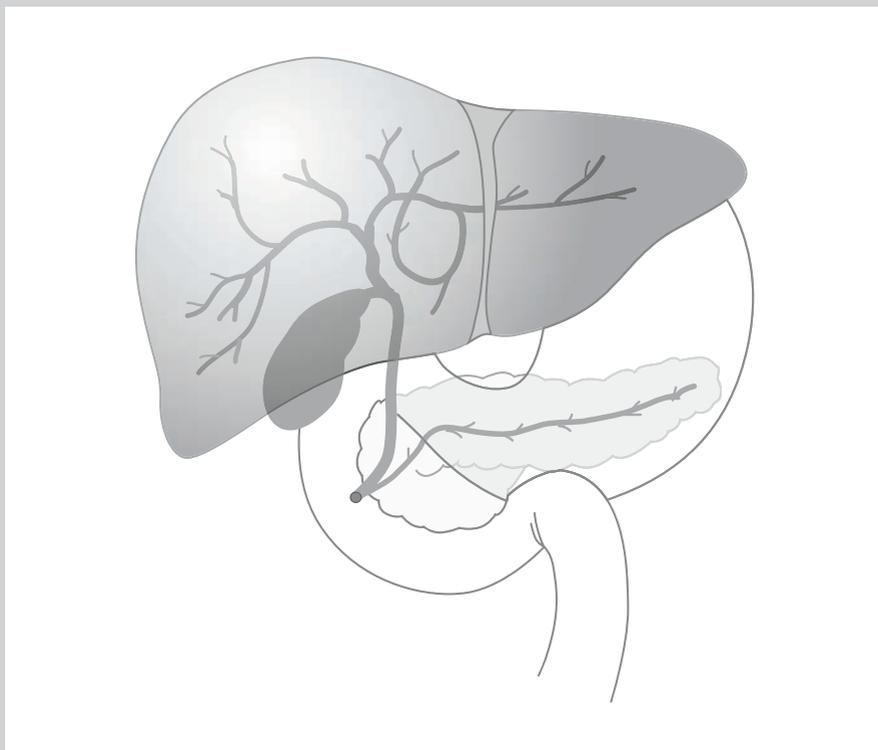


Patients' Guide on how Cancer of the Liver may be Treated

Hepatobiliary Services
Information for Patients



University Hospitals of Leicester
NHS Trust



Caring at its best

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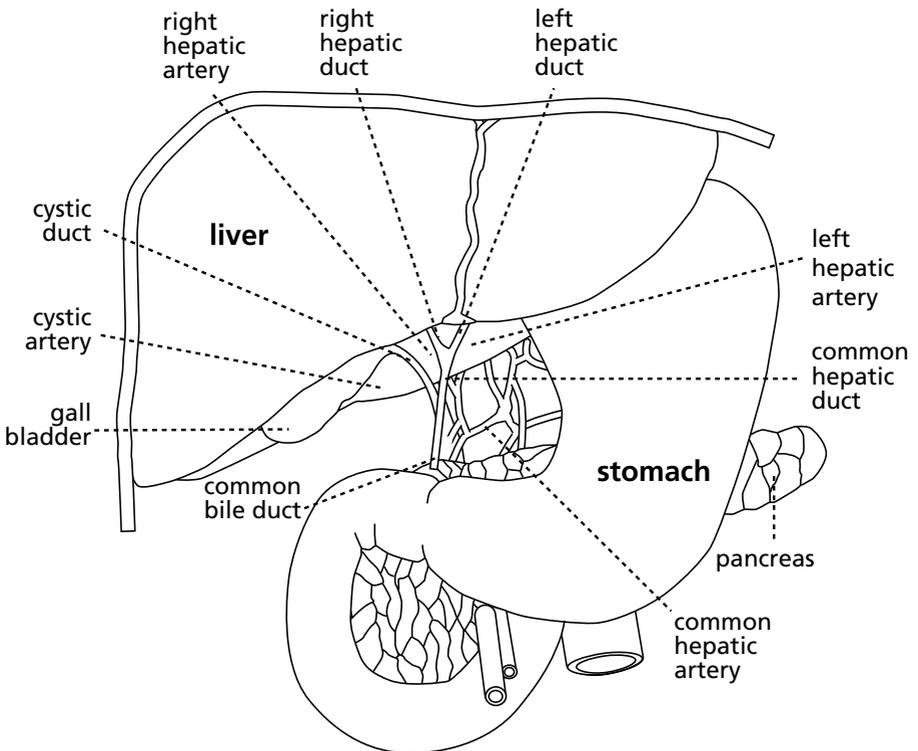
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Introduction

The aim of this booklet is to provide you with information to help you understand more about cancer of the liver and the procedures and tests you may need to undergo.

We hope it will answer some of the questions that you and your family may have about your diagnosis and treatment.

If you require any further information or advice or are unsure about anything, we are here to help and support you through your treatment and surgery.



About the liver

The liver is the largest organ in the body and the main heat-producing organ. It is surrounded by a thin capsule and is divided into sections called lobes. It is situated in the upper part of the abdomen on the right hand side of the body and is surrounded and protected from injury by the lower ribs. The liver is an extremely important organ that has many functions. These include the following:

- Producing blood proteins. Some of these help to clot the blood and prevent excessive bleeding, while others are essential for maintaining the balance of fluid in the body.
- The liver destroys harmful substances such as alcohol and gets rid of waste products by breaking down substances not used by the body so they can be excreted in the urine or faeces.
- The liver is responsible for converting food containing carbohydrates (sugars) and fats, so that they can be used by the body for energy. It stores substances such as glucose and vitamins for use by the body when necessary.
- The liver produces bile, a substance that helps the digestion of food.
- The liver is connected to the small intestine (duodenum) by a tube called the bile duct. This duct takes the bile produced by the liver to the intestine. If the bile duct is blocked, or for some other reason bile is unable to get from the liver to the intestine, it builds up in the blood and causes jaundice.
- The liver has an amazing capacity to repair itself. Up to 80% can be safely removed as long as the remaining portion is healthy. The portion of the liver that is left behind expands until the liver reaches its original size.

What is cancer?

The organs and tissues of the body are made up of tiny building blocks called cells. Cancer is a disease of these cells. Although cells in different parts of the body may look and work differently, most repair and reproduce them in the same way. Normally, this division of cells takes place in an orderly and controlled manner, but if, for some reason the process gets out of control the cells will continue to divide, developing into a lump which is called a tumour. Tumours can be benign (non-cancerous) or malignant (cancerous).

What are the different types of liver cancer?

Malignant tumours of the liver are of two very different types.

Primary cancer, which means cancer starting in the liver itself and secondary or metastatic cancer which means cancer which started in another part of the body and has spread to the liver.

Some primary tumours in the liver are benign (non-cancerous). They do not spread to other parts of the body. They are often small and may produce no symptoms, so may be discovered by chance during operations or investigations for other conditions. Unless they are causing symptoms they may not need to be removed.

What is primary liver cancer?

Primary liver cancer is uncommon in the UK and the rest of the western world, but the number of cases diagnosed is increasing. In other parts of the world, such as tropical Africa and some parts of Asia, it is more common.

There are two different types of primary liver cancer.

1. Hepatoma or hepatocellular carcinoma, which arises from the main cells of the liver (the hepatocytes). This type is usually confined to the liver, although occasionally it spreads to other organs.
2. Cholangiocarcinoma or bile duct cancer. This starts in the cells lining the bile ducts.

What causes primary liver cancer?

In the western world, most people who develop hepatoma (cancer of the liver cells) usually also have a condition called cirrhosis of the liver. This is a fine scarring of the liver, which is due to a variety of causes including heavy alcohol drinking over a long period of time. However, only a small proportion of people who have cirrhosis of the liver develop primary liver cancer.

Infection with a hepatitis virus can also increase the risk of developing cirrhosis and later hepatoma. This risk applies only to chronic hepatitis B, C or D. Hepatitis A infection does not cause cirrhosis or primary liver cancer.

NB. The vast majority of people who have hepatitis do not develop liver cancer.

What is primary liver cancer?

What causes primary liver cancer? (continued)

A rare condition called haemochromatosis, which causes excess deposits of iron in the body, may also lead to an increased risk of hepatoma.

Bile duct cancers (cholangiocarcinomas) are much less common than hepatomas. The cause of most bile duct cancers is unknown, but they do occur to a slightly greater extent in people with inflammatory bowel conditions such as ulcerative colitis.

What is secondary liver cancer?

This is cancer which has started somewhere else in the body and has spread to the liver. Almost any cancer can spread to the liver but the most common ones include bowel, pancreas, stomach, lung and breast cancer.

What causes secondary liver cancer?

The cause of secondary liver cancer is always a primary cancer situated elsewhere in the body that has spread to the liver. If cancer cells from the primary cancer have escaped into the blood stream, the liver is a likely place for the cells to settle as all the blood passes through the liver.

What are the signs and symptoms of primary and secondary liver cancer?

Primary liver cancer is difficult to detect in the early stages because its first symptoms are usually vague. Some of the symptoms of primary and secondary liver cancer that people may experience include:

- A vague discomfort in the upper abdomen, which may become painful. This is due to enlargement of the liver.
- Pain may be felt in the right shoulder. This is known as referred pain and occurs if the liver is enlarged as it stimulates nerves beneath the diaphragm (the sheet of muscle under the lungs) which are connected to nerves in the right shoulder.
- Loss of appetite.
- Weight loss.
- Nausea.
- Lethargy.
- High temperature and feeling shivery.
- If the bile duct becomes blocked, bile will build up in the blood, causing jaundice. This will cause the skin and whites of the eyes to go yellow and may make the skin very itchy. Jaundice also causes characteristic dark urine and pale stools (motions).
- The tumour can also invade the portal vein in the liver, which can produce internal bleeding or generalised swelling of the abdomen, called ascites. If cancer cells have spread to the lining of the abdomen, they can irritate it and cause fluid to build up. If the liver itself is affected by cancer cells, this causes an increase

Signs and symptoms

in pressure in the veins, which lead into the liver. Fluid from the abdomen then cannot pass quickly enough through the liver, so it starts to accumulate in the abdomen.

- Cancer cells blocking the lymphatic system. The lymphatic system is a network of fine channels, which runs throughout the body. One of its functions is to drain off excess fluid, which is eventually excreted in the urine. If some of these channels are blocked, the system cannot drain efficiently and fluid may build up. The excess fluid can be drained off.
- Late symptoms can include bone pain when the cancer has spread outside the liver to the bone.

How can liver cancer be diagnosed?

A detailed history, thorough physical examination, imaging scans and blood tests often lead to the diagnosis. You will have some and possibly all these investigations.

Blood test

A blood test will be taken to check your general health and also to check how well the liver is functioning. Your blood may be checked for chemical activity known as "tumour markers". People with a hepatoma (primary cancer of the liver cells) may have increased levels of this chemical, called alpha foetoprotein in their blood.

How can liver cancer be diagnosed?

Imaging scans

Ultrasound

This is a simple, painless and relatively quick investigation, which can be used to obtain a picture of the inside of your abdomen.



Pictures are made using harmless sound waves. The sound waves bouncing back (the echoes) from this are seen as a picture on a screen. Ultrasonography is a convenient and painless way to examine the inside of the liver.

CT scan (Computed Tomography)

This is more complex and time consuming than an ultrasound but produces excellent pictures of the liver and other organs in your abdomen.



A machine shaped like a huge doughnut is used to take special X-rays. You will lie on a table inside the hole in the "doughnut". The X-rays are taken as very thin slices through the area of the abdomen.

How can liver cancer be diagnosed?

MRI (Magnetic Resonance Imaging)

An MRI scan is similar to a CT scan, but uses a very strong magnetic field to image the liver instead of X-rays. During the test you will be asked to lie very still on a couch inside a metal cylinder, which is open at both ends.



The machines are large and make a noise, which can make some people feel isolated during the procedure. The whole test may take up to an hour. It is completely painless, but lying inside the cylinder may make you feel claustrophobic.

PET scan (Positron Emission Tomography)

This is a sophisticated isotope scan where particles are detected by a scanner. It helps show up any areas of increased metabolic activity. Anything which is very active (the heart or cancer cells) take up the radioactive drug because it is linked to an oxygen molecule which the cells need. The image produced shows radioactive parts of the body. This scan lasts about an hour and should not be painful.

Hepatic arteriography

This investigation is performed under a local anaesthetic. A small tube is inserted into the main artery in the groin and a dye is then injected through the tube so that the blood vessels in the liver can be seen on an X-ray. This helps reveal any abnormalities in the liver's blood supply.

How can liver cancer be diagnosed?

Liver biopsy

A liver biopsy is a sample of tissue (biopsy) for examination under a microscope. A local anaesthetic is given to numb the area before a fine needle is passed through the skin and into the liver. A small piece of liver tissue is withdrawn with a needle and sent to the pathology department to be examined under the microscope for cancer cells. An overnight stay in hospital is sometimes necessary to ensure there is no discomfort or bleeding from the biopsy site.

ERCP (Endoscopic Retrograde Cholangiopancreatography)

This is a special investigation for taking X-ray pictures of the bile duct and pancreatic duct. Performed in the Endoscopy Unit, it is carried out under sedation, although it can be done as an outpatient.

The endoscope (a long thin flexible tube-like camera) is passed carefully down the gullet, into the stomach and then into the duodenum opposite the opening of the bile duct and pancreatic duct. Dye is injected and X-ray pictures are taken to see where the problem might lie and if it is possible to unblock the bile duct. A small plastic stent may be placed to help with this.

EUS (Endoluminal Ultrasound)

This investigation allows the doctors to scan your gullet, stomach, biliary tract or pancreas using an endoscope with a special ultrasound probe passed through it. The endoscope is a long thin tube with a light and a camera lens on the end, which is inserted through your mouth. This investigation is performed under sedation and it will also allow images and pictures to be obtained with the ultrasound scanner. As the probe can be placed very close to the organs the images are very clear and small abnormalities (lymph glands etc) can be seen.

What are the treatment options?

Treatment is planned for each person individually, which means that one person may not receive the same treatment as another even though they have the same type of cancer. The best treatment for each person depends on a wide range of factors. The size of the tumour is important, and also the underlying liver disease. Other factors such as general health are taken into account.

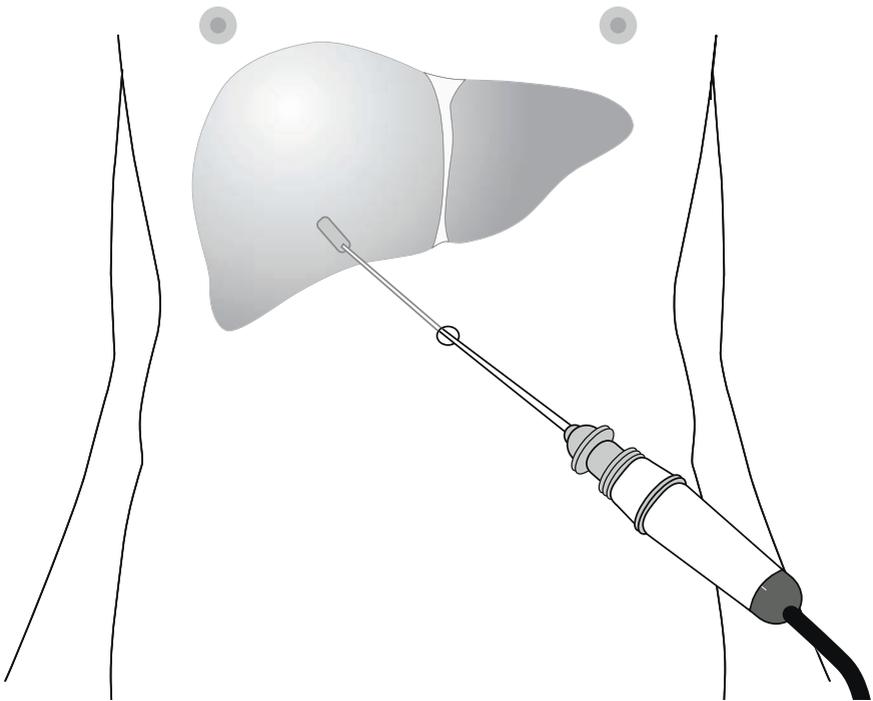
The Multidisciplinary Team (MDT)

The team of health professionals looking after you is known as the multidisciplinary team or MDT. The multidisciplinary team meet once a week to discuss the most appropriate treatment for you. A member of the team will then discuss your treatment plan with you. The following people make up the MDT:

- The surgeon in charge of your care
- The oncologist
- The radiologist
- The pathologist
- Clinical nurse specialist
- The palliative care consultant
- The palliative care nurse specialist.

Staging laparoscopy (keyhole surgery)

Your surgeon needs to know how far your tumour has spread and this process is called staging. By performing a staging laparoscopy, your surgeon can decide whether surgery will be the best treatment option for you. A laparoscopy is a small telescopic instrument with a light on the end for inspecting the inside of the abdomen. A general anaesthetic is needed and usually an overnight stay in hospital. A small cut is made in the abdomen so that the doctor can insert a laparoscope to look at the liver. The doctor may well take a small piece of tissue (biopsy) during the examination to send it to the pathology department for diagnosis.



It is also possible to insert a special ultrasound scanner to look closer at the liver and bile ducts during laparoscopy.

Radiotherapy

Radiotherapy is not usually used to treat primary liver cancer because the liver is easily damaged by this treatment.

Chemotherapy

Chemotherapy is sometimes used to treat liver cancer.

Chemotherapy uses powerful drugs (cytotoxic drugs) which destroy cancer cells. Its value in treating liver cancer is limited because the dose required to destroy all the cancer irreparably damages other tissues in the body. However, there are occasions when chemotherapy is helpful in controlling the rate of growth of the tumour when it is not possible to offer surgery. Chemotherapy can be given by injection into a vein in the arm or by infusion.

Different chemotherapy drugs have different side effects, but not everyone will experience them. The doctor will be able to offer advice and/or medication to help minimise any effects. It is important to remember that the side effects are only temporary and will go away as soon as the treatment has finished.

Some people feel sick (nausea) after the treatment but taking anti-sickness drugs (an anti-emetic) can relieve this and can be given as a tablet or injected with the chemotherapy. Some drugs can cause hair to thin but the hair will grow back when the treatment is over. Other drugs can cause a sore mouth. If this is going to happen it usually occurs at the beginning of the treatment and can be helped with regular mouthwashes. Some people find they become very tired or they do not feel like eating.

Liver transplantation

While transplantation is not performed in Leicester, small tumours occurring in advanced liver disease can occasionally be treated by liver transplantation. Over 600 successful liver transplants are performed annually for various conditions, which dramatically improve people's quality of life. Transplantation is not considered suitable if the disease has spread outside the liver.

Ethanol injection

Another possible treatment for patients who are unfit for surgery and who have relatively small tumours is ethanol injections, which are given directly into the tumour. Pure ethanol is a toxin, which kills cells. The doctor will use ultrasound or a CT scan to guide the injections to the correct area of the liver. Side-effects are usually minimal. An overnight stay in hospital is generally necessary to make sure there is no discomfort, tenderness or fever afterwards. The injections can be repeated on several occasions.

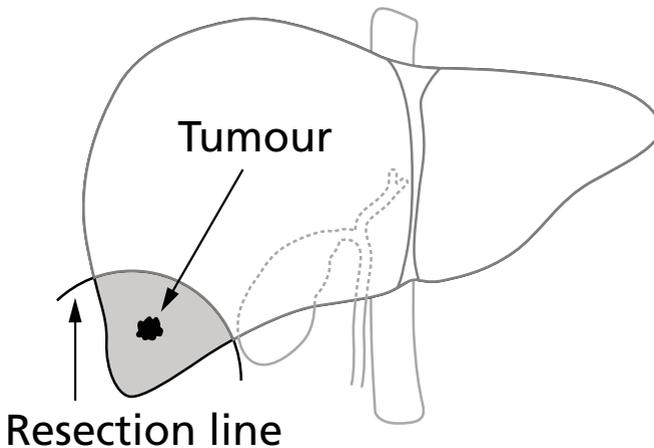
Ablation

There are a number of methods available which allow destruction of liver and tumour tissue with a probe. These can be inserted at operation or sometimes as a minor procedure through the skin. If they are done at operation a general anaesthetic is required but those through the skin can sometimes be done under local anaesthetic.

The most common methods which all destroy tissue by heating are microwave and radio frequency ablation. These are used in a number of different circumstances, sometimes alone and sometimes with surgery or chemotherapy. These options will be discussed with you in the clinic.

Secondary liver cancer is often treated with chemotherapy perhaps in conjunction with an operation. For a few people, however, especially those with cancer of the bowel that has spread to the liver, it may sometimes be possible to have an operation to remove the part of the liver that is affected by the secondary cancer.

The diagram below shows how part of your liver containing the tumour will be removed during surgery.



At present surgery offers the only hope of a cure with liver cancers. The operations are large and can be complicated, but are now performed routinely in specialist centres. The size and number of the tumours is important, but surgery is always possible if all the diseased tissue can be safely removed leaving enough healthy tissue to recover and re-grow in the post-operative period. This means that 75-80% of the liver can be removed with an uneventful recovery after the operation and afterwards a completely normal life with no dietary or lifestyle restrictions. If this surgery is possible in your case, then the next section of the booklet will explain to you what will happen.

Scheduling your operation

Once you decide to have surgery this will normally occur within four to six weeks. This can sometimes change if it is decided that it is best to have a course of chemotherapy before surgery.

If you need any additional investigations they will be organised by either your surgeon or clinical nurse specialist.

You will need to have pre-admission testing within seven days of your admission to hospital.

If you live outside of Leicestershire you will normally be admitted one or two days before your surgery. If you live within Leicestershire, you will be asked to attend a pre-admission clinic at the hospital.

What does pre-admission testing involve?

A nurse will ask you certain questions, check your blood pressure, pulse and temperature. Routine swabs will also be taken for MRSA screening. A doctor will complete all relevant documentation and any further tests that need to be carried out, such as, further blood tests, heart recording (ECG), and chest X-ray (to check your lungs).

What are the risks of the operation?

As with any operation, complications are always possible, some of them serious. Worldwide there is a 6% mortality (death rate) related to liver surgery and this is usually the result of liver failure after the operation.

Other risks include:

- bleeding
- infection
- leakage from the sutured areas
- pneumonia
- heart problems and stroke.

Consent

You will be asked to give your consent to allow the surgeons to operate on you. Before any operation, make sure that you have discussed it fully with your surgeon so that you understand what it involves. This is the time when you should ask further questions about the risks involved. As with any surgery there are certain risks. Some risks are associated with anaesthetic, some with the type of surgery and some with the recovery. When you sign the consent you should ensure that you understand what you are signing for.

Anaesthesia for liver surgery

Before your surgery your anaesthetist will visit you. This is the doctor who keeps you unconscious during your operation and looks after all your bodily systems such as breathing and heart function while you are having surgery. The anaesthetist will do everything possible to keep you safe during the operation.

Before your surgery he/she will ask you questions about your general health and examine you.

The anaesthetist will explain what is involved with the anaesthetic and will discuss your options for pain relief. You will be asked not to drink or eat anything for eight hours before the operation to ensure that your stomach is empty so that you can be put to sleep with a general anaesthetic.

The operation

The average length of stay in hospital after a liver resection is seven to ten days.

To enable the surgeon to perform this operation safely, they must be able to see the liver clearly. For this reason a large cut (incision) will be made in your upper abdomen under the ribcage. An inverted "v" is known as a roof top incision and if a vertical extension is necessary, it is called a Mercedes Benz incision. The amount of liver removed will depend on the size and location of the tumour. Your surgeon will remove the tumour and the smallest possible amount of normal tissue around it.

You will not receive a blood transfusion unless it is absolutely necessary, but often it is required during liver surgery. The length of the operation depends on what is found and what needs to be done but it can take between three and five hours. At the end of the operation your surgeon will telephone a relative (or friend) of your choice to explain what was found and what has been done.

Depending on the size and position of the abnormal area it will be possible in some cases to do the operation using laparoscopic (keyhole) surgery.

What should I expect after the operation?

After your operation you will wake up in the Intensive Care Unit (ITU) or the High Dependency Unit (HDU) and spend the first night there. This is because major surgery such as liver surgery has large effects on all your body systems. The doctors and nurses looking after you will monitor these systems very closely in the unit, by using the drips and tubes placed by your anaesthetist and by using various other monitors.

As soon as you are well enough a member of the surgical team will discuss your operation in detail.

When you wake up after surgery you will have the following:

- A tube called a Nasogastric tube (NG), in your nose going into your stomach. This tube drains the fluid that naturally accumulates in your stomach. You will have the NG tube for a couple of days and it may be uncomfortable.
- A catheter (a soft, flexible tube) in your bladder to drain urine. This will save you having to sit up to pass urine. The catheter is usually taken out after a few days.
- Tube drains in your abdomen to remove excess fluid following your surgery. The nurses will be regularly measuring the amount of fluid in these drains. The tube drains will be removed within a few days, once they are draining minimal amounts of fluids.
- An intravenous (IV) line in a vein in your neck and arm to give you fluids until you begin drinking fluids and eating again.
- A tube called a CVP line going into a vein in your neck.

Pain control

It is normal to have pain or discomfort after an operation on the liver. You will be given analgesia (painkillers) for several days after the operation to prevent and relieve pain.

Pain relief after liver surgery is usually given in the form of an epidural. Epidural analgesia is a method of providing continuous pain relief. The epidural is a fine length of tubing, which is inserted into a small space in your backbone. The epidural tubing is connected to a pump, which automatically delivers pain-relieving medication to you and should give continuous pain relief.

You will have pain relieving epidural for as long as you need it, but most patients will progress to tablets after a few days.

It is very important that your pain is controlled enough to enable you to walk, cough and breathe deeply.

Physiotherapy

Soon after your operation you will be helped out of your bed to a chair and then encouraged to walk a short distance with help from a physiotherapist or nurse. Walking soon after surgery helps improve circulation, prevent blood clots, and stimulates bowel functions. You will be encouraged to cough and do deep breathing exercise, all of which help to prevent chest infections or pneumonia.

Your diet

Once your bowels begin to work again, you will be allowed drink sips of clear liquids and gradually advance to a normal diet. At first you will not be able to eat the same options of food you did before the surgery. Many patients lose weight before the operation and during the first couple of weeks after surgery. You will regain the weight slowly as your appetite improves.

Going home

Once you tolerate a normal diet, have had your bowels moved and there are no signs of complications, you will be ready to go home. Your doctor will give you discharge instructions and prescriptions for any medication you need. Your nurse will review these instructions with you. If you need a visit by a district nurse when you are at home, it will be arranged before you are discharged.

Special considerations

Fatigue

Feeling tired (fatigue) is the most common complaint following a liver resection, and it is expected. Although the liver will grow back after three weeks of surgery, it takes another three to four weeks before it is fully functional. You may need a nap during the day, but try to stay out of bed as much as possible so you will sleep at night. It usually takes six to twelve weeks until your energy levels return to normal.

Special considerations

Decreased appetite

It is common to have a decreased appetite after surgery. Try eating smaller meals that have each of the four food groups (ie fruits/vegetables, meat/chicken/fish, breads/grains and dairy products).

Alcohol

Since alcohol is cleared out of the body through the liver, do not drink alcohol until you check with your doctor.

Pain relief

At home, you may still have some wound pain, which may be necessary for you to take some painkillers for. Please remember that some painkillers cause constipation so take extra fluids and fibre in your diet. Also remember to take the pain relief as directed by your doctor.

Numbness

It is normal to have numbness of the skin below the incision because some of the nerves supplying the skin have been cut. The numbness usually improves over time.

Exercise

Exercise will help you gain strength and feel better.

Walking is recommended. Check with your doctor or clinical nurse specialist before resuming any strenuous exercise. Do not lift anything heavier than 5lbs for six weeks. It may be a number of weeks before you are able to drive again after major surgery. We recommend that you contact your insurance company for advice before starting to drive again.

Important

Please contact your General Practitioner (GP) / Clinical Nurse Specialist (CNS) if you have:

- temperature above 38°C
- redness or leaking from your wound
- any increase in pain or new pain
- nausea or vomiting
- jaundice
- any new or unexplained symptoms.

Follow-up appointment

Usually your first appointment after your operation should be four to six weeks after discharge. You will receive this through the post.

After your first appointment, your following appointments will be:

- Every six months up to two years
- Then every year up to five years

At each visit your Surgeon will organise for you to have a CT scan and blood tests before your next visit.

After five years you will be discharged.

Research

Research continues throughout the world on the causes, treatments and prevention of liver cancer. Improvements have been made in surgical techniques resulting in successful liver resection and transplantation. There are many promising advances in our knowledge of chemotherapy and new drugs undergoing evaluation. There have been dramatic advances in reducing side effects caused by existing drugs.

Within the Hepatobiliary Unit at the Leicester General Hospital, there are a number of research projects currently underway. At present these are the donation of human tissue for medical research, electrolysis as treatment of liver tumours and the development of a bioartificial liver device (like a dialysis machine containing liver cells) to enable patients with liver failure to be treated.

Your consultant surgeon or research fellow will ask you if you would like to be involved in any of these projects. There is no obligation to take part, but if you are interested your surgeon or clinical nurse specialist will be happy to give you more information.

Contact numbers and further information

Cancerhelp

Ask specialist nurses about anything to do with cancer.

Freephone: 0808 800 4040

Website: www.cancerhelp.org.uk

Leicester HPB Unit

Leicester Hepatic, Pancreatic and Biliary Disease Unit

Website: www.hpbleicester.com

Cancer Information Centre

Osborne Building

Leicester Royal Infirmary

LE1 5WW

The Centre is manned by Patient Information Officers who will provide you with the information you need, or signpost you to the help and support available locally and nationally.

Opening hours: Monday to Friday
from 9.30 am to 4.30 pm

Telephone: (0116) 258 6189

Email: cancerinfo@uhl-tr.nhs.uk

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى، يرجى الاتصال مع مدير الخدمة للمساواة في 0116 250 2959.

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如果您想用另一种语言或格式来显示本资讯，请致电 0116 250 2959 联系“服务平等化经理” (Service Equality Manager)。

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यदि आप को इस लीफलेट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डेव बेकर, सर्विस ईकवालिटी मनेजर से 0116 250 2959 पर सम्पर्क कीजिए।

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Ak by ste chceli dostať túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. číslo 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriir, Maamulaha Adeegga Sinaanta 0116 250 2959.