

Hip Replacement

CWERP — Chichester & Worthing
Enhanced Recovery Programme
Information Booklet
Patient Information

Planned operation date:.....

Planned discharge date:.....

Western Sussex Hospitals



NHS Trust

Introduction

Dear Patient,

This booklet tells you about total hip replacement surgery at Western Sussex Hospitals NHS Trust. It is for people who have decided to have surgery after discussing the options, benefits and possible risks with their consultant or surgeon.

We have developed this guide to help answer any questions that you may have about your operation and recovery afterwards. It will be useful during each of your hospital visits so please bring it with you.

The booklet is a general guide and there may be alterations in your management made by your surgeon, anaesthetist, nurse or therapist. Their instructions should take priority.

All members of the team are committed to providing you with the highest standards of care and we look forward to helping you with your recovery.

This guide has been planned in the order which events will happen. Please read the whole booklet before you come into hospital.

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Enhanced Recovery Programme (ERP)

Enhanced Recovery is an approach to care before, during and after an operation that we know helps people to get better more quickly after surgery. Other hospitals run similar successful programmes.

Your co-operation and commitment to the programme will aid your recovery process. If there is anything you are not sure about, please ask. It is important that you understand so that you, and possibly your family and friends, can take an active role in your recovery.

The length of time that you stay in hospital varies with each patient. Most patients stay in hospital between three and five days.

Preparing to come into hospital

You will be asked to attend pre-assessment clinic where you will have a pre-operative assessment to make sure you are fit for your surgery. You will have a blood test and heart trace (ECG) at this appointment.

The nurse in the pre-assessment clinic will advise you which medicines to take on the day of your operation. It is important that you continue to take your usual medicines, including inhalers, unless your surgeon, anaesthetist, pharmacist or nurse has advised you not to.

You will also be invited to attend “Joint School” where you will be given education about your operation, what to expect, and our expectations of you. You will be spoken to by the ERP nurse, physiotherapist, dietician and anaesthetist on this day. It is important that you attend, as these sessions have been shown to improve post-operative recovery.

An Occupational Therapist will either ring you or visit you in your home to discuss how you currently manage your daily activities. The OT will advise how best to undertake these activities after surgery in order to maintain or improve your independence.

You will also receive practical advice and guidance about an appropriate sitting height (pg 10) in order to follow hip precautions. The OT will assess your furniture and, where possible, provide equipment as required.

Pre-operative Nutrition

Food and fluids are an important part of preparing for your operation. You can eat up to six hours before your operation and drink clear fluids, including the PreOp drinks, up to two hours before.

- Taking the PreOp drinks before an operation helps your body to cope with the stress of surgery.
- This means you should feel less hungry, nauseous and weak after your surgery.
- The drinks come in 200ml cartons and are lactose and fibre free.

What You Need to Know

- You will be given your drinks in pre-op assessment clinic.
- The nurse will tell you the time of your operation.

Morning Operation

- The day before your operation, eat as you normally would.
- Take four cartons of PreOp the evening before surgery (8 –12 hours before) and two more cartons up to two hours before surgery.

Afternoon Operation

- Eat breakfast and drink six cartons of PreOp throughout the morning, up until two hours before your surgery.

Remember to bring your drinks with you to the hospital.

The drinks are clear, non carbonated and lemon flavoured, and taste refreshing when refrigerated.

Before your operation, as well as PreOp you can also drink water, black coffee, black tea and squash, but not as a replacement for the PreOp drinks.

You do not need to continue these drinks after your operation, but ask your dietician if unsure.

A Checklist — What to bring:

- All current medication.
- Helping hand /shoehorns etc (labelled) if you have them.
- Personal walking stick / crutches (labelled) if you use them.
- Toiletries including flannel / soap / towel.
- Slippers or shoes : loose fitting with back and no laces.
- Day clothes: loose fitting, and night clothes : loose fitting.
- This booklet and any other information or paperwork you have been given regarding your admission.
- Books, magazines etc.
- Telephone numbers of friends / relatives.

Please do not bring:

- Unnecessary jewellery.
- Large sums of money or credit cards or any other valuables.
- Large cases or bags.

The day of your operation

You will be asked to come into hospital on the morning of your operation. When you arrive a nurse will talk you through what will happen on that day. You will be seen by the surgeon and the anaesthetist before your operation. You will be told which ward you will go to after your operation and your property will be taken there while you are in theatre.

The Anaesthetic

Your anaesthetist will come to see you before your operation to discuss the type of anaesthetic that you will be given.

All of our anaesthetists have the same goal, which is to provide you with the best anaesthetic possible. For hip surgery this is usually a spinal anaesthetic. This is an injection in the back that makes you numb from the waist down and is combined with sedation.

Spinal anaesthetics are ideal for hip surgery because they provide excellent pain relief after the operation, cause less sickness and drowsiness, reduce blood loss and may reduce the risk of blood clots as well.

Sedation can be given to meet your needs. Some people prefer to be relaxed and just a little bit sleepy, while others prefer to be completely unconscious. Your anaesthetist will be with you throughout the operation to make sure that you are comfortable at all times.

A small number of patients are not suitable for a spinal anaesthetic, your anaesthetist will discuss the alternatives.

The operation

Consent

On the morning of your operation, one of the team caring for you will explain the risks, the benefits and alternatives to having your operation and a clinician will ask you to sign a consent form. Information about the operation should have been discussed with you previously when you saw the surgeon or a member of his team in outpatients.

Make sure you understand what you are consenting to and why it is necessary for you to sign.

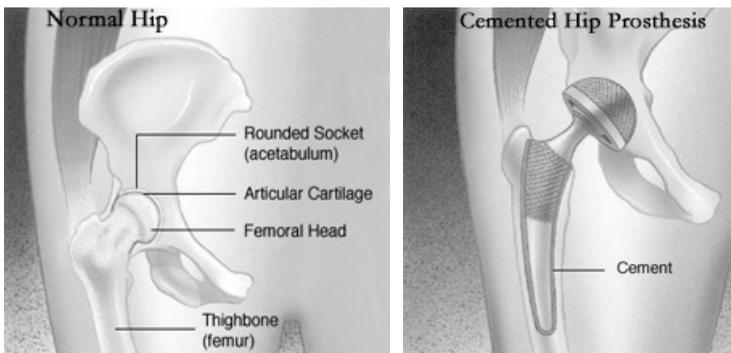
You can always refuse treatment, even if you have signed the consent form and then change your mind. You can withdraw your consent at any time. This does not effect your right to alternative forms of treatment if available.

What is a total hip replacement?

A total hip replacement involves replacing the worn out (arthritic) parts of the joint and replacing them with a metal stem and plastic socket. Different types of replacements and materials, such as ceramic may be used.

Your surgeon will make a cut over the side of your hip and remove the damaged bone in the joint. Some total hip replacements are cemented and some are not.

At the end of the operation, your surgeon will close the skin with clips or glue.



Usually the operation lasts about one hour, then you will be taken to the recovery room which is close to the operating theatre. You will have a dedicated nurse / practitioner and you will not be left alone.

If you have pain or sickness this will be dealt with promptly. You may need to breathe oxygen through a mask or up your nose, and you may have a drip in your arm. You will also have calf pumps on your lower legs. The recovery staff will check your blood pressure, heart rate, pain level and oxygen levels regularly.

Once the recovery staff are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

Your recovery in hospital - the day of surgery

Pain after hip surgery

Numbness from the spinal anaesthetic wears off gradually over the first few hours after the operation. You will have had some local anaesthetic injected around the new hip joint and this will keep your hip numb for a little longer.

While your leg is numb you may find it difficult to move your leg and foot but this movement will gradually return as the numbness wears off which may take up to 24 hours. You may experience some pain following your hip surgery but you will be given pain relief to control the pain. Please alert your nurse if you are in pain. It is important to act early as pain is harder to treat if it is allowed to become severe, and good pain control is important for your recovery.

Which ward will I be on?

After your surgery you will be transferred to either Selsey Ward or Bosham Ward. You will meet the following people:

Orthopaedic Doctors

Your allocated Consultant's team of doctors will be responsible for your post-operative recovery.

Nurses

The team of nurses will be there throughout your stay to guide you towards a safe discharge.

Your recovery in hospital - the day of surgery

Orthopaedic Physiotherapists

A Physiotherapist will assess you after your operation, They will advise and teach you movement and strengthening exercises to aid recovery of your new hip joint. They will also help supervise and progress your walking again.

Orthopaedic Occupational Therapists (OT)

An OT will assess your ability to manage at home and, where necessary, give advice regarding equipment. They will support and advise you on how to adapt ways of completing tasks to enable you to manage as independently as possible. Where possible you will be seen at home pre-op and equipment provided.

Your stay on the ward

Operation day

Physiotherapist to teach you exercises and get you up day 0/1 after your operation with the aid of a zimmer frame. You will be assisted to dress in your own clothes.



Reinforce precautions (see page 6)

The Occupational Therapist will check that your home situation has not changed since your pre-op visit and any equipment has been delivered.



The OT will also check you are managing to self care as independently as possible and will assess how you are managing your bed, chair and toilet transfers.



Continue exercises.
Increase walking distance.



Physiotherapist to teach you how to use crutches or walking sticks safely.



Physiotherapist to practise steps or stairs depending on your home situation — Teach standing exercises.



The OT may carry out a kitchen assessment if you live alone and practice your transfers again if necessary.



Discharge Day (see page 24).

Advice on How to care for your new hip

It is essential that you follow these precautions for the first 6—8 weeks after surgery, while the muscles and ligaments around the hip are healing, in order to reduce the risk of your new hip joint dislocating (i.e.: coming out of the socket).

- **Do not bend your hip past 90° (right angle).**
- **Do not cross your legs while sitting or lying.**
- **Do not twist your hip.**



Putting your hip precautions into practice

Sitting

When sitting on a bed, chair or toilet, your hip joint should be higher than your knees. The Occupational Therapist will measure your lower leg length to determine what the safe sitting height is for you:

Your lower leg length: _____

All the furniture that you sit on must be at least this height or higher.

To stand up

- to get out of the chair, move to the front of the seat,
- place your operated leg slightly in front.
- push up on the arms of the chair, so that you don't bend forwards.
- take hold of your walking aid once you are in standing.

To get off the toilet, use the same method, pushing up on the equipment that has been provided for you.



To sit down

- reach back for the arms of the chair,
- put your operated leg out in front.
- Lower yourself down gently.

Do not twist to retrieve items out of reach – stand up and walk to get them or use your equipment / helping hands.



Advice on How to care for your new hip

Toileting

Toilet equipment may have been prescribed (e.g. raised toilet seat, toilet frame) by your OT to ensure your hips are kept level or higher than your knees.

Do not twist around or stretch to reach toilet paper, make sure it is in easy reach. Stand up and take small steps around to flush, do not twist on your operated leg.

Walking

You will be shown how to walk with a walking aid by the physiotherapist. We will advise you on how to walk as normally as possible and how to progress with your walking when at home.

Most people are able to put full weight through their operated leg, but if it is different we will let you know. Most people are walking with elbow crutches or sticks by the time they go home.

Walking sequence

Walking aid moves forward first.

Then step your **operated leg**.

Finally step your **non-operated leg**.

Reminders for walking

- Try not to limp.
- Bend your knee as you bring your **operated leg** forwards to take the next step.
- Take small steps when turning.

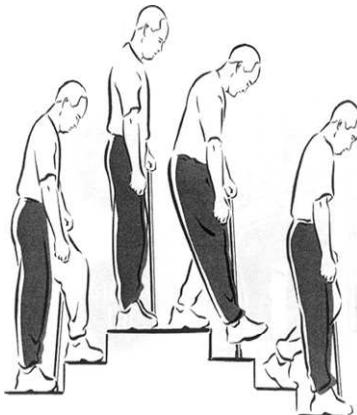
Stairs / Step

Going up:

- First take a step up with your **non-operated leg**.
- Then take a step with your **operated leg**.
- Then bring your crutches / walking stick up on the step. Always go up one step at a time.

Going down:

- First put your crutches / walking sticks one step down.
- Then take a step with your **operated leg**.
- Then take a step down with your **non-operated leg**.
- Always go down one step at a time.



Sleeping

Sleep on your back for at least six to eight weeks after the operation. Placing a wedge or pillows between your knees when sleeping will help prevent you from crossing your legs in your sleep. Speak to the Physiotherapist or OT if this is an issue.

Lift your operated leg into bed last and out of bed first. This may involve moving your bed or changing the side of the bed you sleep on.

Advice on How to care for your new hip

Picking up from the floor

If your balance is good, you can bend forwards by stretching your operated leg out behind you and hold onto something solid. Use the long handled “helping hand/reacher” if you have been given one.

Dressing

The OT will teach you special techniques and the use of long handled equipment such as a long handled shoehorn, reacher or sock aid to help you dress safely.

- Dress sitting on a firm chair or bed.
- Dress your operated leg first and undress it last.
- Wear good, supportive shoes with low heels. Use elastic shoe laces or slip on shoes.

Bathing/Showering

- You will not be able to bath/shower until your wound is fully healed and the clips removed after 14 days unless your wound dressing is waterproof, then you can shower if you feel confident to do so. Your dressing will need to be changed after showering.
- You are advised not get into and out of a bath for the first six weeks. After this time and when you feel able, practice a ‘dry-run’ first to make sure you feel confident and safe.

To wash your hair, stand and lean over the sink, stretching your operated leg out behind you. If possible it is preferable to use the kitchen sink to wash your hair as this is normally higher.

Getting in and out a car

You will be able to go home by car, please try to arrange to be taken in a good sized car (not low or too small).

To Get in a Car

- Turn with your back to the seat.
- Place your operated leg forwards.
- Find a good place to hold on and lower your bottom onto the seat.
- Lean back so you do not over bend your hip.
- Slide your bottom as far back towards the handbrake as possible.
- Lean back as you lift your legs up and into the car.

To Get out of a Car

- Move your bottom over towards the handbrake.
- Lean back as you turn and lift your legs out of the car.
- Do not pull yourself forwards, place your hands behind you and push your bottom forwards.
- Find good hand holds again.
- Place operated leg forwards.
- Stand yourself up.

Exercise Programme

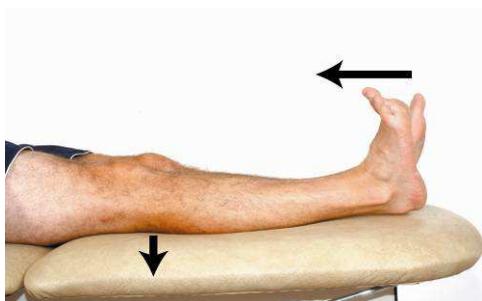


Lying on your back or sitting, bend and straighten your ankles briskly. If you keep your knees straight during the exercise you will stretch your calf muscles. Repeat 10 times.



Lying on your back, squeeze your buttocks firmly together. Hold for approximately five seconds.

Relax. Repeat 10 times.



Lying on your back or sitting, bend and straighten your ankles briskly. If you keep your knees straight during the exercise you will stretch your calf muscles. Repeat 10 times.

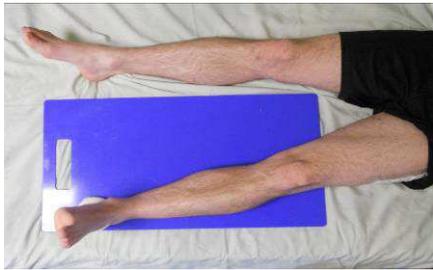


Lie on your back with legs straight. Bend your ankles and push your knees down firmly against the bed. Hold for five seconds.

Relax. Repeat 10 times.



Place a rolled towel under your knee. Exercise your leg by pulling your foot and toes up, tightening your thigh muscle and straightening the knee (keep knee on the towel). Hold for approximately five seconds and slowly relax. Repeat 10 times.



Bring your leg to the side and then back to mid position. Repeat 10 times.



Sitting. Bend your knee as much as possible.

Repeat 10 times.



Stand straight holding on to a secure surface such as a kitchen worktop. Lift your knee up towards your chest but do not lift beyond 90°. Repeat 10 times.

Exercise Programme



Stand straight holding on to a secure surface such as a kitchen worktop. Bring your leg backwards keeping your knee straight. Do not lean forwards. Repeat 10 times.



Stand straight holding on to a support such as a kitchen worktop. Lift your leg sideways and bring it back keeping your trunk straight throughout the exercise. Repeat 10 times.

You should aim to do all of these exercises 3-4 times daily and continue for at least six weeks following surgery to achieve full recovery with your new hip.

During the first few days following surgery it is important to take large deep breaths, expanding your chest, right to the bottom of your lungs and repeat three times hourly. Follow with a strong cough.

Going Home from Hospital

How long will I stay in Hospital?

The length of time that you stay in hospital varies with each patient. Most patients stay in hospital between three and five days.

We give you this as a guide so that you can plan to have someone around should you need them on discharge. If you have any concerns with how you will manage when you return home, please inform the nursing staff as soon as possible so that we can discuss this with you.

When will I be ready to go home?

You will be able to go home once all members of the Orthopaedic team are happy with your progress and we know that you will manage safely at home. To ensure that you are ready to go home we need to check the following:

- You must be able to walk safely around the ward with either crutches or walking sticks by yourself. (Although some patients may go home with other types of walking aid).
- You must have managed a set of stairs or a step safely (depending on what you have at home).
- You need to be able to get on and off a bed, toilet and chair by yourself.
- Your wound needs to be showing signs of healing.
- Your essential equipment must have been delivered at home.
- You are achieving the strengthening exercises.
- Your blood results and x-ray of your new joint must be satisfactory.
- Your pain must be under control.
- You need to be medically fit.

Discharge Day

The team will endeavour to have everything ready for you to leave the hospital on the morning of your discharge.

The Goodwood Lounge is available for you to wait in if you cannot be collected until later in the day, and we will arrange for you to be transferred here should you need to wait.

Before you leave the ward you will be given:

- A telephone number which you can use to contact us if you have any questions or problems once you are home.
- A telephone follow up appointment slip.
- Any equipment loaned to you for home such as walking aids or toilet frames.
- A spare pair of stockings. Most patients will be asked to wear a pair of compression stockings for six weeks.
- A letter for your practice nurse with advice on when to check your wound and a clip remover to take with you should you have clips. Clips will be removed at 12-14 days. District nurses will only be contacted if you are unable to attend your surgery for wound care.
- A copy of your GP letter informing them about your hospital stay.
- Spare dressings.
- Injections and a yellow sharps box. This yellow box will be collected free of charge by your local council. Please telephone them to arrange collection.

Chichester District Council 01243 534734
Arun Council 01903 737754

- Medicines, including painkillers - more to be obtained from your GP should you feel it necessary.

Once you are home

Once you get home you should stay active. The key is not to over do it! While you can expect some good days and some bad days, you should notice gradual improvement over time. Ensure that you follow your hip precautions whether undertaking tasks inside or outside your home.

Domestic tasks

- You may need help from friends and family with tasks such as laundry and vacuuming for several weeks.
- If you need to do all tasks yourself, plan to do a small amount each day and avoid any non-essential tasks.
- Continue to follow your hip precautions, which will make tasks such as vacuuming under beds etc too difficult to do.
- Try to plan ahead before your operation by moving essential items to waist height, re-arrange cupboards or your fridge or freezer so that you can easily reach required items.
- A high stool can be useful so that you can sit and still reach work surfaces. A kitchen trolley may be helpful to carry items around, such as wet washing. Speak to the Occupational Therapist if you feel these may be necessary for you.

Once you are home

Driving

You may be able to drive after approximately six - eight weeks. You must have control of your leg to allow quick and comfortable transfer of the foot between pedals BUT consult your doctor first. Your insurance company may need a letter from your doctor to say that you can drive. You are safe to drive when you are able to fulfil all the requirements of driving safely such as performing an emergency stop. If you drive an automatic car and have had your left knee replaced, you may be able to drive between four and six weeks after the operation, if you feel confident. Check with your doctor first.

Travel by air

Flying is not recommended for at least three months after your operation due to the risk of blood clot. Some consultants may vary this advice. Please contact your consultant via their secretary if you need to fly before the timescales advised. Notify the airline of your replacement joint and carry a letter from your Doctor for when you go through the X-ray searches.

Sport and recreation

Please discuss this with your Physiotherapist if you have any sports or hobbies that you want to return to.

Sex

Unless your doctor advises otherwise and you are able to keep to your hip precautions, sexual activity may be resumed when the wound is soundly healed and the stitches removed. The most stable position for your hip is on your back with your partner on top.

Work

You should be able to return to work between 6 – 12 weeks after your surgery. Discuss your work with your doctor and OT as it will depend on the nature of your work. If you have a manual job it may be longer.

Frequently Asked Questions

What are the visiting hours on the ward?

Visiting times are between 3-5pm and 6.30 – 8pm. There may be times when we need to interrupt visiting to provide aspects of your care. Visitors are asked to sit on chairs provided rather than hospital equipment, and keep to two visitors per bed.

Can my visitors come on the day of the operation?

Yes, but we ask that your visitors must telephone the ward prior to visiting you on the day of your surgery.

Can my friend/relative phone to check on how I am?

Yes, of course. We understand that your friends and family are keen to check on your progress. However, we would be grateful if one member of your family or one friend could take responsibility for keeping other relatives informed of your progress. This allows the nursing staff to use their time to focus on caring for you.

Is it safe to bring valuables into hospital with me?

We do not recommend you bring valuables into hospital with you. Anything you do bring into hospital is done so at your own risk. Western Sussex Hospitals NHS Trust cannot take any responsibility for your belongings.

Are there televisions and newspapers in the ward?

Hospicom systems are in place, which are integral telephones, small TV and radio by your bedside. To use these you will need to purchase a phone / TV card once you are in hospital. The newspaper trolley visits the ward daily.

Am I allowed flowers?

We regret that we cannot allow flowers on the ward. This is because they can be a source of infection which in turn could get into your or other patients wounds. Please inform your visitors of this. 27

Frequently Asked Questions cont...

Will I be able to go swimming after my operation?

Yes, swimming is a good activity to strengthen your body. However we advise that your wound needs to be fully healed before you go into the pool. You need to be confident with your walking so that you can safely manage to walk safely on a wet pool side. We recommend that you use a pool which has a staircase leading into the water, not to use a ladder to enter and exit the pool and avoid a breaststroke kick.

How far can I walk?

As far as you feel able to and your pain allows. If you develop a more obvious limp you may be over doing it.

When can I walk without my crutches / sticks?

You need to progress as your pain allows you to and it will be different for everyone. You should start by progressing to one elbow crutch / walking stick (use on the opposite side to your operated leg) around your home. Then you can aim to walk longer distances outdoors with just one elbow crutch / stick. You can completely progress off elbow crutches when you can manage to walk without a limp.

If you have been advised by your Physiotherapist that you are partial weight-bearing you must continue to use elbow crutches for at least six weeks.

Will I be getting any follow-up Physiotherapy?

Please refer to page 32 where your Physiotherapist will have documented whether you need any ongoing physiotherapy.

How long should I continue doing my exercises for?

Aim for 10 repetitions of each exercise, four times daily for at least six weeks following for surgery or for as long as you feel you are benefiting from continuing with the exercises.

When will I be followed up?

The Enhanced Recovery Nurse or a member of the ward team will phone you 48hrs after discharge to check on your progress. The surgeon who performed your operation will see you in outpatients 6-8 weeks after your operation. This appointment will be sent to you before your operation. Sometimes the surgeon will want to see you sooner than this, but we will let you know on the day you are discharged from hospital.

When can I sleep on my side?

You can lie on your **operated** side with a pillow between your knees after your wound is healed and clips removed at 12-14 days. It will not be comfortable to lie on your side before this time. Do not lie on your unoperated side for six weeks as this is against hip precaution guidelines.

What can be done to minimise the risk of a blood clot forming (Deep Vein Thrombosis)?

The doctor will prescribe a drug to help prevent blood clots forming. This drug is given as an injection once a day for 14 days after your operation. You will be shown how to inject yourself or a relative could do this for you.

You should continue to wear the white elastic stockings for six weeks following your operation, unless told otherwise. They should be kept on at all times throughout the day and night and should only be removed to wash your legs and feet. The stockings are washable and you will be provided with a spare pair on discharge. Keeping mobile also reduces the risk of a blood clot forming.

My leg is swollen what should I do?

The swelling may last for several months and is often worse a few weeks after the operation. This is because we rely on the pumping action of our calf muscle as we walk to return blood to the heart. If⁹

Frequently Asked Questions

we are less mobile, or put less weight through the leg, the calf pump is less effective. And fluid builds up around the ankle and the lower leg. When sitting, the ankle pump exercises help to move fluid about. Make sure that you rest for at least 30 mins everyday and elevate your feet to hip height on a bed.

Why is my scar warm?

The healing process creates heat because the body is repairing the area. This may continue for up to six months.

If there is an increase in swelling or redness, discharge, increase in pain or fever then see below for who to contact.

How will I know if something is wrong?

Some people have an increase in pain and swelling after being home a short time. This is often due to increasing your activity. If you are concerned then please do not hesitate to contact the Enhanced Recovery Nurse, the ward or your GP.

If you have any questions before you come into hospital, or once you are home, please do not hesitate to contact us and we can put you in touch with the relevant person.

Enhanced Recovery Nurse:

Cassie Moore: 01243 788122 ext 5139

Selsey Ward	01243 831580
Bosham Ward	01243 831564
Physiotherapy (SRH)	01243 831712
OT St Richards	01243 831521
OT Worthing	01903 285023
Physiotherapy Orthopaedic Outreach Team (Worthing)	01903 205111 ext 3611

Occupational Therapy Pre-op Home visit

The OT who visited you at home was:

_____ and can be contacted on

**01243 831521 (St Richards Hospital) or
01903 285023 (Worthing Hospital).**

The following equipment has been/will be delivered to you:

No	Equipment	On home visit	Before you come in to hospital	On the ward

The equipment comes from the **Community Equipment Service (CES)**, should you wish to contact them the number is:
0845 127 2931

Once you have finished with the equipment
please ring **0845 127 2933** to arrange a collection

Physiotherapy Follow-up

(To be completed by Physiotherapist on day of discharge)

- You do not need any further physiotherapy input
- You will be referred for ongoing Physiotherapy at
-

Please contact the Physiotherapist on the telephone numbers provided (page 30) if you haven't heard anything in two weeks.

Date	Session 1	Session 2	Session 3	Session 4

**We are committed to making our publications as accessible as possible. If you need this document in an alternative format, for example, large print, Braille or a language other than English, please contact the Communications Office by:
email: Communications@wsht.nhs.uk
Or by calling 01903 205 111 ext 4038.**

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