



## Patient Information

## Laparotomy

### Beech Ward

This gynaecological and female surgical ward provides a safe and supportive environment for all patients within our care. Our specialist skills are used caring for women undergoing gynaecological or breast surgery or experiencing problems in early pregnancy.

Appropriately qualified and experienced staff who are competent and up-to-date in breast and gynaecological nursing provide individualised care which enables participation by patient, family and friends, in co-operation with the multi-disciplinary health care team.

Healthcare professionals will involve the patient with her plan of care and give a full, truthful and clear explanation prior to and during procedures. Care will reflect a holistic approach, which emphasises human values, rather than disease processes and maintains the individual patients' identity, dignity and confidentiality. Each patient will know, by name, the nurse responsible for planning her care.

In addition nurses ensure that patients and their visitors receive the information, assistance and emotional support they need to cope with their admission to our ward and their discharge back into the community.

### Beech Ward visiting times:

- 2.30pm- 5.30pm
- 6.00pm -8.00

### Meal times:

- 
- Lunch            12md - 13.00pm
- Supper           17.00-18.00

### When will I have my operation?

The doctor/nurse has informed you that you require an operation. The usual waiting time for surgery is around 18 weeks. Operating lists are booked around 4-6 weeks ahead so you



# Laparotomy

can expect to hear from us regarding the date of your operation within approximately 14 weeks.

Diagnostic procedures, for example hysteroscopy or laparoscopy, where no treatment is planned, have a waiting time of around 6 weeks.

Patients whose condition is potentially life threatening will get their surgery as soon as possible; usually within 2-6 weeks. However if you are offered a date within this timescale please do not be concerned as you may fall into the diagnostic category (see above).

If you are going to be unavailable for more than 28 days in total during the time you are awaiting surgery (this includes separate occasions which add up to 28 days in total), we may remove you from the waiting list and re-add you when you are ready. Please contact the booking clerk to discuss this.

If you are unwell at any stage please contact your GP first for advice before contacting the hospital. Sometimes operations cannot be carried out if the patient is unwell so if this is the case it is important you let us know.

If you have not been contacted with a date for surgery after 14 weeks, please telephone the surgery booking team on 01793 646171.

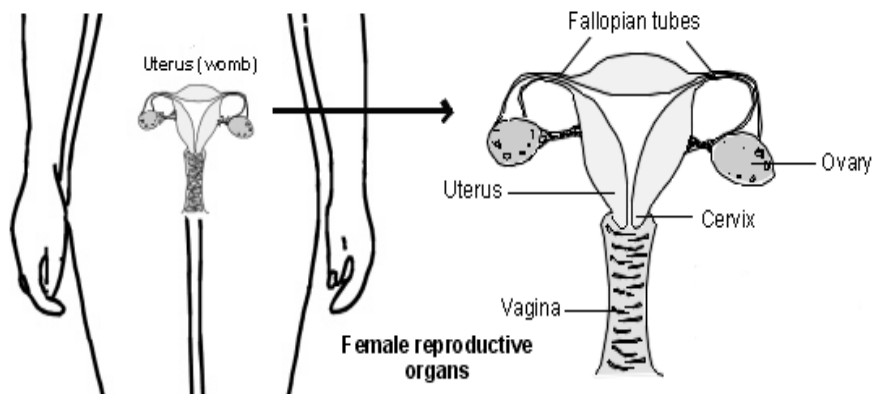
## **What is a Laparotomy operation?**

You will have been given this leaflet because you have been told that you may need to come to hospital for an operation called a laparotomy. It is done through a cut in your abdomen (tummy). You may have been advised to have this operation for a number of reasons. It is important that you make quiet sure that you understand as clearly as possible why your operation is needed. There will be many questions about your operation that you want to ask but may not think of immediately, so we hope that this leaflet will be helpful.

## **Why is the operation done?**

It is an operation to look inside your tummy. It is sometimes done with other surgery. If an ovary is removed this is called an Oophorectomy. If the fallopian tube is removed it is called a salpingectomy. If both the ovary and tube are removed this is called a salpingo-oophorectomy. If only the cyst is removed. Leaving the ovary, this is called a cystectomy. If the womb is removed this is called a hysterectomy. Sometimes the surgeon will divide up adhesions' (sticking together) that has occurred, without removing any organs. Sometimes biopsies or samples are taken for investigation.

# Laparotomy



## Are there any possible complications?

As with all surgery there can be complications. These may include bleeding, infection and perforation (damage) to other organs and structures in the area. After your operation the area along your scar may become numb, this may continue for some time. Your doctor will be happy to discuss any of these with you.

Your anaesthetist will be happy to discuss any risks from the anaesthetic with you.

## What will happen before my admission?

You will be sent an appointment to attend the Cherwell Unit where the nurse will have explained the operation, admission and discharge details to you.

A health assessment including blood tests, heart tracing and x-rays will have been done as necessary and in time for your operation. If you have been given a blood form please arrange to have this blood taken by the practice nurse at your own doctors on the date given.

You will be given clear carbohydrate drinks which are key to the enhanced recovery programme as they will give you the energy you will require to help you recover. You will be informed as to how these should be taken prior to surgery.

Smokers are more likely to develop chest infections or thrombosis and have problems with the anaesthetic, so do try to give up or at least cut down.

NHS Smoking Helpline 0800 1690169  
[www.gosmokefree.co.uk](http://www.gosmokefree.co.uk)

The hospital is a smoke free zone with no designated areas for smoking.

If you are having a period this will not stop us from performing your operation.

If you need any help at home with dependent relatives or would like to speak to a social worker please mention this at your pre-admission clinic appointment.



# Laparotomy

An average stay in hospital for this procedure is normally 2-3 days. It is advisable to have someone to stay with you for the first week when you get home. If you have limited help from family and friends it might be advisable ask to see the social worker. The social worker will discuss with you any help that can be offered. This can then be arranged before you go home however please discuss your requirements on admission to enable us arrange support.

## **What will happen before my operation?**

Prior to your operation it is important not to have anything to eat or drink other than the carbohydrate drinks. You should have been given advice about when to stop eating and drinking in addition you will be advised to have a bath or shower prior to your admission if possible. Please do not use talcum powder or body sprays, remove all makeup, nail-varnish and jewellery. However, weddings rings can be worn; we can cover them with tape. The nurse looking after you will advise upon hair removal if necessary.

You will normally be admitted the day of your surgery. Before going to theatre you will be seen by the doctor performing your operation, this will provide further opportunity to ask any questions during the consenting procedure. An anaesthetist will explain the anaesthetic to you.

A pre-medication will be given prior surgery usually consisting of an analgesics and anti-sickness drug.

Before leaving the ward prior to your operation, you will be asked to put on a gown and the stockings provided. The stockings will help to reduce the risks of blood clots in the legs. The stockings must be worn until fully mobile. You may also be given a small injection of anti-coagulant (blood-thinning agent). This will continue daily until you are fully mobile or go home. In some instances with consideration to your or a family members medical history you may be required to continuing the administration of the injections for several days/weeks following discharge. You will be advised on this following your surgery. You should receive a separate leaflet 'preventing blood clots when you go home from hospital' during your stay.

You will then proceed to theatre accompanied by a nurse or theatre support worker.

## **What about the anaesthetic?**

Before your operation an anaesthetist will see you and discuss the anaesthetic process with you. Once in the anaesthetic room you may hear a series of checks being carried out. These are done to ensure your safety. You should expect to have both a general and spinal anaesthetic A general anaesthetic begins with an injection into a vein in the back of your hand. This induces sleep within a few seconds and by the time you wake up your operation will be over.

The anaesthetist will be happy to discuss any of your concerns and in addition there is a useful booklet about anaesthetics, which you can request.

## **What will happen after my operation?**

After your operation you will go to the recovery room until you have recovered sufficiently enough to return to the ward. The nurse looking after you will check your blood pressure, pulse and look for any signs of bleeding around the operation sight.



# Laparotomy

You will have intravenous fluids (a drip) which will provide you with all the fluid you need until you are drinking normally again. When you get back to the ward you will be allowed sips of water, gradually increasing to unrestricted oral fluids including soup as you can tolerate. In addition you will be offered high protein drinks. These drinks are designed to give your body more nourishment and help with the healing of wounds, reduce risk of infection and enhance your overall recovery.

Your intravenous fluids may be discontinued.

You may have a catheter inserted to drain your bladder, this should be removed within 12-24 hours of your surgery.

You may have one or two drains into your wound. These help to prevent any blood collecting inside the abdomen. Dependant on the time of your surgery the drains will be reviewed by a member of the medical team and either removed later in the evening or the following morning.

You may need some oxygen on return to the ward for the first 24 hours. This can be a little drying; you may find frequent sips of fluid may alleviate this.

Your cut (wound) may be vertical or horizontal. Many different types of stitches are available. Some require removal others will dissolve. Most stitches are removed by the 5<sup>th</sup> day.

On the evening of surgery you will be assisted either to sit out in a chair for a short period of time or sat up in bed. This will largely be dependent on the timing of your surgery and individual recovery the aim being to improve lung function and reduce risk of chest infection.

## **Will it be painful?**

Regular analgesics will be prescribed and administered orally or intravenously (through a cannula/drip) during your stay with us. Additional/alternative medication can be prescribed should you require it. We would therefore encourage you to discuss your pain relief/ any concerns with the nurse involved in your care. You will be advised on analgesia on discharge.

## **Day one after your operation:**

The nurses will offer to assist you with washing and any help you require to sit out in the chair for a couple of hours morning and evening. You will be encouraged to begin to mobilise a short distance around the ward up to several times a day to help prevent blood clots or a chest infection. You will be guided on this by the ward staff.

You will receive information with regard to post-operative exercise and recovery. Deep breathing and leg exercises are very important.

Wound dressings will be renewed as required.

You may be allowed to drink freely today and take some light diet dependent on advice from your surgeon.



# Laparotomy

Any wound drains, urinary catheters should be removed unless otherwise instructed by your Doctor.

## **Day two after your operation:**

All wound dressings will be removed and only renewed if required.

You should be eating and drinking normally.

You will be encouraged to have an independent bath or shower with assistance from the nurse involved in your care should this be required. It is easy to do too much therefore rest is encouraged between visitors. You should continue to aim to mobilise and sit out for a couple of hours several times a day.

Dependant on your recovery it is possible you may be discharged home. You should therefore consider plans for your discharge and the support you will require.

A blood test will be taken.

To alleviate 'flatus' and promote bowel movement you will be offered glycerol suppositories today or prior to discharge.

## **Day three after your operation:**

It is very likely you will be fully independent by now and looking to be discharged home.

## **What happens when I get home?**

It is advised that you rest for the first 2 weeks. Avoid any lifting, vacuuming, washing, shopping for the first 4-6 weeks. Most ladies feel fit after 4-6 weeks.

It is safe to resume gentle sex after you have had your post-operative check-up. Lovemaking should be gentle. If you find it uncomfortable you should be prepared to wait a little longer. A lubricating jelly can sometimes be helpful.

Your bowels and water works can often take a little time to get back to normal. Drink plenty and have a well-balanced diet with plenty of fruit, vegetables and fibre.

Driving should be avoided until you feel able to do an emergency stop, usually 3-4 weeks, it may be necessary to inform your insurance company.

## **What if I have more questions?**

Well-meaning friends and family, or even other patients may tell you things that can be alarming and often inaccurate. Try to get your advice from the doctors and nurses. It is important to remember that everyone recovers at a different pace.

If you have any other questions please ask either a doctor or nurse.

We hope your stay with us will be comfortable. If there is anything that you are not happy with please ask the named nurse looking after you who will endeavour to address the situation.



# Laparotomy

## When will I be seen again?

You may be sent an outpatient clinic appointment or you may be asked to make an appointment to see your own doctor. The nurse that discharges you will give you an approximate idea of when this will be, as the appointment will be made after you have gone home and you will receive it through the post. Usually 6-8 weeks after surgery. If an outpatient appointment is not planned please arrange to see your own doctor 6-8 weeks.

### **Great Western Hospital:**

Beech Ward: 01793 605253 / 54

Gynaecology Outpatients: 01793 605252

Gynaecology Admissions: 01793 646173

Cherwell Unit (pre-assessment): 01793 646010

## Physiotherapy

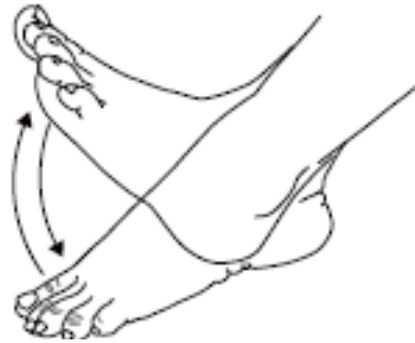
### After your operation

This booklet gives you advice about exercise and how to become active again safely after your operation. Do not expect too much of yourself too quickly. The internal stitches need time to heal. But do not be afraid to move, although this may be painful at first. Frequent change of position will not do any harm to the stitches but will improve your circulation and help you recover more quickly.

### Circulatory exercises

- Move both feet up and down briskly at the ankles
- Press both knees down on to the bed, tightening the thigh muscles. Hold them and then relax.
- Move each leg alternately up and down the bed. Bending your knee and keeping your heel on the bed.
- Repeat exercises for about 20 seconds every half hour.
- Try not to cross your legs as this can slow your circulation





## Breathing Exercises

After an anaesthetic, whilst you are inactive, it is important to use your lungs well. Take a deep breath in, concentrating on taking the air down to the bottom of your ribs, hold breath for a count of two and then sigh out. Repeat 3 times per hour. This will help loosen any phlegm.

## Coughing

Most people feel they need to cough after an anaesthetic. This may be uncomfortable, but your stitches will not come undone, and it will hurt less if you do this properly. The least painful and most effective way is to “huff” (a short, forced breath out through the mouth like steaming up a mirror). After vaginal surgery, give support between your legs by applying hand pressure over your pad. Take 2 to 3 deep breaths, hold firmly and “huff.” Spit out any mucus. After abdominal surgery, put your hands over the wound or cuddle a pillow to your tummy. Take 2 to 3 deep breaths, hold firmly and “huff.” Spit out any mucus.

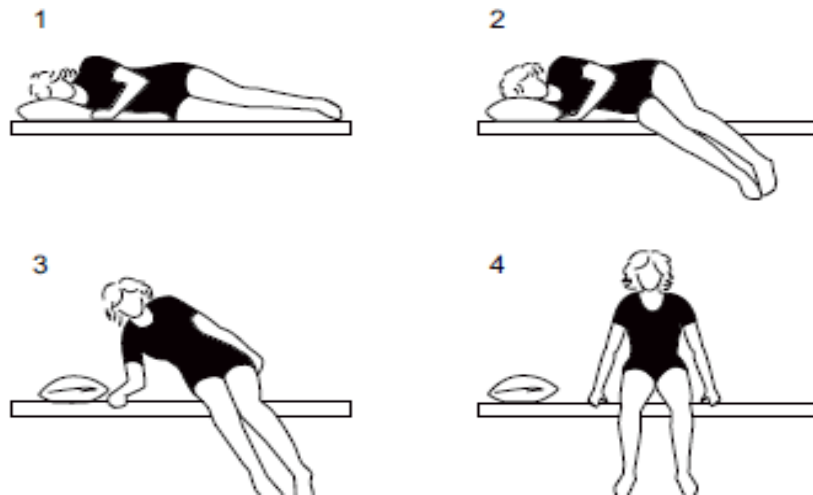


## Getting out of bed

When getting out of bed, bend both your knees and roll on to your side. Allowing your feet to slide over the edge of the mattress, push up on to your elbow, using your hand from the opposite side to help you sit upright. Continue to do this for up to 6 weeks following your surgery, so as to protect your stitches and back. When you first get out of bed you may feel you need to bend forwards, but progress will be better if you stand and walk tall and try to



pull your tummy muscles in. Be brave! Straighten up on the first day – it will be worth it. Whether you are in bed or a chair, make sure your back is well supported. Placing a small pillow or roll in the small of your back may increase your comfort and help prevent backache.

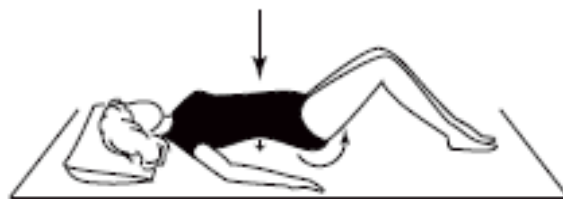


## Look after your back

Your back may feel achy following surgery. You may also suffer with trapped wind. These exercises will help to relieve these symptoms.

### Pelvic tilt

- Lie on your back with your knees bent and pull in your tummy muscles.
- Press the small of your back into the bed.
- Hold for a few seconds and then slowly let go.



### Knee rolling

- Lie on your back with your knees bent
- Pull in tummy muscles and take both knees to the right side – just as far as is comfortable. Bring back to the middle and rest. Then repeat on the left side.
- Repeat 5 to 10 times, twice daily if comfortable



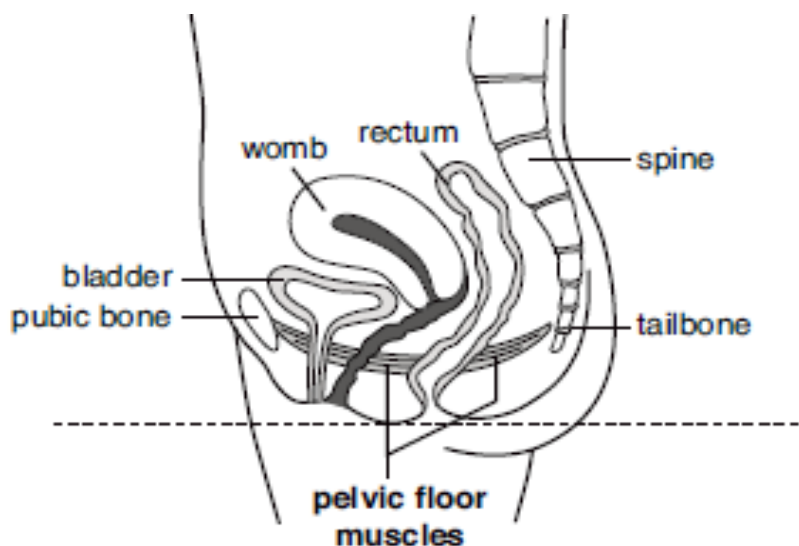
Try to continue these exercises on returning home

## Pelvic Floor Exercises

These muscles are quite literally the floor on which everything rests. Your operation site is also being supported on these. If these muscles are weak, leaking of urine, vaginal slackness and prolapse may result. If you have stitches below, this gentle exercise helps to ease any discomfort. It is important to strengthen these muscles whether you have had a vaginal or abdominal surgery.

### To help you identify the correct muscles:

Imagine you are trying to stop yourself from passing wind and at the same time trying to stop your flow of urine mid-stream. The feeling is one of “squeeze and lift,” closing and drawing up the back and front passages. It is important to do this without tightening your tummy or buttocks, squeezing your legs together or holding your breath. In other words, only pelvic floor muscles should be working



### Simple Steps to a Perfect Pelvic Floor:

The exercise can be done in any position.

- Close and draw up the back and front passages
- Squeeze and lift
- “hold” for as long as you can (up to a maximum of 10 seconds)
- Release
- Rest (approximately 4 seconds)
- Repeat between 5 and 10 times
- Then do up to 10 short, sharp squeezes.

**Repeat about 4 to 5 times every day, linking it in with something you do often throughout the day, such as after going to the toilet.**

### **About 4 to 6 weeks after your operation:**

- Start these exercises when you feel ready. Do them on a flat comfortable surface.
- Repeat each exercise about 3 times, slowly building up to 10 times, twice daily
- These exercises should not be painful. If they are, leave them until you can do them comfortably.

### **Head and shoulder raise**

- Lie on your back with your knees bent.
- Pull your tummy in.
- Keep your head and neck well supported and raise a small distance from the bed.
- Lower slowly back to finish
- Rest and repeat.



Head and shoulder raise with diagonal movement

### **Head and shoulder raise with diagonal movement:**

- Lie on your back with your knees bent and a pillow supporting your head.
- Pull your tummy in
- Tuck in your chin



# Laparotomy

- Reach with your right hand diagonally across your body to your left hand. This involves lifting the shoulders of your right side up off the surface as well.
- Make sure it is your tummy muscles working, not those of your shoulder
- Back to the middle and rest.
- Repeat on the other side



## Lifting Guidelines

Avoid lifting anything heavier than a full kettle of water for 4 to 6 weeks. Do not lift toddlers or objects such as full bin bags or shopping. Even lifting a vacuum cleaner upstairs should be avoided for about 8 to 12 weeks. When you do lift, remember to bend your knees and keep your back straight.

Allow time before you start these household activities:

- **Dusting** 1 to 2 weeks
- **Vacuuming** 4 to 6 weeks
- **Washing** Don't hang out washing for 4 to 5 weeks, Avoid lifting heavy baskets of wet clothing for 6 to 8 weeks.
- **Ironing** After 3 to 4 weeks, in short sessions

## Life after Surgery

It is a good idea for anyone looking after you to read this leaflet too.

- Have two pillows for comfort on the journey home - one to sit on and one between you and the seat belt.
- Get plenty of rest, including lying down during the day.
- It is common to feel twinges of pain in and around the wound site for a few weeks.

## General Information

- Discharge may persist for 2-4 weeks.
- Do not strain when you open your bowels as this will put pressure on the operation site. Drink plenty of fluids and eat a good high fibre diet.
- Check with your insurance company before returning to driving. Usually you can start again after about 6 weeks. It would be advisable to have somebody with you the first time you drive.
- Avoid competitive or energetic exercise such as aerobics or running and team sports for 3 months.



# Laparotomy

- You can start activities such as swimming, cycling, brisk walking, yoga and pilates after 6 weeks, starting gently.
- Remember everyone is different and you will recover at your own rate.
- Returning to work will depend on the job that you do. You can discuss this with your consultant or physiotherapist.

**Please talk to the physiotherapist if you have any questions relating to this leaflet.**

**Tel: 01793 604821**

## **Enhanced Recovery after Surgery Programme**

### **What is Enhanced Recovery?**

The underlying principle is to enable patients to recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

As part of this programme, you will find a diary at the back of this leaflet. We ask that you bring this leaflet with you on admission to follow and complete the diary during your stay with us.

### **Your Patient Diary for Gynaecological Surgery on the Enhanced Recovery Programme**

On Beech ward we are committed to providing a high quality service and for this reason we would ask that you complete your diary on a daily basis. The diary not only allows us to assess and monitor your progress but also enables you to feedback information about your recovery. The diary will be collected on your discharge and the information gained will allow us to review the service we provide. We would therefore encourage you to make any comments in the section provided. It is important for us to learn from your experience and any feedback you can give is valued and appreciated.

Please do not hesitate to speak to a member of the nursing staff should you require any assistance. Thank you for taking time to complete the diary.



# Laparotomy

Name.....

Date of admission.....

### Before your admission to hospital:

Did you receive your nutritional drinks?    Yes        No   

	Yes Fully	Yes, to some extent	No	Comments
Did you feel involved with the decisions about your care?				
Did you receive enough information about your condition and treatment?				
Did you understand why you were asked to take nutritional drinks prior to surgery?				

### Day of admission/surgery

	Yes Fully	Yes to some extent	No	Comments
Were you able to finish your nutritional drinks prior to surgery?				
Have you been issued with anti-embolic stockings?				



# Laparotomy

Did you feel able to discuss any concerns with the Anaesthetist prior to surgery?				
Did you feel able to discuss any concerns with your surgeon?				
Did you have time to ask any questions prior to surgery?				
Did you receive the blood thinning injection?				

When was your operation due to take place?

In the morning

In the afternoon

### Day of surgery after your operation

You will receive intravenous fluids via a cannula (plastic tube) in your arm. This is often referred to as a 'drip', and may be discontinued if you are managing to tolerate oral fluids.

You will be helped to sit up or out of bed and encouraged to drink fluids unless you feel sick.

You may have a urinary catheter and wound drains.  
You may also receive oxygen via a mask or nasal cannula.

To enable staff to monitor your fluid intake please put a tick in the box after you have finished each drink.

1.	2.	3.	4.	5.
----	----	----	----	----





# Laparotomy

If you have been able to tolerate fluids was your drip discontinued?

YES

NO  If no do you know why? .....

Good pain control enables you to move, breathe deeply and sleep. Ensuring you are comfortable and your pain is controlled is important to promote a speedy recovery.

On a score of 0 (being no pain) to 4 (intolerable pain) please note your level of pain.

Time: ..... Pain score.....

Time: ..... Pain score.....

Time: ..... Pain score.....

Time: ..... Pain score.....

Have you experienced any nausea after your operation?	Yes	No
If you have experienced nausea were you offered any anti-sickness medication?	Yes	No
Did you receive any anti-sickness medication?	Yes	No

	Yes	No
--	-----	----



# Laparotomy

If your operation was in the morning were you able to sit out?		
--	--	--

We would aim for you to sit out for up to 2 hours, how long were you able to achieve?  
 .....

If you were unable to achieve sitting out what were the reasons?

.....  
 .....

Were you seen by a member of the medical team following your surgery?

Yes  No  cannot remember

Did you have any wound drains?

Yes  No

Were your wound drains removed the day of surgery?

Yes  No

Comment.....

### First day after your operation (Day 1)

Your catheter and intravenous drip should be removed today if this has not already been done so.

Has your urinary catheter been removed? Yes  No



# Laparotomy

Have you managed to pass urine since removal of your catheter?

Yes  No

Has your Intravenous 'drip' been removed? Yes  No

Have you been offered pain relief? Yes  No

Do you feel your pain is under control? Yes  No

On a score of 0 (being no pain) to 4 (intolerable pain) please note your level of pain.

Time: ..... Pain score.....

Time: ..... Pain score.....

Comment.....

Have you felt nauseous? Yes  No

Have you passed any flatus (wind)? Yes  No

**Today you should aim to drink plenty of fluids and eat a light diet.**

Please note how many drinks you were able to finish today and whether you were able to tolerate any diet.



# Laparotomy

Please tick a box on finishing a drink.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
----	----	----	----	----	----	----	----	----	-----	-----	-----

## Diet

Please comment if there were reasons you were unable to tolerate any diet.

	Yes	No	Comment
Did you eat breakfast?			
Did you eat lunch?			
Did you eat supper			

You will be encouraged to sit out of bed today and mobilise with assistance from the nursing staff.

Please note how many times you were able to sit out of bed and for how long. (Aim 8 hours total)

	1	2	3	4	5	6	7	8
Time								

The nursing staff will guide you on how far you should to aim to mobilise on the ward.

Please note how many walks you have managed.

Walks	1	2	3
Morning			



# Laparotomy

Afternoon			
Evening			

Please add any comments .....

.....

.....

## Second Day after your operation (Day 2)

*Today you should aim to drink plenty of fluids and eat a normal diet.*

Please note how many drinks you were able to finish today and whether you were able to tolerate any diet.

Please tick a box on finishing a drink.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
----	----	----	----	----	----	----	----	----	-----	-----	-----

## Diet

Please comment if there were reasons you were unable to tolerate any diet.

	Yes	No	Comment
Did you eat breakfast?			
Did you eat lunch?			
Did you eat supper			

You will be expected to sit out of bed and to mobilise around the ward today.



# Laparotomy

Please note how many times you were able to sit out of bed and for how long.

	1	2	3	4	5	6	7	8
Time								

Please note how many walks you have managed.

Walks	1	2	3
Morning			
Afternoon			
Evening			

Have you been offered pain relief?      Yes       No

Is your pain under control?      Yes       No

Have you had your bowels opened?      Yes       No

Has your discharge been discussed  
with you?      Yes       No

Do you have a date for discharge home?      Yes       No



# Laparotomy

## Third Day after your operation (Day of discharge)

Today you will be drinking plenty of fluid and tolerating diet. You should be mobilising independently and your pain controlled.

Have the above goals been achieved?                      Yes                       No

Do you feel confident in your discharge home?                      Yes                       No

Did you feel involved in the decisions                      Yes                       No   
about your care?

Thank you for taking the time to complete this diary. We welcome any comments or suggestions you would like to make about completing this diary or about your stay with us.

Your diary will be collected at time of discharge and used to help review and promote our service.

Comments .....

.....

.....

.....

.....

.....

.....

.....





# Laparotomy

.....

**Patient name & hospital number :.....**

**Please file this section only within patient documentation on completion. Please circle the following:**

**Post-operative advice has been given? Yes/ No/ NA**

**Patient has received TTA'S and advised on medication? Yes / No /NA**

**Patient has ward Helpline contact number? Yes / No**

**Patient aware of District nurse referral? Yes / No /NA**

**Patient has District Nurse letter? Yes / No/ NA**

**Patient aware of any follow up appointment? Yes /No/ NA**

**Was the patient satisfied with her care? Yes /No**

**Were there any concerns raised? Yes / No**

**Patient signature..... Date.....**



# Laparotomy

Staff signature..... Date.....

From 1st January 2019 smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

**This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email [gwh.pals@nhs.net](mailto:gwh.pals@nhs.net)**

**Document Control**

Division: Women & Children's  
Department: Gynaecology  
Approved Date: 15<sup>th</sup> February 2019  
Next Review Date: March 2022  
Document Number: W&C - PIL0033