NHS
Royal Berkshire
NHS Foundation Trust

# Going to Guy's Hospital for lung surgery

Information for patients about lung cancer surgery

**This leaflet explains what to expect if you are recommended surgery to treat your lung cancer.**

## Contents

## Introduction

The first clinic appointment to meet your surgeon usually takes place at the Royal Berkshire Hospital in the Respiratory Clinic (South Block, level 2). However, your lung cancer operation will take place at Guy's Hospital in London.

The first part of this booklet has been jointly produced by patients and healthcare professionals at the Royal Berkshire NHS Foundation Trust. It aims to provide local information regarding services available in Berkshire and practical advice about travelling to Guy's Hospital in London.

The second section (from page 9) has been produced by Guy's and St Thomas' NHS Foundation Trust (Guy's). It describes what to expect from the time of admission for your lung surgery to when you are discharged from hospital.

If you have any questions, you can contact the lung cancer clinical nurse specialists at Royal Berkshire Hospital (contact details on page 5). The nurse case managers at Guy's Hospital will also be able to provide support and advice and they will meet you when you go to Guy's and you can also contact them after your operation (contact details on page 22 & 23).

## Travelling to Guy's

Parking is very limited and Guy's is in the Congestion Charging Zone, so please use public transport whenever possible.

Guy's Tower car park – disabled parking and short term parking for patients being dropped off. Parking is currently £3.20 per hour and the car park is open 8am-4pm, Mon-Fri and all weekend.

Disabled parking is available on a first come, first served basis.

There is an NCP car park at the junction of Snowsfield and Kipling Streets, about a 2-minute walk from the hospital. Charges are displayed at the entrance.

### Travelling by train

London Bridge is the nearest railway station and is a 5-minute walk away. The nearest tube stations are: London Bridge (Northern and Jubilee lines – 5-minute walk), Monument (District and Circle lines – 15-minute walk).

### Travelling by rail/bus/tube

National Rail Enquiries Tel: 08457 484950 www.nationalrail.co.uk

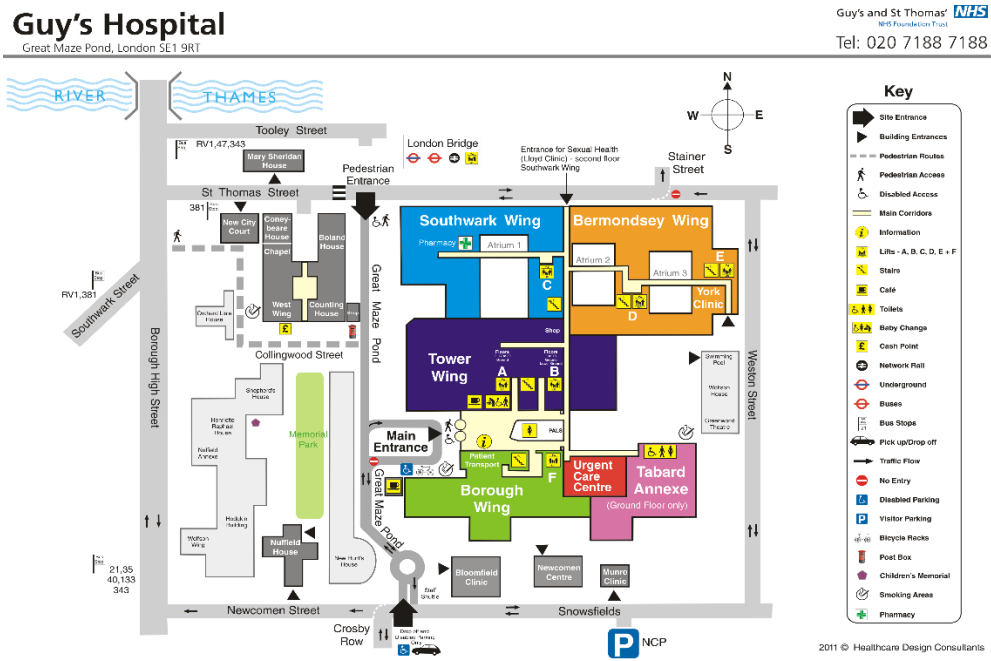
Transport for London (buses/tubes) Tel: 0843 222 1234 (24 hours) www.tfl.gov.uk

### Patient Transport Services

If you think you may be eligible for patient transport services, please contact the Patient Transport Assessment Team on 0207 188 2888 or discuss with your clinical nurse specialist.

## For more information:

Guy's Hospital Tel: 020 7188 7188 www.guysandstthomas.nhs.uk



## The RBH Respiratory Team: key people

### Respiratory consultants

| | | |
|---|---|---|
| Dr Andrew Zurek | CAT 11: | 0118 322 6676 |
| Dr Anne McGown | CAT 11: | 0118 322 6676 |
| Dr Grace Robinson | CAT 11: | 0118 322 6676 |
| Dr Eddie McKeown | CAT 11: | 0118 322 6676 |
| Dr Catherine Thomas | CAT 11: | 0118 322 6676 |
| Dr Sunit Raja | CAT 11: | 0118 322 6676 |
| Dr Sabrina Black | CAT 11: | 0118 322 6676 |
| Dr Lynne Curry | CAT 11: | 0118 322 6676 |
| Dr Gareth Trevelyan | CAT 11: | 0118 322 6676 |
| Dr Irfan Zaki | CAT 11: | 0118 322 6676 |

### Oncology consultants

| | | |
|---|---|---|
| Dr Joss Adams | secretary: | 0118 322 5362 |
| Dr Lilian Cheung | secretary: | 0118 322 5362 |
| Dr Shawn Ellis | secretary: | 0118 322 1730 |

### Consultant thoracic surgeon

| | | |
|---|---|---|
| Mr John Pilling | CAT 11: | 0118 322 6676 |

### Clinical nurse specialists in lung cancer

Allison Hunt, Catherine Lingham and Support Worker, Louise Kennedy
Telephone: 0118 322 8994
Email: lungcancernurses@royalberkshire.nhs.uk

## Other useful contacts

### Macmillan Cancer Information Centre

Berkshire Cancer Information Centre provides free information and support services. Mon-Fri 10am – 2pm.
Telephone: 0118 322 8700.

**Finances / Benefits**

Please discuss with your clinical nurse specialist or contact the BCC Macmillan Benefits Service on 0118 322 7657.

**Disability benefits helpline**

Advice or information about a claim you have already made.

Telephone: 08457 123 456 www.gov.uk/disability-benefits-helpline

**RBH Patient Advice and Liaison Service (PALS)**

PALS offers help and guidance in addressing concerns and accessing information and services in the hospital, Mon-Fri 9am-4pm. Telephone: 0118 322 8338 (answerphone outside working hours) or email: PALS@royalberkshire.nhs.uk

## Before you leave home, please don't forget:

- Your admission letter and any other information you've been sent.
- Any medicines or inhalers that you are taking at the moment.
- Some money in case you wish to buy a newspaper or use the bedside TV and phone.
- The name, address and postcode of your GP.
- Proof of entitlement to free travel costs, if appropriate.
- Nightclothes, a dressing gown and slippers.
- Day clothes – a tracksuit or other comfortable clothes.
- Your glasses or contact lenses (if you have both, please bring glasses as well as contact lenses).
- Your hearing aid, if applicable.
- Ear plugs and eye mask.
- Any mobility aids you need, such as a walking stick or frame.
- A brush or comb.
- Shaving equipment, skin cream, aftershave.
- A toothbrush and toothpaste.
- Soap and shampoo, a towel and flannel.
- Sanitary products, such as tampons, if necessary.

- Make up, and any other toiletries required.
- Items of spiritual importance to you.

**You may also want to bring:**

- Electronic tablet, books and magazines.
- Writing paper, pens and your address book.
- Music, radio, mobile phone.
- Drinks, tissues, sweets.

**Please do NOT bring:**

- Large bags or suitcases, as storage space is limited.
- Valuables, such as jewellery or large sums of money into hospital. Although we will do our best to offer you privacy on the ward, hospitals are public buildings and we cannot accept liability for lost or stolen property or money.

## Notes

# Notes

## Admission for surgery

This section describes what to expect from the time of admission for your lung surgery to when you are discharged (sent home) from hospital. It will also provide practical advice about resuming activity once you are home. If you have any questions or concerns, please talk to your nurse case manager.

## Your operation

As discussed with you at your clinic appointment, your surgeon has recommended one of the following operations:

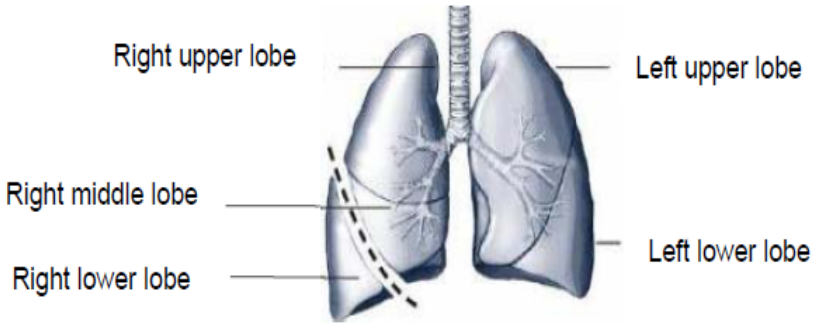
- **Median sternotomy:** The surgeon makes an incision (cut) vertically down the chest over the breastbone, which allows access to both left and right side of the chest.
- **Video assisted thoracoscopic surgery (VATS):** This is a type of keyhole surgery. Your surgeon uses a camera to look at the lung through 2 or 3 small cuts (3-5cm) into your chest. These cuts are generally made under the arm or just below the shoulder blade.
- **Thoracotomy:** Your surgeon makes a cut around the side of your body, below your shoulder blade and between your ribs.

During the operation, depending on the extent of your lung disease and your overall general health, you may need one of the following operations listed below.

Sometimes, during the operation, your surgeon may find that the disease is not suitable for surgery. When this happens, alternative treatments will be discussed with you. Your consultant (senior doctor) will see you on the day of the operation about the outcome.

- **Lobectomy:** This means removal of a lobe (part) of the lung. The right lung is divided into 3 lobes and the left lung into 2 lobes (see picture overleaf).

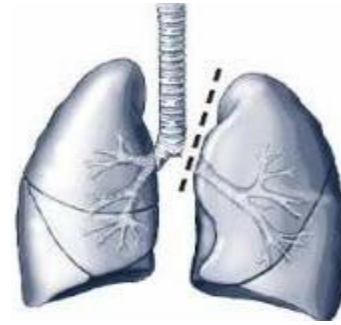
  Your surgeon will remove the lobe (or lobes) that are affected. The remaining lobe or lobes will then expand to fill the space.



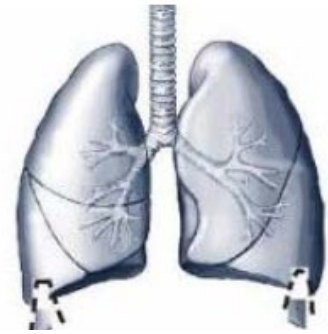

Picture courtesy of The Roy Castle Lung Foundation

Removing a lobe (or lobes) may cause some alteration in your breathing, but in the long term, this should not prevent you from leading a normal life after your surgery.

- **Pneumonectomy:** This involves removing a whole lung (see picture right). The remaining lung will then need to work a bit harder but will soon become used to the workload. You will be able to do most things you did before, although some people find that they are unable to do demanding physical activity. You may notice you become a little more breathless than before.



- **Segmentectomy / wedge resection:** Each lobe of the lung is made up of several sections. If your physical condition will not allow more extensive surgery, or the cancer is small, the surgeon may be able to remove just a segment, or small piece of lung tissue, rather than the whole lobe (see right).



## What are the benefits of lung surgery?

The benefits of having lung surgery depend on your diagnosis. In the case of operable lung cancer, surgery represents the best possibility of cure. In other lung diseases, surgery may lead to an improvement in your quality of life.

## What are the alternatives?

This will depend on your diagnosis but may include treatment with a combination of drugs, (chemotherapy) and/or radiotherapy.

Your doctor will discuss these alternatives with you before you decide to go ahead with lung surgery.

## What are the risks of lung surgery?

Risks of lung surgery include:

- Air leak from the lung
- Bleeding
- A blood clot in the leg (thrombosis or DVT)
- A blood clot in the lung (pulmonary emboli)
- Chest infection
- Respiratory failure
- Wound infection
- Breakdown of the lung structures

Most of these potential risks are fairly small, but it is important to note that the risk of getting a complication varies depending on individual circumstances and the type of lung surgery needed.

These risks/complications will be explained and discussed with you when the doctor asks you to sign the consent for the operation.

Your doctor will also tell you how these complications can be treated.

## How long will I have to wait for my surgery?

A surgical date will be discussed with you when you meet your surgeon in clinic. A letter will be sent to you giving you details and the date that you need to come into hospital or you may be contacted by telephone.

On the day of admission, please ring the nurse in charge of the ward areas to confirm your bed availability. Occasionally, when we are very busy, we may have to cancel your surgery and re-schedule a date for you as soon as possible.

When you know you'll be coming into hospital, remember to make arrangements for the care of dependant relatives, children and pets.

Give some thought about coping after discharge from hospital, as during the first week you will need practical as well as emotional support. If possible, this should be arranged before your admission.

If nobody is going to be available to help with this, please tell the nurse case manager at your clinic appointment or hospital admission so we can help you to make arrangements.

## I am a smoker – is it worthwhile giving up?

After your operation, your lungs will need to be at their best to aid recovery. If you are a smoker, you should try to give up as soon as possible, ideally at least 6 weeks before your operation.

If you smoke, giving up as early as possible before the operation reduces the risk of breathing and other problems after surgery.

Smokers have a high risk of developing heart disease, poor circulation, various cancers and strokes.

If you need help, speak to the nurse case managers. We run a 6-week smoke stop clinic on Tuesday afternoons to help people quit.

Alternatively, we can refer you locally to your GP or pharmacist. They offer confidential and free support from experienced counsellors, and can supply nicotine replacement therapy, if appropriate.

For more information on our ‘smoke stop clinic’ contact stopsmoking@gstt.nhs.uk Tel: 0207 188 0995. Opening hours at Guy’s: Wednesday 8.30am-6pm. St Thomas’s: Tuesday 10am-3pm, Thursday 9.30am-2pm. Open to inpatients and outpatients.

There is also online support from the NHS available to help you quit smoking. Visit www.smokefree.nhs.uk or call Quitline: 0800 002 200 or the NHS smoking helpline: 0900 169 0169.

## Pre-operative tests

You may have some of the following pre-operative tests to ensure that you are well enough to have an anaesthetic and the planned operation. You will either have these tests at a pre-assessment appointment in the run up to your operation or you may have them on the day of your operation. We will write to tell you when you need to come in for the tests.

- **Electrocardiogram (ECG or heart tracing):** This looks at the rate and rhythm of the heart.
- **Blood tests:** These provide information on many aspects of your health including how well your liver and kidneys are working and whether you are anaemic. Your blood group is also checked.
- **Chest X-ray:** To provide information on the size and shape of your heart and the general condition of your pleura and lungs.
- **MRSA swabs:** As part of your pre-assessment you will be screened for MRSA (Meticillin Resistant Staphylococcus Aureus). This is a painless procedure where your nose, armpits and groin and any open wounds are screened by using a ‘swab’. If you are found to have an infection we will notify your GP who will prescribe treatment for you to use before you can be admitted.

## What happens when I arrive at hospital?

You will be admitted to Dorcas Ward on Floor 9 of Borough Wing (located in the green zone). Alternatively, you may be admitted to Nuffield House (the private patients' annexe) and usually you will be on the 3rd or 4th floor.

You will meet several people before your operation including those listed below.

- **Members of the nursing staff** who will show you around the ward and help you to settle in. The nurse will weigh you and take your temperature, blood pressure, pulse and breathing rate. You will be asked about your general health, your family and carers. You will be advised on what to expect before and after surgery.
- **A doctor** from the thoracic surgical team will examine you and ask you various questions about your health. He/she will discuss with you what the operation is likely to involve and the risks and benefits. The doctor will write the main benefits and risks associated with the operation on the consent form before you sign it. This indicates that you agree to the operation so it is important that you have discussed it fully with the doctor and understand what is involved. **You can withdraw consent at any time before surgery.**
- As your surgery will be performed under general anaesthetic you will also meet **an anaesthetist** who will ask you questions related to your general health and any medication you may be taking. They will discuss pain management options with you. You should receive a copy of Guy's leaflet called 'Having an anaesthetic' – if you have not please ask a nurse for one.

## Can family / friends stay with me before the operation?

Your family and friends are welcome to stay with you until you go into theatre. If you wish, they can stay on the ward while you have your operation – our staff will be happy to keep them updated on your progress. They cannot stay during the rest period but are welcome to wait in the day room if you are in theatre during the rest period (1.30-3pm).

## What happens before my operation?

- The anaesthetist may prescribe medicine (pre-med) to help you relax and make you feel sleepy before the surgery. Not all patients will have a pre-med but if needed, you will receive it approximately 1-2 hours before your surgery. Following this, we advise you to stay in bed for your own health and safety.
- You will be given clear instructions about when you should stop eating and drinking before your operation. This is known as ‘fasting’ or ‘nil by mouth’ and is to prevent you from being sick during the operation. You will not be able to eat from midnight the night before.
- Sometimes, it is necessary to shave areas where there is going to be an incision, for example the chest, because body hair is a source of bacteria. The nurse will assist you with this if required.
- You will be given support stockings to wear throughout your stay in hospital to help prevent a blood clot from forming in your legs. You will also be given a daily injection with a medicine that will help to prevent this complication.
- You will be given a cotton gown to wear which ties at the back.
- When it is your turn to go to theatre, a nurse and a porter will take you there. Once you arrive in the anaesthetic room the theatre staff will check your details and check your consent form.
- You will be attached to monitors to measure your blood pressure, heart rate and oxygen levels continuously.

- You will have a small needle inserted into the back of your hand. This will be used to give you the medication that will help you fall asleep.
- The theatre staff may start a ‘drip’ to prevent you from becoming dehydrated. A urinary catheter may be passed into your bladder to enable you to pass water easily and to accurately monitor your urine output.
- After this, you will be taken into the operation room where the surgeon and his team will carry out the operation.

## What happens to me after the operation?

- A fine tube may be passed into your back to give you pain relief after the operation.
- When the surgeon has finished operating, you will be taken into the recovery room where you will wake up from your anaesthetic. You may feel a little confused and unsure where you are.
- The nurses and doctors will monitor you closely until they feel you are ready to leave the recovery area. They will give you some oxygen and check that your pain relief is adequate.
- Once you start to wake up, you may notice a few tubes and wires attached to you. These are there to help with your monitoring. A chest drain is usually inserted to remove any fluid or air collections that may build up as part of the surgery.

## What happens to me after I leave theatre?

- After you leave theatre, you will spend time in the recovery unit before being transferred back to the ward. You will feel drowsy but you will be easy to wake.
- During the first few hours of your return, the nurses will be busy making you comfortable and setting up the monitoring equipment, drips and checking your pain relief. You will have an oxygen mask on to help your breathing.

- You will be given analgesics (painkillers) for as long as you need them. The type of medicine will depend on the extent of your surgery and the amount of discomfort you experience. Pain should be treated early rather than letting it get worse so if at any time you find it difficult to move or breathe deeply then let the doctors or nurses know.
  In the first few days after your surgery you will require strong painkillers. These may be given through the epidural (a fine tube placed in your back), or you may be given them as an injection or by mouth (tablets, capsules or liquid).
  Alternatively, you may be given patient controlled analgesia (PCA). This provides constant delivery of a certain dose of painkiller into a vein in your arm, which can be topped up if required by pressing a button on a handset.
  The booklet called 'Having an anaesthetic' has more information on pain control after your operation.
- Occasionally, patients experience side effects of using these forms of pain relief. The main side effect you may experience is nausea (feeling sick) – this can be helped with regular anti-sickness drugs. Other side effects include drowsiness, itching and constipation. Please tell your nurse or doctor if you experience any of these side effects.
- You will be discharged home with painkillers that are appropriate to manage your pain.
- You will also have 1 or 2 chest drains depending on what operation has been performed. These drains remove any old blood or air left over from surgery and may make a sound similar to rain falling. This is normal and nothing to worry about. The drains remain in position until the surgeon is happy that the lung is fully inflated or that drainage is minimal. Usually the drains are put on suction to help the lungs expand. Getting up and about even with drains in place is actively encouraged. There is more information about chest drains below.

- You will be helped to get up and out of bed on the first morning after your surgery. The physiotherapists will encourage you to deep breathe, cough, move around and exercise your arms and shoulders (especially on the operation side). In the days following surgery the physiotherapist will encourage you to sit in a chair by the bed and later to walk around the ward. This can help prevent a chest infection and blood clots in the legs.

## Eating and drinking

Once you are fully awake and feel able to, you can have something to eat and drink.

You may not feel the need to eat a full meal until the next day.

## Will I feel sick?

Some of the pain relief and the anaesthetic can make you feel sick. This does not happen to all patients but if you have previously had a problem with nausea and vomiting, please speak to the nurse case manager or the anaesthetist. Also, ask the nurses caring for you for some anti-sickness medicine to ease this.

## Chest drains

Following your operation, you may have 1 or 2 tubes near your operation site. These plastic tubes (chest drains) remove any excess air, blood or fluid from your chest so that your lungs can expand. The drains may be in for several days and will be removed by the nursing staff once your lung has fully expanded. When the drains are removed a stitch will be tied at each drain site, the stitches will be taken out after 5 days.

If you are discharged before the drains are removed, we will arrange for the district nurse or practice nurse to do this for you.

You will be able to shower once your chest drains are removed.

Two nurses will remove the tube and seal the hole with a stitch that was inserted in theatre.

Most stitches are dissolvable except the one(s) used when your chest drain(s) are removed. Sometimes clips or staples are used along the wound. Your nurse will advise you if any stitches or clips need removing by your GP or district nurse.

## Can my friends and family visit me?

Your friends and family are welcome to visit you on the ward. Visiting times are 9am to 1.30pm and 3pm to 8pm. We have a rest period between 1.30pm and 3pm but if you wish, you can see your visitors in the ward day room during this time.

## What happens each day after my surgery?

### Day 1

The lung surgical team (the senior doctor, nurse in charge of the ward and nurse case manager) will conduct a ward round every morning of your stay to discuss the operation with you and the days actions based on your individual progress. You will have a repeat chest X-ray and some blood tests. Some drips may be removed. The monitoring equipment can be removed, if not required.

A physiotherapist will work with you on your breathing and coughing and moving around using your arms and shoulders. This is to prevent stiffness. Dorcas Ward has a gym facility with equipment and a steam room for you to use during your stay.

After breakfast, you will be helped by the nurses with washing if you require it.

### Day 2

The surgical team will visit you and decide about removal of further equipment, such as your epidural/PCA. We may remove a chest drain and the catheter. Another chest X-ray will be taken.

### Day 4

On this day, you will have a discharge talk with the nurse case manager (specialist lung nurse) and the physiotherapist.

It is a group meeting where all the patients who have had their surgery meet as a group and go through how to manage at home after discharge.

It is an opportunity for you to ask questions and chat with other patients. The physiotherapist will go through a rehab and exercise programme with you that you can continue at home.

**Days 5-10**

The average length of stay is between 5 and 10 days, depending on your operation and personal recovery. You will be discharged once you are eating and drinking, and after any problems identified before discharge are addressed. Some patients may go home with a chest drain, if longer term drainage is needed.

Before you leave hospital, we will ensure that your pain is well controlled, that your bowel function is returning to normal and that you are able to move and walk upstairs.

## What will I be given to take home?

We will give you:

- Medication. We will make sure you have 14 days' supply of the medicines you need to take home with you. The pharmacist and your nurse will discuss how and when to take your medicines. You will need to see your GP for further supplies of medication.
- A letter to your GP.
- A letter to your practice or district nurse, if required.
- Thoracic nurse case manager contact details.
- Your telephone follow-up details.
- Chest drains information and equipment, if required.

## When will I know if my operation has been successful?

The surgeon will be able to tell you straight after the operation how much of your lung tissue was removed but will not be able to be specific in relation to the cancer.

The biopsy results of the cancer and the lymph nodes take roughly 7 to 14 days and are usually given in your first post-discharge clinic appointment.

At this appointment, the doctor will discuss whether any further treatment is required. If the surgery has not completely removed the cancer cells or there is high risk the cancer may reoccur, then you may be offered chemotherapy or radiotherapy treatment. If this is necessary, you will be referred to a specialist cancer doctor who will discuss this fully with you.

## Will I be able to look after myself?

You will be able to care for yourself, for example, washing and dressing. You will probably be most comfortable in loose fitting clothing. Female patients may find wearing a bra uncomfortable for a while. You may have a bath or a shower but do not scrub the wound or use perfumed products.

You will be able to cook, but do not lift heavy pots and pans.

If you live on your own, you will need to arrange for someone to stay with you or you will need to stay with a family member or friend for a period of 2 weeks. If this cannot be arranged, discuss this with your nurse case manager at your outpatient appointment and we will help to plan your discharge arrangements with you.

## Patient transport service

If you need to use our patient transport service, a member of our team needs to assess whether you are eligible at least 48 hours before your appointment. This involves a brief telephone interview and is completely confidential.

If you think you may be eligible for this transport service, please contact the Patient Transport Assessment Team on 0207 188 2888.

## Useful contacts

Dorcas Ward, Tel: 0207 188 8840

## Surgeons' secretaries

Contact regarding dates to come in (answer phone out of hours):

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|---|
| Ms Karen Harrison Phipps & Mr Bille<br>(Secretary: Tracey Waitt)<br>Tel: 0207 188 7943, Email: tracey.waitt@gstt.nhs.uk |
| Miss Juliet King & Mr Tom Routledge<br>(Secretary: Kay Chapman)<br>Tel: 0207 188 1034, Email: kay.chapman@gstt.nhs.uk |
| Miss Ashrafian & Mr Lawrence Okiror<br>(Secretary; Katie Farrant)<br>Tel: 0207 188 0952, Email: katie.farrant@gstt.nhs.uk |
| Mr John Pilling & Miss Fraser<br>(Secretary: Paula Allen)<br>Tel: 0207 188 1038, Email: paula.allen@gstt.nhs.uk |

## Nurse case managers

Monday to Friday 8am–6pm

Telephone/answer phone/fax number: 020 7188 8801

If we do not answer, please leave a message with your name and contact details and we will get back to you within 24 hours Monday – Friday or the next working day.

To bleep a member of staff call the hospital switchboard on 020 7188 7188 and ask for the bleep desk. Ask for bleep number below.

| |
|---|
| Sophia Holden Tel: 0207 188 1020 bleep: 2786<br>Email: sophia.holden@gstt.nhs.uk |

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|---|
| David Gammon Tel: 0207 188 0952 bleep: 2893<br>Email: david.gammon1@gstt.nhs.uk |
| Michelle Kelly bleep: 2322<br>Email: michelle.kelly@gstt.nhs.uk |

## Accommodation for relatives

Please speak to staff regarding your accommodation requirements; they will be happy to help you. Tel: 020 7188 0439.

## Further sources of information and support

**The Roy Castle Lung Cancer Foundation** is the only charity in the UK wholly dedicated to defeating lung cancer, the biggest cancer killer in the world. The Foundation funds research into the early diagnosis of the disease, provides support to patients and their families, as well as helping people to quit smoking and providing anti-smoking education for children and young people. Tel: 0800 358 7200 (freephone) www.roycastle.org

**Macmillan Cancer Support**

Tel: 0808 808 0000, Web: www.macmillan.org.uk

**Dimbleby Cancer Care** is the cancer support service for Guy's and St Thomas'. They have drop-in information centres, and also offer complementary therapies, psychological support and benefits advice. Drop-in information centres are located at Guy's in Oncology Outpatients (Ground floor, Tabard Annexe) and at St Thomas' on the Lower Ground Floor, Lambeth Wing.

Tel: 020 7188 5918, Email: RichardDimblebyCentre@gstt.nhs.uk

**Guy's PALS** – To make comments or raise concerns about the Trust's services, please contact our Patient Advice and Liaison Service (PALS). Ask a member of staff to direct you to PALS or Tel: 020 7188 8803 at Guy's, Email: pals@gstt.nhs.uk

**Language support services** – If you need an interpreter or information about the care you are receiving in the language or format of your choice, please get in touch using the following contact details: Tel: 0207 188 8815, Email: languagesupport@gstt.nhs.uk

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|---|---|
| Guy's Hospital<br>Great Maze Pond<br>London SE1 9RT<br>Tel: 020 7188 7188<br>www.guysandstthomas.nhs.uk | Royal Berkshire Hospital<br>London Road<br>Reading RG1 5AN<br>Tel: 0118 322 5111<br>www.royalberkshire.nhs.uk |

To find out more about our Trust visit www.royalberkshire.nhs.uk

**Please ask if you need this information in another language or format.**

RBFT BCC/GSTT, November 2012
Reviewed: November 2025
Next review due: November 2027