Our Vision
To provide every patient with the care we want for those we love the most

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

Total Hip Replacement

A guide to your hospital experience

Total Hip Replacement

A guide to your hospital experience

Patient name: ....

Consultant: ....

Education session date: ....

Pre-operative assesment date: ....

Anaesthetic assessment date: ....

Surgery date: ....

Orthopaedic Practitioner Advice Line:

01603 287795

Monday – Friday 10am – 2pm

For out of hours advice please contact your GP or attend the Emergency Department with any urgent concerns

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AIMS OF THIS BOOKLET

The aim of this booklet is to prepare you for your Total Hip Replacement.

We think the more prepared you are, the quicker you will get home and back to your normal everyday life. This booklet explains:

- ■ Why are you having a Hip Replacement?
- ■ What is a Hip Replacement?
- ■ What are the risks and benefits?
- ■ What happens?
- Before your operation
- During the operation
- After your operation

Why are you having a Total Hip Replacement?

The hip joint is an important ‘ball and socket’ joint in your body, it provides support for the upper body when standing, running, and walking. However, it is prone to wearing out and this process is called arthritis.

Arthritis is a common condition that causes pain and inflammation in a joint. There are many different types of arthritis and in the UK, it affects around 10 million people.

The arthritic process can be accelerated by a variety of causes, which include being overweight, congenital defects (from birth), poor blood supply to the joint or an accident or injury in the past.

Hip arthritis can cause severe pain in your hips, knees, groin, back and/or buttocks and can severely limit your mobility, it can also cause

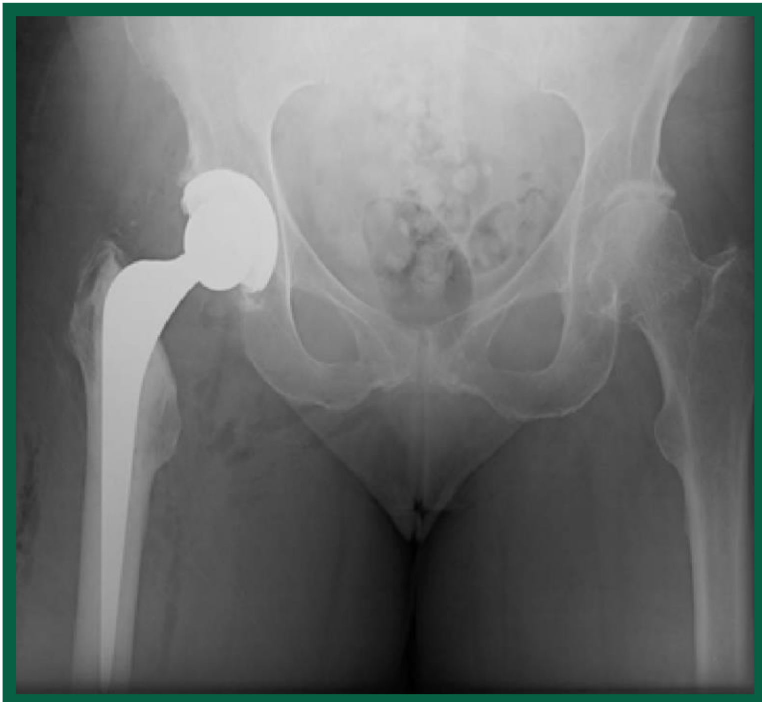
a great deal of pain at night-time and, overall reduce your quality of life.

What is a Total Hip Replacement?

A Total Hip Replacement is an operation where your damaged/arthritic hip is removed and replaced with an artificial alternative.

There are many different types of hip replacements, and these include metal and plastic or metal and ceramic implants. These can be cemented or non-cemented into your bone.

Your surgeon will decide on the most appropriate hip replacement to suit you.



BENEFITS OF SURGERY

The benefits we hope to achieve with a total hip replacement include:

- Improvement of pain
- Substantial improvements in walking
- Improved mobility and reduced stiffness
- Greater independence
- 90% of total hip replacements will last 10-15 years

Overall, we aim to improve your quality of life and get you back to your normal, everyday life.

Possible alternatives to surgery

Although arthritis is a condition that does not get better on its own, there are some alternatives which may improve your symptoms and possibly reduce or delay your need for surgery.

These include:

Losing Weight

This can reduce the stress and strain on your joints, reducing your pain and improving your mobility.

There are also other health benefits from losing weight which include reducing blood pressure and reducing the risks of coronary heart disease, diabetes, stroke, high cholesterol, sleep apnoea, stress incontinence, gallstones and gout.

If you would like to lose weight, you can contact your GP for advice.

Stopping strenuous exercise or work

If you reduce your daily activity you can sometimes reduce your symptoms of pain.

Physiotherapy and gentle exercise

Exercising and strengthening the muscles surrounding your hip can help support the joint and improve your pain symptoms.

Physiotherapists can provide these exercises and help support you with them.

Medication

Taking **regular** medication such as paracetamol and anti-inflammatory drugs can improve your pain and subsequently improve your mobility. If these are not controlling your pain, stronger pain killers may be considered by your GP

Walking Aids

The use of walking aids such as a stick or a crutch can help reduce the stress on your joint which can improve your pain and improve your mobility.

RISKS OF SURGERY

As with any surgical procedure, there are a number risks associated with a Total Hip Replacement and it is important that you understand these risks before undergoing your procedure.

Risks which affect every patient

Pain:

You should expect some pain following your surgery. This normally improves with time, but can be a long term problem and may be due to any of the other complications listed below, or for no obvious reason. Rarely, some replaced hips may remain permanently painful. If you suffer pain from your back or knees, there is no guarantee that this will be resolved by a total hip replacement, although it is often improved.

You will be prescribed regular pain killers to help control this pain.

However, if you continue to suffer pain after your operation it is important that you tell the ward staff, who can provide you with extra pain relief.

Bleeding:

Because we are going to cut into your skin, there is a risk of bleeding. This is usually a small amount and stopped during your operation. We will check your blood levels before and after your surgery.

People who have lost a large amount of blood may require a blood transfusion or iron supplements to improve their blood levels. Rarely, the bleeding may form a blood clot around the joint, known as a haematoma and this may need to be surgically removed.

Common risks (affecting 2 to 5% of people)

Deep Vein Thrombosis (DVT):

This is a blood clot in a vein, more commonly the lower legs but can occur elsewhere in the body. The risk of developing a DVT is greater following surgery (especially bone surgery), but there are other risk factors which include: immobility, dehydration, advanced age (people over 60 years of age) and obesity.

To prevent DVTs we encourage you to move and walk as early as possible after your surgery and drink plenty of fluids to maintain hydration. In addition you will be given medication to try and limit the risk of DVTs forming and you may be asked to wear anti-blood clot stockings on your legs.

Prosthesis wear or loosening:

With modern operating techniques and new implants, hip replacements last 10 to 15 years, but they can fail earlier. The reason for this is often unknown, although overuse is a risk factor. The plastic bearing is the most commonly worn away part and this wear process can lead to the implants becoming loose from the bones and the reasons for this are not well understood. There is still debate as to the best bearing surface and your surgeon will advise on the most suitable for you. Artificial joints can also sometimes clunk or squeak; this is normal.

Altered leg length:

The leg which has been operated on may appear longer or shorter than the other leg following surgery. Most people don't find this a problem, but if the sensation persists, a shoe raise is sometimes required. Further surgery is very rarely needed to correct this.

Joint dislocation:

Your total hip replacement may dislocate. This risk is greater within the first 6 to 8 weeks following your surgery, until all your muscles and tendons have strengthened and for this reason we ask you to follow your **Hip Guidelines** for this period of time. If dislocation does occur, the joint can usually be put back into place under anaesthetic, without the need for surgery, however, surgery is sometimes necessary. In rare situations if the hip keeps dislocating, revision surgery is required.

Less Common Risks (affecting 1 to 2% of people)

Infection:

You will be given antibiotics at the time of the operation to help prevent infection; we also take every other precaution to reduce the risk.

Despite this, infections still occur in 1 to 2% of people. The wound site may become hot, red, and painful and sometimes discharge fluid or pus. This is usually successfully treated with antibiotics; however a washout of the joint, in theatre, is sometimes necessary.

If the infection reaches the Joint Replacement, in rare cases, the joint may need to be removed and replaced at a later date, following a long course of antibiotics. In the worst cases of infection the joint cannot be replaced and you may be left without a hip joint at all. In this situation the leg will be short and walking will be difficult. The infection can sometimes lead to blood infection (sepsis) and strong antibiotics are required.

Rare Risks (affecting less than 1% of people)

Pulmonary Embolism (PE):

A Pulmonary Embolism is the spread of a blood clot into the lungs and can seriously affect your breathing. In rare circumstances it can be fatal.

Altered wound healing:

Your wound may become red, thickened and painful. This is known as a keloid scar and is more common in Afro-Caribbean people. Massaging the scar with cream once it has fully healed may help.

Nerve damage:

Efforts are made to prevent this; however, damage to the nerves around the hip at the time of surgery is a risk. This may cause altered sensation along the leg, which is usually temporary, but may be permanent. In particular there can be damage to the sciatic nerve which may cause weakness in the foot, again, this is usually temporary but may be permanent and may require a foot brace to aid walking.

Bone damage:

The femur (thigh bone) or pelvis may be broken or fractured during the surgery and may require fixation. This may be fixed during your surgery, but may require a further operation. You will have an X-ray before you are discharged to check for any bone damage.

Blood vessel damage:

The blood vessels around the hip may be damaged and may require further surgery, including reconstruction by the vascular surgeons.

Death:

This is very rare and may occur after any major surgery and as a result of anything already mentioned.

For local and national figures please visit the NJR website:
www.njrcente.org.uk

Things YOU CAN DO to avoid these risks:

Use antibacterial body wash before surgery

Washing thoroughly with antibacterial body wash reduces the bacteria on your skin and reduce the risk of infection. This will be provided by the hospital.

Early mobilisation

Getting up and about as soon as possible after your surgery, with the assistance of staff, can reduce your risk of developing blood clots and chest infections. You can also perform bed exercises which keep the blood moving around your body and will also reduce your risk **(see bed exercises)**.

Drink plenty of fluids

It is very important to stay well hydrated to facilitate recovery after surgery. This not only reduces the risk of blood clots but ensures your kidneys continue to function well following surgery.

Take medication as prescribed

You can expect some pain after your surgery. Taking regular painkillers can reduce this pain and help you mobilise. If your pain is not controlled, tell the nursing staff on the ward and they will give you further pain relief.

Whilst in hospital you will be given a heparin injection into your stomach to thin your blood and reduce your risk of blood clots. In most cases this will be changed to a tablet upon discharge, which you should take for a total of 30 days after your operation.

Eating a healthy balanced diet

Eating a balanced healthy diet can help you recover more quickly by providing the body with the necessary material to heal itself.

Do your exercises regularly

Exercise regularly. This helps improve the muscle strength around your hip and improve the stability of the joint. This can reduce the risk of dislocation, reduce your pain and improve your overall mobility; in turn reducing your risk of blood clots and chest infection.

Stop Smoking

Smoking can slow your body's healing process and increase your chance of developing infection. Stopping smoking before your surgery can reduce this risk. Stopping smoking can also reduce your risk of developing serious smoking-related diseases such as; heart disease; cancers; chronic obstructive pulmonary disease (COPD) and peripheral vascular disease as well as other unpleasant problems including impotence, cataracts, gum disease, tooth loss and osteoporosis.

If you wish to stop smoking help and advice is available, please ask a member of staff or visit: **www.nhs.uk/livewell/smoking** Maintaining a healthy weight or losing weight if you are obese Being overweight can increase your risk of blood clots and stroke during or after your surgery. Maintaining a healthy body weight can help reduce this risk.

OTHER HOSPITAL APPOINTMENTS

Occupational Therapy

Before your surgery you will be contacted by an occupational therapist who will discuss your equipment needs and arrange for delivery.

Pre-operative Assessment

This appointment will assess your fitness for surgery. You will be seen by a health care assistant, pharmacist and nurse or nurse practitioner.

This appointment can take up to 3 hours and may include the following:

- Baseline observations, (blood pressure, pulse, height, weight etc.)
- MRSA screen
- ECG (heart tracing)
- Routine blood tests
- Clinical assessment
- Signing your consent form
- X-ray

Please bring with you:

1. **An up-to-date list of all your regular medications (Including any over-the-counter medications or herbal supplements)**
2. **A list of any allergies you may have**
3. **Reading glasses, should you need them**

During the pre-assessment:

You will be advised regarding any medication you should stop before your procedure.
You may be referred for further assessment or treatment which may require further hospital appointments.
Your surgery may be deferred if you are not fit for surgery or your health can be improved before your surgery.

Questionnaires

At pre-assessment you will be asked to complete some questionnaires. The purpose of this questionnaire is to help measure and improve the quality of healthcare services, therefore; it is essential you complete these before you leave.

You will also receive a questionnaire in the post 6 months after your surgery, we would appreciate it, if you could compete and return these as soon as possible.

Nation Joint Registry (NJR)

As part of your consent you will also be asked for your consent to be placed on the National Joint Registry for England, Wales and Northern Ireland (NJR). This records details of joint replacement operations in order to monitor the results of joint replacement surgery and protect patient safety. For more information please visit their website at **www.njrcente.org.uk**

THE DAY OF YOUR SURGERY

On the day of your surgery please report to:

The Same Day Admissions Unit (SDAU) Level 3 Centre Block (near Dilham ward)

Because SDAU has very limited space, only 1 person may stay with each patient, until the patient is moved to the 'Pre-operative area'. At this point we would ask that this person leave the patient for the privacy and dignity of other patients.

Eating and drinking instructions:

On the day of your operation it is very important you follow these instructions carefully. If you eat or drink when you should not, your operation will be cancelled.

- **If you have been asked to attend at 07.00am you must have nothing to eat from midnight, then only clear fluids until 06.00am, and then nothing else.**
- **If you have been asked to attend at 11.00am you may have a light breakfast which must be completed by 07.00am, then clear fluids only until 11.00am**

The only acceptable clear fluids are plain water, fruit squash, black tea or black coffee.

You will:

- Be seen by a healthcare professional, who will mark your operation site with an arrow.
- Have a routine blood test and be asked to change into your hospital gown.
- Be assessed by an anaesthetist to finally make sure you are fit for surgery.
- Be escorted across to theatre.

Please remember to bring:

- **ALL** your regular medications in their original boxes
- A small overnight bag only
- Antibacterial body wash
- Loose clothing
- Dressing gown and slippers with backs
- No valuables

YOUR OPERATION

Your operation will usually be performed adopting the Norwich Enhanced Recovery Programme (NERP) which is designed to get you standing and walking as soon as possible after your surgery without compromising your recovery. This reduces your risk of developing blood clots and overall aims to shorten your stay in hospital and get you back to normal life as soon as possible.

Your anaesthetic will usually involve:

- **Spinal anaesthetic** – a small injection into your back which will numb you from your belly button down
- **Sedation or light general anaesthetic** – injected into your veins using a cannula, to ensure you are sleepy throughout your operation
- **Local anaesthetic** – injected into your new hip joint at the end of your operation to ensure it remains numb for suitable period of time after your surgery

Please note: Your anaesthetic may differ from this depending on your health status and upon discussion with your anaesthetist. Your operation will take between 1 and 2 hours, however; you may be away from the ward for longer due to a number of reasons.

After Your Operation

Following surgery you will usually be transferred to one of our Orthopaedic wards; Denton or Gateley where you will be monitored. You will be given something to eat and drink and the staff will aim to get you out of bed as soon as possible after your surgery.

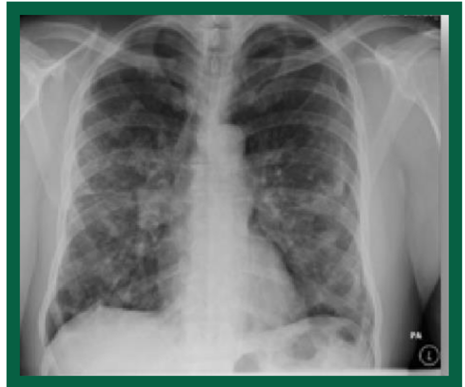
PHYSIOTHERAPY

The staff will encourage you to mobilise as soon as possible after your surgery and you will be seen twice a day by the Physiotherapy team.

Before and After Surgery EXERCISES

Please remember these exercises are **YOUR** responsibility, doing them regularly will help speed up your recovery.

Breathing Exercises



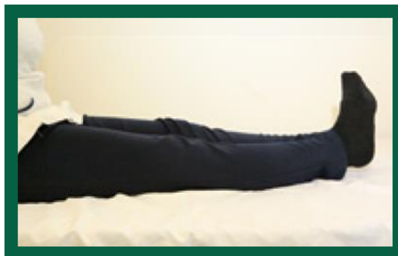
Every 15 minutes when are awake, take 3 good deep breaths in through your nose and out through your mouth. Be sure to fill your lungs completely.

Cough to clear your airway free of any secretions and help reduce the risk of infection.

Circulation Exercises

There are some exercises you can do to aid your circulation and reduce your risk of DVT. Pump your feet up and down by moving at your ankles. Do these as often as you can!

Thigh Exercises



While in bed, push your knee into the bed by squeezing your upper thigh muscle (quadriceps) and hold for 5 seconds. Repeat 10-20 times, 3-4 times a day.

Straight Leg Raise

With your legs straight, tighten your upper thigh and then whilst keeping your leg straight try and lift it 10cm (4 inches) off the bed, hold for 5 seconds, then lower. Repeat 10-20 times, 3-4 times a day.

Buttock exercises

Squeeze your buttocks together and hold for 5 seconds then release. Repeat 10-20 times, 3-4 times a day.

Walking is the best exercise for your new hip, so practice this as much as you can after your operation.

Start your exercises as soon as you can before your operation, this will ensure your muscles are stronger after your surgery.

Mobilisation and Progression of walking aids

Depending on your progress, you will use various walking aids to support your rehabilitation. This starts with a walking frame and progresses to elbow crutches or sticks.

You must initially use two crutches both indoors and out until you can mobilise without a pronounced limp and feel confident

to mobilise around the house with only one (held in the opposite hand) or none.

Outdoors it is advisable to keep two crutches until you can mobilise comfortably without a pronounced limp.

You may then use one or none depending on confidence.

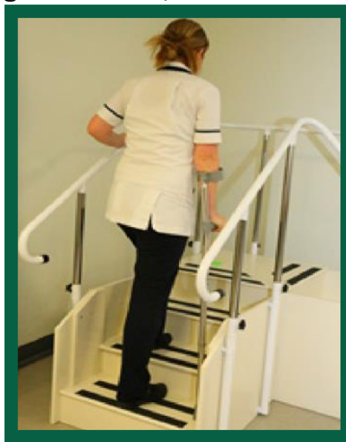
Targets for you to aim for when walking

- Make sure that both steps (strides) are equal in length.
- Try to spend the same amount of time on each leg.
- Always put the heel of each foot to the ground first.
- Gradually increase your walking distance each day and the general amount of activity you do.

Steps and stair technique

To begin with it is better to go up or down the stairs one step at a time. Place the crutches or sticks in one hand and hold onto the rail with the other. If you have no rails then use both your crutches.

Going up you should place the un-operated leg on the step above first, followed by your operated leg and crutch/stick.



Coming down stairs you should place your operated leg together with your crutch/stick onto the step below first, followed by your un-operated leg last.

OCCUPATIONAL THERAPY (OT)

Your Occupational Therapist will look at how you will manage when you go home from hospital. This will include investigating what kind of equipment may help you manage more safely and easily. They will look at the support you have available to you and any further support you may possibly need.
They will help you with practical things you can do to prepare ahead. The height of your furniture will be assessed to determine if you need any equipment after your operation.

Furniture heights and equipment

It is important that your furniture heights are suitable, and you will therefore be asked to provide measurements of your chair, bed and toilet heights at home. Remember to use suitable height furniture outside the home also.

Chair:

- Remember to sit in a firm, sturdy, high chair, ideally with armrests.
- Do NOT sit in low chairs.
- Ensure that your chair is high enough so that your knee is NOT higher than your hip.
- If your chair is not a suitable height, it may be appropriate to use an extra cushion or folded blanket.
- You may be able to borrow or find an alternative higher chair.
- In some cases, the occupational therapist can arrange for your chair to be raised – your occupational therapist will advise you about this.

Toilet:

- Usually, toilet equipment is essential following your operation
- Your occupational therapist will advise you on this and will provide any required equipment.

Bed:

- A firm, high bed is recommended.
- If your usual bed is not of a suitable height, you may be able to use an alternative bed temporarily.
- In some cases we can arrange for your bed to be raised – your occupational therapist will be able to advise you on this.

Try to plan ahead and stock up your freezer and cupboards. It may also be useful to re-arrange things so that items you use frequently are within easy reach.

Think about the support you have available, and if you have a friend or relative who would be able to stay with you a few days initially on discharge, this would be extremely helpful.

If your equipment is not delivered a week before your operation date, please contact the equipment services (**see useful numbers**).

The OT will come to talk to you to confirm your home circumstances have not changed and to check all necessary equipment is in place.

The OT will visit you and assess your ability to manage everyday tasks at home. They will discuss the support you have available and discuss any concerns you may have.

Household activities:

- Keep things that are frequently used at a height that is easily accessible.
- Always work between hip and eye level.
- Consider support available with vacuuming and heavy tasks.

Washing and Dressing:

- We do not recommend you use the bath while your hip is recovering.
- We recommend you have a strip wash.
- Cautious use of a separate shower may be advisable in some cases – your occupational therapist will discuss this with you.
- We advise you to sit when dressing – remember the bed or chair needs to be of a suitable height.
- Long handled aids (Helping hand, long handled shoehorn and sock aid) are needed when dressing your lower half.
- Alternatively, someone may be able to help you.

Getting in and out of a car:

- You will probably need to sit in the front passenger seat and a cushion may be advisable
- The seat should be pushed back as far as possible with the seat back slightly reclined.
- We advise you to sit down first, and then bring your legs into the car.
- Keep your leg straight as you place it into the car.
- To get out you should reverse the procedure.

Sexual Intercourse:

Sexual intercourse can usually be resumed at 6 to 8 weeks after your operation.

Equipment provision

The Occupational Therapist will discuss any equipment you may require. We are able to loan equipment for short term use only. It will be delivered to your home before your operation, but if it is delayed it may be helpful if you ring the number provided by the Occupational Therapy team. When you no longer need the equipment, you will need to ring this number to arrange collection.

DISCHARGE

Looking a bit further ahead, you will be ready for discharge when the whole team is happy with your progress, when your wound is dry and your bloods and x-ray have been checked.

If you have clips or staples, these will need to be removed by your practice nurse 10 to 14 days after your operation.

You will then be seen by your surgeon 6 to 8 weeks after your operation.

Common Problems when you get home

- **Pain:** Should improve with time and pain killers , you may find periods of rest between walking and exercises a benefit

- **Swelling of the leg:** Can be very variable and troublesome to some patients for several weeks. This can cause the leg to ache and make it feel very heavy. To avoid this, sitting for long periods is discouraged. In between frequent walks, it is better to rest with your leg elevated. (please remember your hip precautions)

- **Bruising:** Don't worry if the leg becomes bruised. This will settle in due course.

- **Tiredness:** You will feel more tired than normal. You should try to eat a healthy, balanced diet to help ensure your body has all the nutrients it needs to heal.

- **Constipation:** When you go home, it's important to have plenty of fibre in your diet while you are recovering. In addition, fresh fruit and vegetables will help to keep your bowels moving regularly. Drink plenty of fluids!

SURGICAL WOUND:

You may have an infection if you develop one or more of the following symptoms:

- The skin around your wound gets increasingly red, sore or feels hot and swollen
- Your wound has a green or yellow coloured discharge • You feel generally unwell or feverish, or you have a temperature
- The edges of any part of the wound separate or gape open

If you have any problems with your wound, you should contact:

Orthopaedic Practitioner Advice Line:
01603 287795
Monday – Friday 10am – 2pm

For out of hours advice please contact your GP or attend the Emergency Department with any urgent concerns.

If you needed to see your GP we would like to hear from you the outcome of the consultation and if antibiotics were prescribed. This information is very important for your consultant.

FREQUENTLY ASKED QUESTIONS

When can I drive?

You will not be able to drive for 6-8 weeks following your surgery. You must have been cleared by your consultant to do so, you must be able to do an emergency stop and your insurance company must be informed. There are also other considerations regarding any medicines you take:

The law has changed regarding having specified levels of certain medicines in your bloodstream. If someone’s driving is felt to have been impaired they cannot take a ‘medical defence’ even if they are taking the medicines in accordance with a prescription. If a patient feels that their driving may be impaired, then they should not drive.

It also states that, even if their driving is not impaired and they have above certain levels of medicines in their bloodstream, which cannot be accounted for by their prescribed doses then they are breaking the law (i.e. if patients sometimes take more than is prescribed).

When can I fly?

We advise that you avoid travel for at least 4 weeks before and after your surgery. There is a risk of blood clots after long journeys of more than 6 hours; this is a small risk but increases with more risk factors. You must advise your Travel Company and insurers of any recent surgery. Please inform the hospital staff of any travel arrangements you may have.

What is MRSA and what happens if I have it?

MRSA stands for **M**ethicillin **R**esistant **S**taphylococcus **A**ureus and is a germ which lives completely harmlessly on the skin or up the nose of some people.

Just like any other germ or organism, should it enter the body through a wound or injury, it can cause an infection, depending on how widespread the infection is.

Although MRSA is a strain of bacteria that is not killed by some of the common antibiotics, other antibiotics can be used to treat the infection.

To avoid this risk, as routine we swab everybody who is coming to hospital for an operation. A negative result is the most common and if you are negative you can come in for surgery as planned.

However, if you do test positive, we will need to treat your skin and nose for one week to kill the bacteria. Following treatment you will require three negative swabs before you are admitted. This normally takes three or four weeks and can mean your surgery is delayed.

I take warfarin, when do I stop it?

Because warfarin thins your blood it needs to be stopped before your surgery. During Pre-operative assessment you will be seen by a pharmacist who will advise you when it needs to be stopped.

Please **DO NOT** stop your medication until you have discussed this at pre-assessment.

You may be started on an alternative medication to help prevent blood clots, whilst your warfarin has stopped. This medication will be provided at pre-assessment, should it be required.

I am diabetic; do I have to stop my medication before my operation?

It depends. Some diabetic medications should not be taken the morning of your surgery. You will be advised which medications to stop at your pre-operative assessment appointment.

Please **DO NOT** stop your medication until you have discussed this at pre-assessment.

When can I have a bath or shower?

It is advised that you avoid getting your dressing wet after your operation. Although your wound dressing is normally water resistant, if you do get water underneath the dressing it can increase the risk of infection.

We also advise you not to bath for at least 6-8 weeks after your surgery, unless you have appropriate equipment, as you may be at risk of dislocating your hip.

How long will I be in hospital?

We aim for patients to be ready to leave hospital 3-4 days after their surgery.

How do I get my staples or stitches removed?

Staples can be removed by your GP practice nurse. Instructions will be given to you about when this should be done when you leave hospital.

DISCHARGE CHECKLIST

We expect you to go home 3-4 days after your surgery.

Before you are discharged you will need to have:

- ☐ A dry wound
- ☐ A post-op blood test
- ☐ A check X-ray
- ☐ Passed Physiotherapy
- ☐ Passed Occupational Therapy
- ☐ Your discharge paperwork
- ☐ Your medications ‘to take out’

Clips/Sutures/Dressing to be removed on:

__ / __ / ____

Follow up appointment date:

__ / __ / ____

USEFUL CONTACTS

Orthopaedic Practitioner Advice Line………………..**01603 287795**
(Monday to Friday from 10 am to 2pm)

Equipment Services (Norfolk and Waveney Mediquip)…**0160351124**
(Suffolk - Medequip)……….**01473 351805**

NJR Helpline……………….………………………………..**0845 3459991**

NNUH Switchboard…………………………….…………**01603 286286**

Occupational Therapy …………………**07736287353/07736287349**

(Monday to Friday)

Orthopaedic Pre-assessment…………………………..**01603 286499**
Orthopaedic Specialist Pharmacist……………..**......01603 646485**
Same Day Admissions Unit (SDAU)…………………..**01603 286414**

Intwood ward ………………………………………………**.01603 641407**
Smoking Cessation……………………………………….**01603 776879**

Norfolk and Norwich
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Foundation Trust
Colney Lane
Norwich
NR4 7UY

Tel: 01603 286286
Web: www.nnuh.nhs.uk

Our Values People focused Respect Integrity Dedication Excellence