

A guide to weight loss procedures (bariatric surgery)

General Surgery Department

Information for Patients

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Contents	Page
Introduction.....	2
The patient journey.....	3
The bariatric team.....	4
Who is suitable for an operation?.....	4
The digestive system.....	4
Bariatric operations.....	5
Sleeve gastrectomy.....	6
Gastric bypass.....	8
Your hospital stay.....	10
Wound care.....	13
General advice after your operation.....	13
Follow-up.....	14
More information.....	15
Contact details	16

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Introduction

Methods of losing weight

More and more people in the UK are becoming overweight or obese. Studies suggest that this is from eating too much and not doing enough physical exercise.

Most of us know that being overweight is a problem and that we should try to eat healthily and keep active. Many of us have tried just about every diet and find it very difficult to lose weight and keep it off.

Why lose weight?

If you are overweight or obese you are more likely to have health problems. These include diabetes, high blood pressure, arthritis, heartburn and gallstones. The more weight you carry the worse these problems will become.

You may not be aware that a non-smoking obese person is 4 times more likely to die early. This could be from a heart attack or stroke. An obese person is 2 times as likely to get cancer. Even a small weight gain of 10kgs (22lbs) after the age of 18 is linked with a higher risk of dying in middle age.

Another important factor is how much fat we have around our waist. The bigger your waist the bigger the health risks. Women with a waist size over 88cm (35 inches), and men with a waist size over 102cm (40 inches) are more likely to get problems like diabetes and heart disease.

The good news is that losing some of the excess weight can reduce many of these health risks. It can also improve your self-confidence and quality of life.

How can I lose weight?

You already know that the best way to lose weight is by choosing healthy foods and being more physically active. This does not mean you cannot have your favourite foods; you just need to have them less often.

To lose weight, you may need to change lifelong habits such as comfort eating and eating very large portions. You will need to get support from those around you to make sure you can keep up these good habits in the long term. The dietitian will be able to advise and help you with this. Slimming groups are also another good source of regular support.

There are lots of ways to increase your physical activity. Almost any extra activity is good. This includes swimming, walking, cycling, dancing, walking up stairs, gardening and housework. **You don't have to go to the gym!** Just increase your activity and try and pick something you enjoy.

A realistic weight loss is 1 to 2kg (2 to 4 lbs) per month.

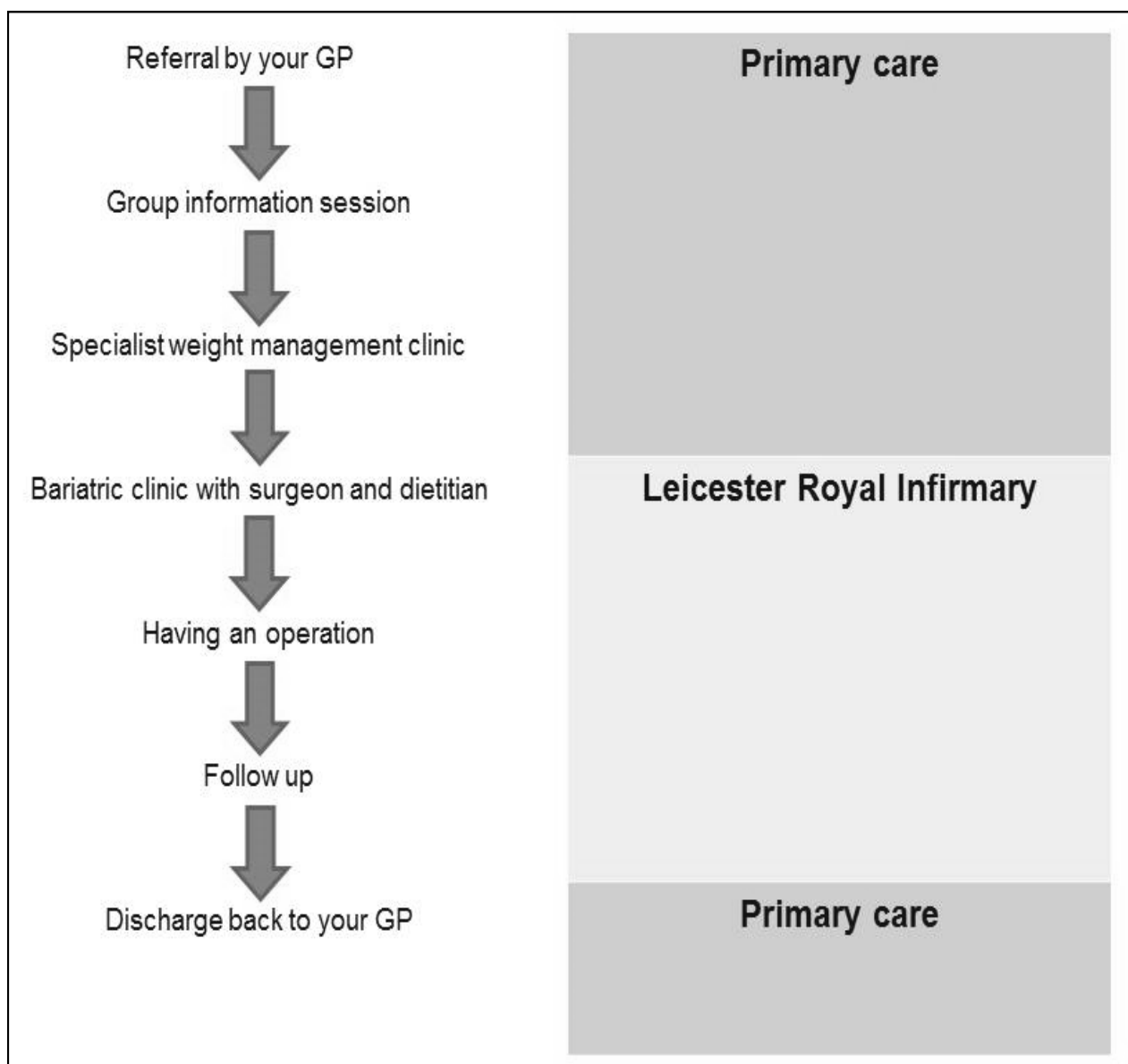
You may have done a Specialist Weight Management programme and have made many of these changes. The challenge now is to maintain these changes for life to keep your weight loss going or to maintain the weight you have lost.

For some people this is where weight loss (bariatric) surgery can help. Some people have been advised by their doctor to have surgery to improve their medical condition.

Surgery is not a magic wand. It works by helping you to eat smaller amounts and keep up the good habits you have learned. Many people can only eat small portions for the first year but after this they are able to eat larger amounts. This means that for long term weight loss you will need to carry on eating small meals and snacks and choosing healthier foods. People who do more exercise are less likely to regain weight after their operation. Our local experience and studies from other centres in this country and abroad show that, people who do not develop good eating habits before surgery lose less weight afterwards.

Not all patients referred for bariatric surgery will be right for an operation even if they lose weight . Some patients make good progress without an operation and choose not to see a surgeon.

The patient journey



The bariatric team

At Leicester Royal Infirmary the team is

Consultant surgeons: Professor David Bowrey, Mr David Exon, Mr Chris Sutton, Mr Rob Williams, Mr Zain Butt and Mr David Hunter.

If you need advice from a surgeon, contact the surgical secretaries on 0116 258 6857.

Specialist dietitian bariatric surgery: Jane Calow, available Wednesday to Friday 0116 258 5400.

Who is suitable for an operation?

Surgery may be a choice if you:

- have tried a few ways to lose weight such as diets and medication.
 - do not have health problems that make you unsuitable for surgery.
 - have changed your diet, kept food diaries and become more active.
 - are willing to attend for long-term follow-up.
 - have a Body Mass Index (BMI) equal or greater than 40 kg/m² (your BMI is a ratio of your weight against your height that is weight kg/height (m²).
- or**
- have a BMI equal or greater than 35 kg/m² with health problems related to your weight, for example type 2 diabetes, high blood pressure or arthritis.
 - do not smoke. Weight loss surgery is designed to make people healthier. Smoking often has the opposite effect.

These guidelines have been set by NICE (National Institute for Health and Clinical Excellence) [CG189 November 2014](#).

The digestive system

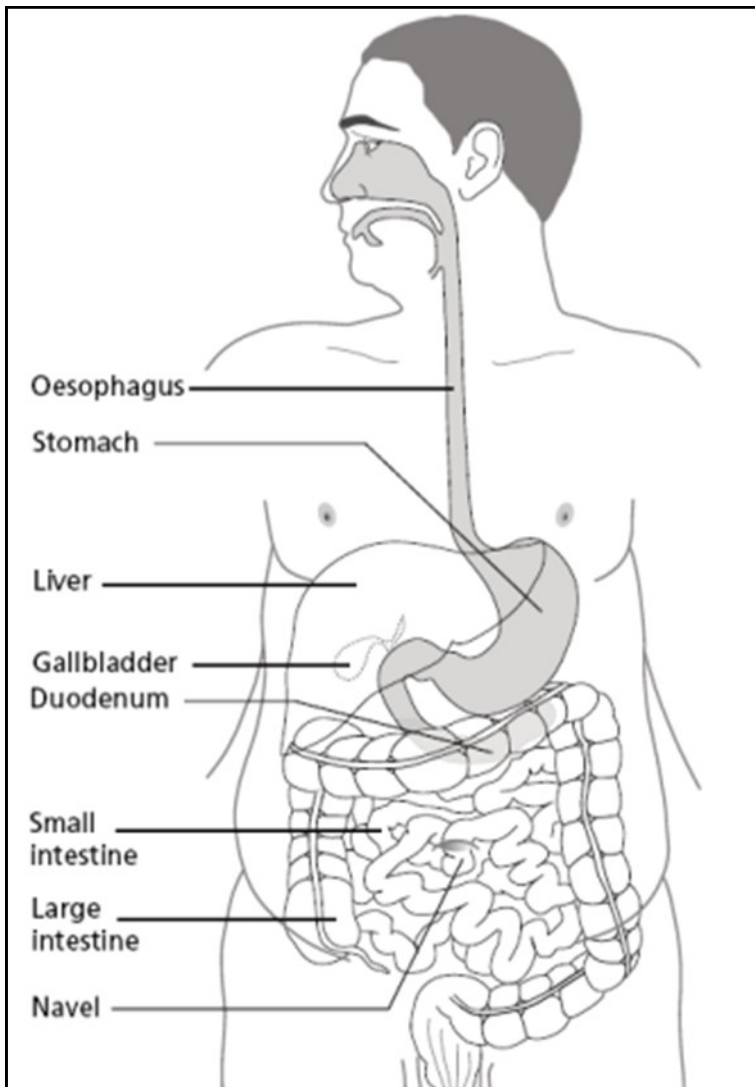
The digestive system breaks food down into its chemical parts. The body uses these for energy to build and repair cells and tissues.

The food pipe (oesophagus) is a long tube, which moves food from the mouth to the stomach.

In the stomach food is mixed with acid and other digestive juices. This helps with digestion (breakdown of complex proteins, fats and carbohydrates into small, more absorbable units).

Food goes through a valve from the stomach to the small intestine (bowel) where vitamins and minerals are taken in.

In the large intestine, excess water and salts are absorbed to produce a poo (stool). This is eventually passed through the bottom (rectum and anus).



The picture shows a simplified view of the digestive system.

Most of us store excess fat in the liver which is larger than this diagram shows. The liver sits directly on top of the stomach and the area where bariatric surgery is done.

Bariatric operations

All bariatric operations are done using keyhole surgery under a general anaesthetic so you will be asleep. Weight loss surgery works in different ways.

- All procedures are restrictive. This means that there is less space in the stomach for food. This should make you feel full sooner so you eat a smaller portion. This effect may be temporary.
- Some procedures alter your relationship with food so that you feel less hungry, you feel full sooner after eating or you like and dislike different foods compared to before your operation. These effects are due to changes in gut hormones and usually last long term.
- Some procedures alter digestion so that not all the nutrients you eat are absorbed. This usually affects vitamins and minerals and not calories.

Some procedures offer a combination of these effects.

Diet after weight loss operations

You will be given information about your diet in a separate booklet. All patients start with sips of protein drinks and move on to soft foods and then to normal foods. Keeping to fluids and soft foods for the first few weeks helps healing to take place.

All procedures are only **an aid** to losing weight and must be used with a prescribed diet. Weight loss is dependent on how closely a patient follows their diet. People who eat a **higher calorie diet** after their surgery **lose less weight** than those who follow the diet advice closely. Many people find that roast meat is difficult to eat but that casseroles or stews are easier. Eating healthy foods that are more difficult to eat is recommended as it helps to keep portions small (side plate sized).

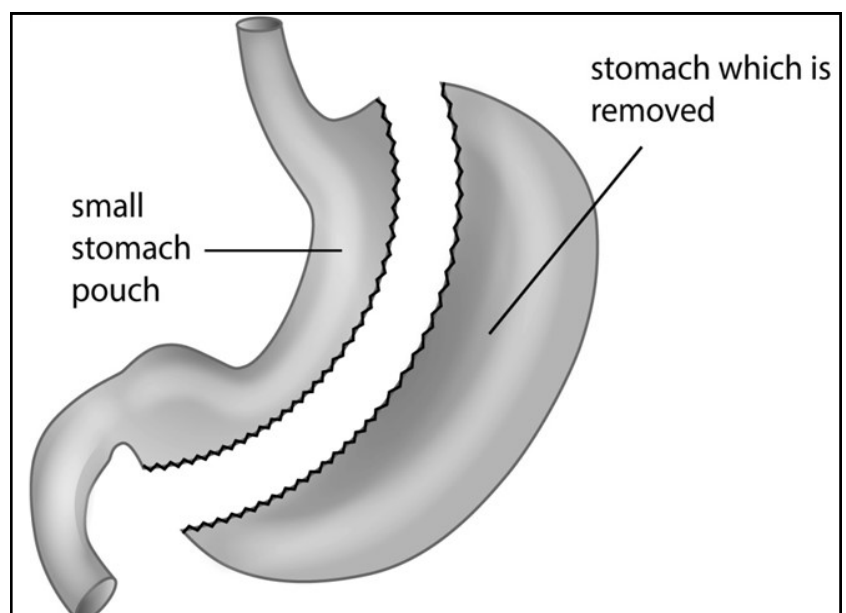
Most people find that snacks such as crisps, biscuits and chocolate are very easy to eat. You will need to keep these for special treats for best weight loss. The surgery can help you to eat less but it cannot stop you eating an unhealthy diet.

It is important that you have a balanced diet and take vitamins, calcium, iron and vitamin B12 for life to stay healthy. The dietitian can advise you on how to prevent weight gain once the weight has been lost.

Sleeve gastrectomy

Sleeve gastrectomy makes your stomach smaller. This is done by making the stomach into a thin tube, the same width as the food pipe (oesophagus) and removing most of the stomach. This will mean you can only eat small meals.

The diagram shows the sleeve gastrectomy and the stomach which is removed during the operation. The operation is not reversible but can sometimes be changed to a bypass procedure.



How does the sleeve gastrectomy work?

You will lose weight for 2 reasons after the operation.

1. The stomach is much smaller so is able to hold less food. At first, you will feel full after eating only a small amount.
2. You may have less appetite due to a change in gut hormones.

Weight loss after the operation

On average, people lose about 60% of their excess weight in the first 2 years after having a sleeve gastrectomy. Excess body weight is all the weight you carry above what is normal for your height – a body mass index (BMI) of 25. For example, someone who is 40kg (6 stones) overweight can expect to lose 23kg (3½ stones) in the first 2 years after the operation. Ask your dietitian or surgeon to work out how much you can expect to lose.

Complications after sleeve gastrectomy are:

- Surgeon having to switch from keyhole to open operation.
- Small risk of death during the operation (about 1 in 2000 patients).
- Wound infection.
- Blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. In most cases this is treatable, but it can be a life-threatening condition.
- Damage to some of the organs in your tummy.
- Staple line leak. Routine leak testing is done during the operation, but a small number of patients (less than 1 in 100) will start to have a leak in the first month after surgery.
- Stomach ulcers.
- Not losing enough weight or putting weight back on.
- Developing stones in your gall bladder (can happen after rapid weight loss).

How long does the procedure take?

The operation takes about 1 to 2 hours.

What to expect afterwards

You will have some pain after surgery. We will give you pain killers.

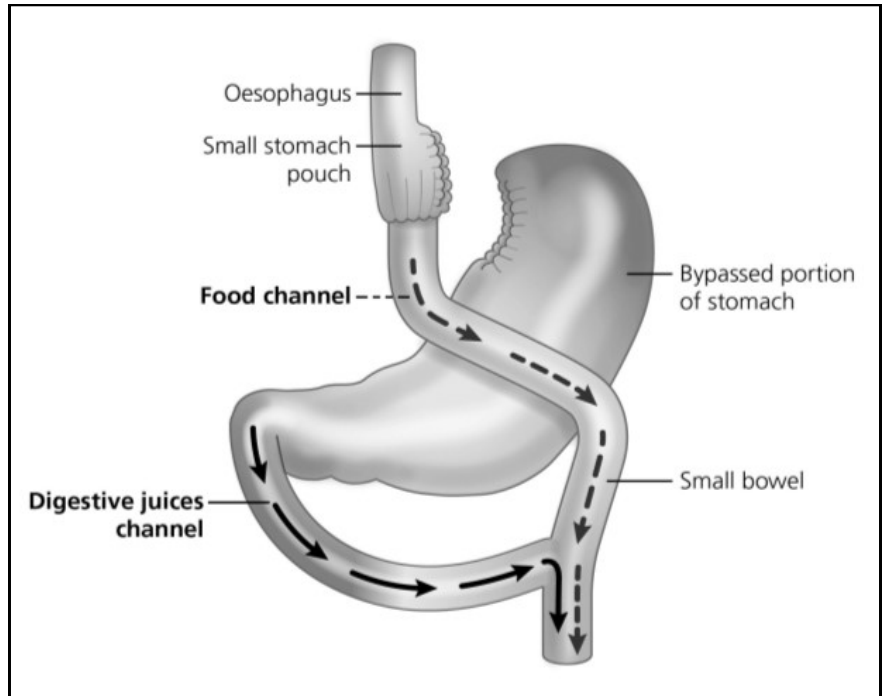
If your operation goes well you will be given sips of water the same day as surgery. You will stay in hospital for 2 to 3 days after sleeve gastrectomy.

Gastric bypass

This is an operation to reduce the size of your stomach and reroute your bowel. Your surgeon uses surgical staples to create a pouch from the upper part of your stomach. Part of your small intestine is then bypassed, making it shorter. It is then reconnected to the pouch so that food bypasses part of your digestive system and is absorbed less easily by the body. There are 2 types of gastric bypass:

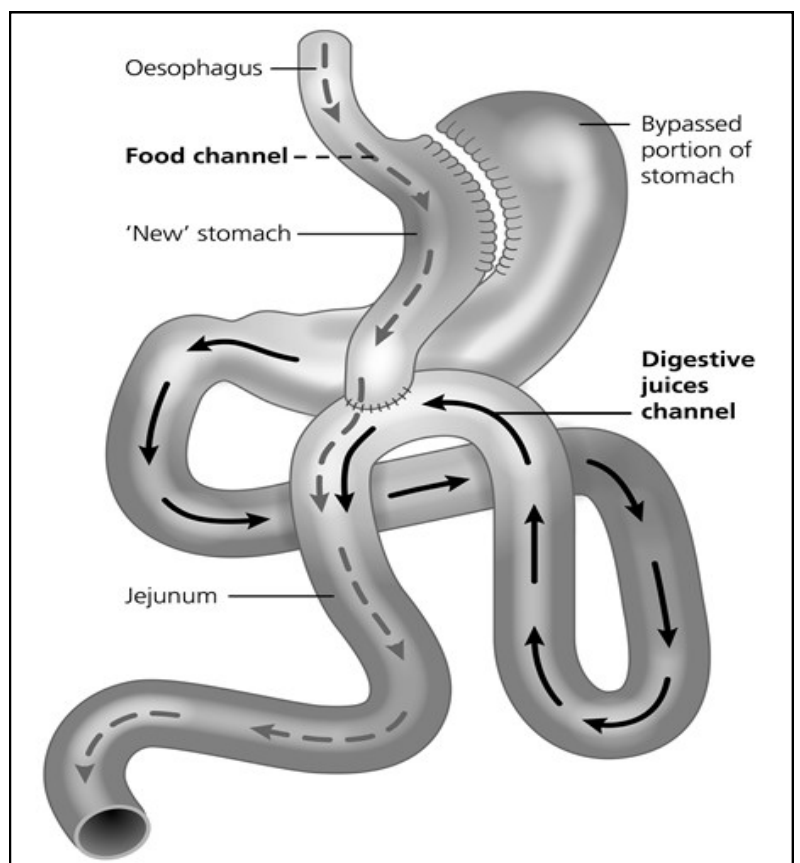
1. Roux-en-Y Gastric Bypass

In Roux-en-Y Gastric Bypass (RYGB), a small pouch is formed and joined to the bowel in a Y shape. This bypasses 1.5 metres of small bowel.



2. One Anastomosis Gastric Bypass

In One Anastomosis Gastric Bypass (OAGB), a longer gastric pouch is formed and joined to a loop of bowel. This bypasses 2.0 metres of small bowel. OAGB is a shorter procedure with 1 less surgical join (anastomosis).



How does the gastric bypass work?

Both types of gastric bypass operations help weight loss by limiting how much you can eat. It also changes some of your gut hormones so that you feel full sooner after eating. The length of the bypassed section is longer after OAGB which means less nutrients may be absorbed.

Weight loss after the operation

On average, people lose about 70% of their excess weight in the first 2 years after having a gastric bypass. Excess body weight is all the weight you carry above what is normal for your height – a body mass index (BMI) of 25. For example, someone who is 40kg (6 stones) overweight can expect to lose 28kg (4½ stones) in the first 2 years after the operation. Ask your dietitian or surgeon to work out how much you can expect to lose.

Complications after gastric bypass are:

- Surgeon having to switch from keyhole to open operation.
- Small risk of death during the operation (about 1 in 2000 patients).
- Wound infection.
- Blood clot (DVT) in the veins in the leg. This clot can break off and cause a blockage in the lungs. In most cases this is treatable, but it can be a life-threatening condition.
- Damage to some of the organs in your tummy.
- A leak from the surgical join (anastomosis).
- Stricture (narrowing) or ulcers where the stomach and the small bowel join.
- Not losing enough weight or putting weight back on.
- Gallstones developing (can happen after losing weight fast).
- External hernia which looks like a bulge under your scar.
- Internal hernia (this is where your bowel twists on itself).
- Changes in your taste and smell after your operation. Sometimes people have little or no hunger after gastric bypass making it harder to follow the diet advice given.

With one anastomosis gastric bypass (OAGB) there may be a lower risk of anastomotic leak, bowel obstruction and internal hernia compared with Roux-en-y gastric bypass. There is a risk of bile acid reflux with OAGB which may need surgical correction.

How long does the procedure take?

The operation takes about 2 to 4 hours.

What to expect afterwards

You will have some pain after surgery. We will give you pain killers.

If your operation goes as expected you will be given sips of water the same day as surgery. You will stay in hospital for 2 to 3 days after gastric bypass.

Your hospital stay

Preparing for your admission

You may be asked to see an anaesthetist to help plan your care in hospital.

Pre-assessment

You will be seen in the pre-assessment clinic 2 weeks before your operation. If you do not attend, your operation may be postponed or cancelled.

At this clinic a member of the nursing team will check that you are fit for your operation. They will explain the details of the operation and answer your questions. You may also be seen by a doctor who will examine you and will arrange for you to have some tests.

You will be given a diet to follow before the operation (see separate diet booklet). This helps to shrink the size of your liver. This makes it easier for your surgeon to do the operation. The dietitian can answer your questions about what you should eat before and after surgery.

If you are taking any tablets at the time of your pre-assessment appointment, please bring them with you. You may need to stop some of your tablets before your operation. You will be told which tablets to stop if necessary.

If you are taking any tablets to thin your blood, such as aspirin, warfarin or clopidogrel, apixaban or rivoroxaban you must tell us as soon as possible.

Please also bring your tablets into hospital with you when you are admitted.

If you take insulin for diabetes you should reduce the dose when you start your diet before the operation (see “Getting the best out of weight loss surgery” booklet) to avoid low blood sugar. Please speak to your GP or diabetes nurse if you need help with this.

Before you come into hospital

We will send you a letter confirming the date of your admission and details of where you will be admitted to. You will also be told when you should stop eating and drinking before your procedure. If you are not sure, please ask during your pre-assessment appointment.

Before coming into hospital, please note:

- Follow your diet before coming into hospital.
- Do not bring valuables into hospital. We cannot be responsible for any loss or damage.
- Remove all jewellery (except a wedding ring).

- Bring in some night clothes, day clothes and wash items.
- Take a bath or shower before coming into hospital.
- Have a contact number for the person who is going to take you home.

If you have had a general anaesthetic you must have a responsible adult at home with you for the first 24 hours after you are sent home. If you live alone you should make arrangements for someone to stay with you.

Sleep apnoea

If you suffer with sleep apnoea (a breathing condition where during sleep the throat repeatedly narrows or closes) you may have a CPAP machine. Please bring this machine into hospital with you.

What happens when I come into hospital?

- Please report to the theatre arrivals area.
- A nurse will check your temperature, blood pressure and pulse.
- The nurse will check that nothing has changed with your health since your pre-assessment appointment.
- The doctors and nurses will answer any questions that you might have.
- Once you have been given all the information that you need, you will be asked **to sign a consent form. This gives us written permission to do the procedure.**
- You will be asked to put on a gown, as well as some compression stockings. These will help blood flow through the deep veins in your legs, to reduce your risk of developing a blood clot.
- You will have a cannula (intravenous tube) placed in your arm or hand.

When you go to theatre for the operation, you will be put to sleep in the operating theatre itself, not in the anaesthetic room. It is safer for overweight patients to move themselves onto the operating table rather than being moved whilst they are asleep.

Keyhole surgery

To do the surgery small cuts are made in your tummy. 1 of these will be in the area of your tummy button. 4 other cuts are made on your tummy. These cuts are called portsites.

Carbon dioxide gas is used to fill your tummy. This helps the surgeon to see whilst they are operating. Hollow tubes are placed into the cuts and through these your surgeon passes instruments to do the operation. The operation is viewed on a large television screen.

The wounds left after this operation may be closed with a special stitch which dissolves when it is no longer needed (or skin staples which will need to be removed at a later stage).

After surgery

You will be taken from the operating theatre to the theatre recovery area. You will be connected to machines that check the activity of your heart and other body systems. Most patients stay in theatre recovery for about 4 hours before transfer back to the surgical unit. Some people need to stay in theatre recovery for longer or they may need a stay in the High Dependency Unit (HDU).

- During the operation you will have a tube (nasogastric) passing through your nose into your stomach. This drains air and fluid from your stomach to stop you feeling sick and bloated. This tube is usually removed at the end of your operation.
- You may be given oxygen until you are fully awake. This is given through a mask which is placed over your nose and mouth.
- You may have a tube (drip giving you fluid into your vein) going into the back of your hand. This is normal and only temporary until you are drinking enough fluid. This may take a few days.
- You may have a tube (urinary catheter) placed into your bladder during the operation. This will be taken out at the end to encourage you to get out of bed later that day.
- You may also have 1 or 2 tubes (wound drains) coming out of small holes in your tummy. These are linked to separate bags and drain fluid from your tummy.
- You will be encouraged to get out of bed and move around from the day of your surgery. Aim to get up and walk around the ward every hour during the day. This helps prevent chest infections and blood clots in your legs. You will have some special stockings on your legs and you will be given an injection in your tummy. These help stop blood clots forming.
- You will need to follow a strict diet after the gastric bypass operation. You will follow a liquid diet for the first 4 weeks. This allows the new joins in your digestive system to heal properly. Your surgeon, nurse and dietitian will give you more advice about this. A copy of this diet will be given to you in a separate booklet "Getting the best out of weight loss surgery".

Will I be in pain?

Some pain after your operation is normal. You will be given pain relief whilst you are asleep, and you should wake up feeling fairly comfortable.

You may have some shoulder and/or back pain after the operation. This can be caused by the introduction of gas into your tummy during the operation. This gets trapped and presses under your rib cage.

If you are in pain, please let the nurse looking after you know. You can then be given pain relief at regular intervals during the day. Do not wait until your pain is unbearable before you ask for medication. You will be given painkillers to take home with you. Make sure you take these when you need them.

Wound care

Wound dressings can be removed 5 to 7 days after your operation, as long as your wounds are clean and dry. If clear pinkish fluid leaks from your wound, this will usually dry up on its own but it is best to keep that wound covered. Once your wounds are dry you may choose not to cover them, but you can apply clean dressings to protect your clothes from the wounds.

You may have a shower when you are at home. It is safe for water to splash onto the wounds when in the shower. If you take a bath make sure that the water is shallow. Afterwards, gently dry the skin around your wounds with a clean towel. Your wounds may itch and there may be bruising. This is quite normal and will settle in the same way as any other bruising.

A few people get a wound infection after the operation. The signs of infection are:

- redness,
- swelling,
- heat,
- leaking fluid,
- smell or tenderness around the wound edges.

If you think your wounds are infected, please contact your GP as you may need a short course of antibiotics. Sometimes, the pus has to be released from an infected area by a further operation.

If you have skin stitches or staples that need to be removed, this should happen 12 to 14 days after your operation. You will need to arrange an appointment with your GP practice to get these removed. The hospital will give you staple removers to take home.

General advice

Once you have left hospital, if you have any of the following symptoms:

- A temperature or fever
- A lot of tummy pain
- A swollen or distended tummy
- You are being sick (vomiting) a lot

please contact us as soon as possible (contact details are on page 15)

You should be ready to go home 2 to 3 days after sleeve gastrectomy or gastric bypass

Please remember everyone is different and this timescale is only a guide. If you have a long journey home and are travelling by car, stop every hour or so and stretch your legs to stop you becoming too uncomfortable. It may be more comfortable for you to put a folded towel between your tummy and your seat belt.

Once you have been discharged from hospital, do not compare your recovery with other people who have had the same operation. We are all different and recover at different rates.

Tiredness: Most people feel tired for a few days, sometimes weeks after their operation. Do not fight the tiredness and rest if you can. Do not expect too much too soon.

Driving: You should not drive for a week after a general anaesthetic and should be able to make an emergency stop. The first time you drive have somebody in the car with you in case you feel unwell. Check with your insurance company that your insurance is still valid.

Alcohol: Remember alcohol is high in calories and although you can drink after the operation, this should be in moderation. Alcohol is absorbed very quickly after the operation so you may feel the effects more. Please drink responsibly.

Exercise: When you go home you should continue to walk around doing a little bit more each day. Whilst the skin around your wound edges heals very quickly, the muscles take longer. Avoid straining or lifting heavy objects or any activity where you hold your breath to brace your muscles for the first 8 weeks. It is important to stay mobile during this time. After this time, slowly increase your activity levels.

Work: You will be advised about your ability to work after your surgery. This is dependent upon the type of work you do and on how soon the early symptoms improve. Your ability to work may be affected by following a low calorie diet as much as your physical recovery from surgery. If you have questions about working after surgery or need a Fit Note please ask before your discharge.

Sex: You can have sex as soon as you feel comfortable.

Pregnancy: Many overweight female patients are not able to get pregnant (infertile). Once they start to lose weight, ovulation normally starts again. It is important that you use some form of contraception. In general, we advise you not to get pregnant whilst you are losing weight. You should avoid getting pregnant for at least 2 years after your weight loss surgery.

If you become pregnant please tell your surgeon and dietitian as soon as possible. You will need blood tests and more follow-up during your pregnancy.

Medication: When you first go home you will need to give yourself a daily injection called 'Enoxaparin'. This thins your blood and stops blood clots forming. It is the same injection that you will be given while you are in hospital. The nursing staff will teach you how to do this before you are sent home. If you are not happy to give yourself the injection, then a district nurse or a relative can do this for you. Please let the nursing staff know if you do not want to give this injection yourself.

You will need to have this injection for 2 weeks once you are at home.

You will also be given a tablet called 'Lansoprazole' which dissolves in a small amount of water or on your tongue. This stops the stomach from making too much acid. You should take this for the first 6 weeks after your operation to reduce the risk of developing ulcers.

If you take tablets daily, they should be changed to a liquid or soluble form before being sent home with you. There is a chance that your tablets could block your new stomach pouch.

Other medical conditions: Weight loss often has a major effect on other medical conditions. If you have diabetes you may be seen by the diabetic nursing team before you go home. They will advise you about any changes needed to your medication. You may need less insulin after the procedure because you will be eating less.

High blood pressure may reduce as you lose weight. If you take tablets to lower blood pressure it is important to have your blood pressure checked every month after the procedure.

If you take tablets for an underactive thyroid gland your own doctor should check your thyroid levels on a regular basis. In both cases the dose of your tablets may need to be reduced as you lose weight.

Excess skin: The appearance of loose skin can be improved by doing exercise. This will tighten up the underlying muscles. Operations to remove excess skin are not available on the NHS.

Follow-up

- The dietitian will contact you usually in the first 2 to 3 weeks after your surgery. This is to make sure that you are able to manage the diet recommended and to answer any questions.
- You will have follow-up appointments with the dietitian. These are usually done over the phone but you can ask for a face to face appointment if you wish. The appointment will be sent through the post after you leave hospital.
- Please try and attend all your appointments after surgery. This is to help get the best possible results. If you cannot attend please ring the clinic co-ordinator (the number will be on your appointment letter). Please do not waste your outpatient appointment.
- You are asked to attend 4 appointments in the first year after your operation and 2 in the second year. After 2 years you will be discharged back to your GP for a follow up every year.
- Most appointments will include asking for blood tests in advance. The results will be reviewed when you have your check-ups. This will make sure that you keep healthy, that your diet remains balanced and will promote good weight loss and weight maintenance in the longer term.
- It is important that your GP knows that you have had weight loss surgery so they can take into account the possibility of nutritional causes for any symptoms you may develop.

More information

British Obesity Surgery Patients Association (BOSPA): www.bospa.org

Association for the study of Obesity (ASO): www.aso.org.uk

Weight loss surgery info: www.wlsinfo.org.uk

This website links to an online patient forum. It is free to join and can give you useful support and advice from other patients.

Contact details

Before your operation: Please ring the waiting list office on 0116 258 5214 for information about waiting times for surgery.

After your operation: If you are worried about any symptom or problem after you are sent home please contact your GP for advice.

If you need medical advice urgently please ring 111 or visit your nearest urgent care centre, or in an emergency visit emergency services (A&E).

Or please contact the ward you were discharged from and ask to speak to the nurse in charge.

Please have ready

- the name of your consultant,
- the operation that you had,
- the date of your surgery
- and your hospital number.

Please make a note of the name of the person that you speak to.

Ward 21: 0116 258 5475 Ward 22 : 0116 258 7408

If you need advice from a surgeon, please contact the surgical secretaries on 0116 258 6857.

To change your appointment please ring 0116 258 7574.

If you need help or advice about your diet, vitamins or blood tests please contact

Jane Calow, Specialist Dietitian Bariatric Surgery on 0116 258 5400.

Working days are Wednesday to Friday from 8.30am to 4.30pm.

Please leave a contact number and times you are available for a call back.



**Leicester Bariatric and
Metabolic Service**

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة 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 ਵਿੱਚ 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

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