre-med. This is given to help reduce or ease anxiety. It is usually in the form of tablets. The pre-medication can make you very drowsy. Once you have taken it you **must** stay in bed and call for a nurse if you need anything.

Anaesthesia

This section is to give you a brief overview of what to expect from anaesthesia and the anaesthetist.

- Each operation and anaesthetic is tailored to the individual patient.
- Before your operation your anaesthetist will visit you on the ward. He or she will ask various questions about past anaesthetics, your general health and questions about the symptoms of your heart disease.

- You may discuss your care after the operation in the GICU and methods of pain relief after your surgery.
- Before your surgery, the anaesthetist is likely to alter some of the drugs that you normally take, removing some and adding others.
- The anaesthetist may offer a sleeping tablet the night before surgery. Although this is not compulsory most patients prefer to have this as it helps them relax and have a good nights' sleep before their operation.
- On the day of surgery, normally patients are not allowed to eat or drink from midnight the night before, although in individual circumstances this may be altered by your anaesthetist. The nursing staff will advise you about this but if you are in doubt, please ask. This is to prevent the contents of your stomach going into your lungs after you are put to sleep or anaesthetised.

What happens in theatre?

- You will be moved from the ward to the operating theatre in your bed.
- When you arrive in the operating theatre you will be asked once again to repeat your name and date of birth and what operation you are expecting to have. You may be asked these questions many times. It is important that we do these before your surgery, to make sure that we have the right patient for the right operation.
- Before going to sleep, you will have a drip (small plastic tube) inserted into a vein and an artery. Your anaesthetist will use local anaesthetic to reduce any discomfort you may feel.
- ECG stickers will be attached to your chest and upper arms
- The anaesthetist will ask you to breathe some oxygen from a face mask.
- Anaesthetic drugs will then be injected into the drip and you will slowly drift off to sleep.
- Your anaesthetist will stay with you during the operation and be with you during your move to the GICU.
- The anaesthetist is responsible not only for keeping you asleep but also for controlling your blood pressure, heart rate, lung function, kidney function, body temperature and blood volume during the procedure.

After your operation

The time it takes for each operation is different as this depends on your condition and the type of operation you need. Every patient's recovery rate depends upon their general health and any pre-existing conditions they may have. After your operation you will be moved to the Post-Operative Critical Care Unit (POCCU). You will stay here until the doctors and nurses feel you are able to go to the ward to continue with your recovery.

General Intensive Care Unit (GICU)

When you are moved to GICU from theatre you will have a tube in your mouth. This will be connected to a breathing machine known as a ventilator. You may be aware of this but will not remember much about this. The nursing staff will support you during this time and help you to communicate. This breathing tube will not make you gag, retch or be sick (vomit) as during the operation your throat will become used to the idea of a tube being in place. You will get support from the ventilator for some hours after your surgery. The length of time you get this support will depend on your condition after surgery.

The nursing and medical staff will reduce your sedation. Once you are awake and able to breathe on your own, the tube will be removed and replaced with an oxygen mask over your nose and mouth. You will also have drips in your neck or groin. Whilst this sounds unpleasant, it is our aim to keep you as comfortable as possible.

You will also have a urinary catheter in place. This is a tube that will drain pee from your bladder. It is attached to a drainage bag. All fluid given into your body or drained will be continually monitored by the staff.

Pain relief

The main type of pain relief for the first 24 hours after your operation is morphine. This will be given either by the nursing staff or by a device known as a PCA or Patient Controlled Anaesthesia. You are able to control it yourself by pressing a button. You can talk about which choice will be the best with the anaesthetist before the operation.

As soon you are able, we will give you pain relief medication in tablet form.

For this type of surgery, you may also have a paravertebral catheter. This is put in your back during the operation. It is like an epidural. It gives local anaesthetic around the nerves on the right hand side of your chest as they exit from the vertebral canal on the inside of your chest. This is a very effective type of pain relief. We will talk to you about this before your surgery.

It is our aim to keep you as comfortable and pain free as possible. It is very important that you tell the medical or nursing staff if you are having pain or are uncomfortable.

Irregular heart rate (cardiac arrhythmia)

Sometimes some patients may have heart rhythm disturbance or palpitations after surgery. This may happen in the first few days after your surgery. If you do have these symptoms, you **must** tell a member of the nursing or medical team.

Drips and catheters

Whilst you are asleep you will have drips put into your neck and arms. These will let you get any drugs or fluids needed. They will also help the staff to monitor your heart.

You will also have a small tube inserted into your bladder (catheter) which will allow pee to drain.

Staff can measure exactly how much pee you are passing. This will be removed in the intensive care unit or when you are back on the ward.

Chest drains

After surgery you will have 2 chest drains. These are tubes which go from your chest to a bottle. These will drain fluid or air from around your heart and lungs. These drains will be removed as soon as the fluid has stopped draining and they are no longer needed.

You can be given some pain relief before the drains are removed.

You will have a stitch at each drain site. These will be removed after 5 to 7 days. If you have been discharged home before it is time to remove the stitches, we will arrange for the district nurse to do this.

Pacing wires

You may have 2 small wires coming out of the skin on your chest. These are a precautionary measure. They are there in case your heart beats too slowly. These wires can then be attached to an external pacing box, which will give you the extra beats your heart needs. These wires will be removed before you leave hospital.

If, after the operation you feel that your heart is racing or missing a beat then please tell your ward nurse or doctor. This can sometimes occur after heart surgery.

Support stockings

You will be given support stockings to wear after your operation to help stop blood clots in the legs (deep vein thrombosis, DVT).

You will also have a small injection of a blood thinning drug (anti-coagulant) to help the blood flow and stop clots from forming.

It is not unusual for you to feel aches and pains across your shoulders, neck and in your chest. You will need to wear your support stockings for 6 weeks after your operation.

Before your discharge the nursing staff will tell you the date you can remove your stockings. It will also be written down in your discharge information.

Some people find support stockings difficult to put on and take off as they are tight. If you or your family members need some help with this, please ask one of the nursing staff to show you and help you or your family. They will be happy to do so.

Breathing exercises

Physiotherapy staff will visit you on GICU and on the ward after your surgery to teach you some breathing exercises. They aim to increase your breathing function and also to make it easier to clear any phlegm from your lungs. After your operation you will be asked to do the exercises at regular intervals.

It is very important to drink plenty of water throughout the day during your recovery. This will keep you hydrated and help loosen any phlegm.

Getting up and about after your operation

- After your operation you will need to get up and about as soon as possible, it is for your recovery.
- The nursing staff in GICU will help you into a chair at the earliest opportunity, as the sooner you begin to start moving the better.
- Mobility helps the heart and lungs to recover and may stop constipation, stiffness and pressure ulcers (bedsores).
- You will be assessed and advised on how to reduce your risk of a slip, trip or fall.
- Each day as you recover after your operation you should aim to be a little more active. The physiotherapist will visit, advise and assist you with moving on the ward. Once you have started walking on your own you should aim to take a short walk every 1 to 2 hours. By the time you go home you should be walking freely around the ward. The nurse or physiotherapy staff will make sure you can easily climb 1 flight of stairs before you are safely discharged home.
- If you have any problems with mobility the physiotherapy staff will assess your needs and offer guidance and support.
- Rest and sleep are also an important part of your recovery and are just as important as exercise. Nurses will advise you on getting a healthy balance between getting enough exercise and enough rest after your operation.

Personal hygiene

At first the nurses will help you with washing and changing at the bedside.

When you are able to the bathroom you will be advised to either have a strip wash at the sink or if you are able to manage, a shower.

If you managed to shower yourself before your operation then, by the time you leave us, you should be able to do so again.

Wounds

You will have a 5cm wound on the right side of your chest and some smaller wounds where your drains and drips have been. These may cause discomfort or muscular aches in other areas such as your arm and your shoulder.

A guide for the first few weeks at home

Week 1

- Exercise is an important part of your recovery, but you should take things easy for your first few days at home.
- Aim to be as active as you were on your last day in hospital.
- Remember to carry on with the breathing exercises the physiotherapist taught you and slowly increase your activity each day.
- Remember to have a sleep or a rest when you need it.
- Accept your limitations and do not overtire yourself.
- Do not do any heavy lifting or carrying for the first week.
- Take a walk with somebody each day and gradually build the distance up.
- You may still need some pain relief for this first week. You will find they work best if you take them regularly for example, 2 x 500mg paracetamol 4 times a day.
- Do not drive yet.

Week 2 to 3

- You should feel stronger and able to do more activities around the house.
- Increase your walking and remember to try to do this each day.
- Do not get overtired and remember to rest when you need to.
- You can do light housework.
- You will find that you will be able to make short visits to the shops for light items.
- You should be invited to attend cardiac rehabilitation class after about 2 weeks after discharge.
- Remember accept your limitations and do not overtire yourself.

Weeks 3 to 6

- You should be able to manage most household tasks but still avoid heavy gardening.
- Most patients feel they are back to normal activities at some point during this period but it is important to remember that you have had surgery.
- It is important that you continue with the exercises you were taught in hospital, and remember, it is usual to get aches and pains particularly in the right side of the chest.

Weeks 6 to 8

You will be seen by the surgeon in the outpatient department.

Driving

- You cannot legally drive after heart valve surgery for **4 weeks** from the time of surgery. You

can start driving after 4 weeks, if you feel well enough to do so and can do an emergency stop. Remember you must wear a seatbelt at all times, so it is important to make sure that this is comfortable before you start driving.

- If you do not feel well enough to drive and are not able to do an emergency stop safely, do not drive until you feel it is safe to do so.
- So long as you have no other disqualifying condition and you feel well enough to drive, if you hold a car or motorcycle licence, the DVLA need not be notified.
- You must tell your insurance company of your heart surgery.
- If you have an LGV and PSV licences and have had valve surgery **cannot drive for 3 months** and must tell the DVLA. You can be fined up to £1,000 if you do not tell DVLA about a medical condition that affects your driving. You may be prosecuted if you are involved in an accident as a result.

The phone number is 0300 790 6806 or www.gov.uk/browse/driving/disability-health-condition

Bathing and showering

You can have a shower or a bath every day. Do not be afraid to get your wounds wet. Having a shower or bath will keep your wounds clean and help them to heal. You may find it easier to use a shower rather than a bath but if you do take a bath, remember to:

- Empty the water before you get out and take your time
- Use a non-slip mat or a towel before attempting to stand up
- Get help to help you get out of the bath

Rest, sleep and relaxation

- During the first few weeks at home you will find that you tire easily so getting enough rest and sleep are just as important for your recovery as exercising.
- Tell your family and friends when you are planning to rest. This will help cut down the amount of disturbance you get during this time.
- Try to get 8 to 10 hours sleep each night. You may find it difficult for the first week after leaving hospital, as your usual sleep pattern will have been disturbed. You may also find it uncomfortable. If you do, make sure you are taking your pain relief.
- Remember to listen to your body and rest and sleep when you need to.

Moods and emotions

After your operation you may have days when you feel down or depressed. This is known as the post-op blues. It is normal to feel this way, so do not worry.

You may feel irritable or overly emotional and tearful. This can happen at any time and without warning and usually settles down within the first few months.

Both you and your family will be affected by these feelings. It is important that you talk to them how you are feeling.

If you are still feeling this way after a couple of months, or you feel unusually depressed, lacking concentration or having memory loss, then you should contact your General Practitioner.

Stress

When you are stressed your body reacts in certain ways: Your muscles become tense, your blood pressure rises, you breathe more rapidly, you sweat and you become anxious. You can produce more sugar, fatty acids, cholesterol and adrenaline. This in turn slows down your digestive system and your immune system. It is in your best interest to try to avoid something that you know is going to put you in a stressful situation.

Having sex

Many patients that have had cardiac surgery have anxiety about resuming sexual relationships. It is quite safe to have sex and/or sexual stimulation after the operation. We generally say that you wait between 2 and 4 weeks, to give your wounds a chance to heal. You may resume whenever you feel ready.

Holidays and flying

You can holiday in this country whenever you feel well enough to travel. If you want to go abroad, we advise you to wait until after your follow up appointment. If you are thinking of a long haul flight, then you should leave it longer, but should discuss and agree the best time with your consultant.

If you are taking warfarin, you need to let your anti-coagulant clinic know, as they may need to adjust your dose.

It is important that you cover your scars with complete sun block when sunbathing for at least the first 6 months to avoid sunburn. You must also tell your holiday insurance company of the details of your surgery.

Medication

The nurse discharging you will give you a supply of tablets. These should last at least 2 weeks. This will give you time to get your prescription to your GP ready for your repeat prescription.

The medication you will now be taking will almost certainly be different to what you took before your operation. It is safer if you dispose of any previous drugs that you still have at home. They should be returned to your pharmacist for safe disposal.

Your GP will be sent a letter explaining what operation you have had, the medication you are now taking and that you have returned home. You will also be given a copy of this letter.

You should keep an up-to-date list of your tablets with you at all times, and if you are taking warfarin, then keep your dosage booklet with you.

Wounds

Depending on how long you are in hospital, you may have your stitches removed before you leave. If not, we will give you a number to contact your nearest walk-in centre to make an appointment to have them removed.

For patients who have restricted mobility or are unwell the district nurse will make arrangements to visit you at home.

If your wound becomes red, suddenly becomes more painful or starts to discharge fluid, you should consult your GP or district nurse **immediately** for advice.

Who do I contact if I have any problems after going home?

We will give you a contact number before your discharge from the hospital.

Compliments, Concerns and Feedback

Your experience and views are very valuable to us as we use your feedback to improve the care and services we provide. During your stay you will be asked to complete an inpatient satisfaction survey. You can use this to tell us if you have had a good experience or if you feel there are any improvements we need to make.

The views of patients, relatives and carers are important to us as they enable us to develop and provide the highest standards of care that our patients deserve. We would like to hear about your experiences on all aspects of the service and care you received.

We give you a feedback form /email when you leave the hospital.

Contact details

Cardiac Surgery Secretaries: 0116 2583077

Email: glenfieldcardiacsurgeryreferrals@uhl-tr.nhs.uk

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।
Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

LEICESTER'S RESEARCH

Leicester's Hospitals is a research active trust so you may find research happening on your ward or in your clinic. To find out about the benefits of research and become involved yourself, speak to your clinician or nurse, call 0116 258 8351 or visit www.leicestersresearch.nhs.uk/patient-and-public-involvement