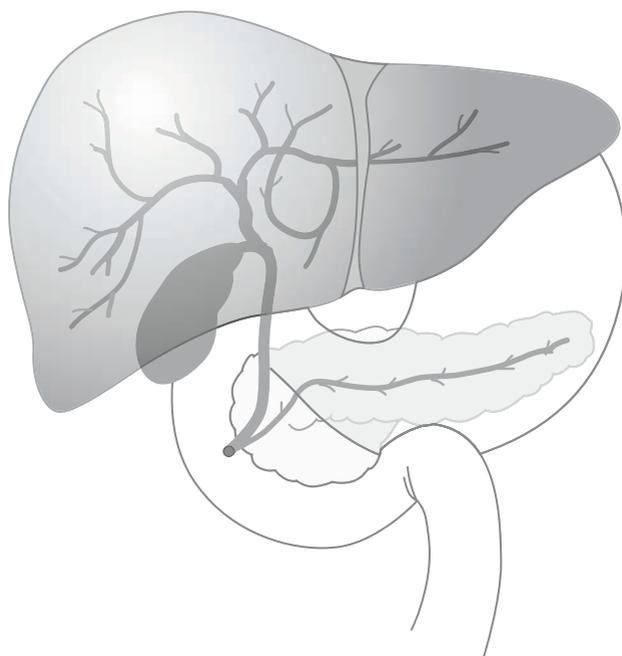


Patients' Guide To Treating Surgical Problems of the Liver

Hepatobiliary Services
Information for Patients



University Hospitals of Leicester
NHS Trust



Caring at its best

Contents

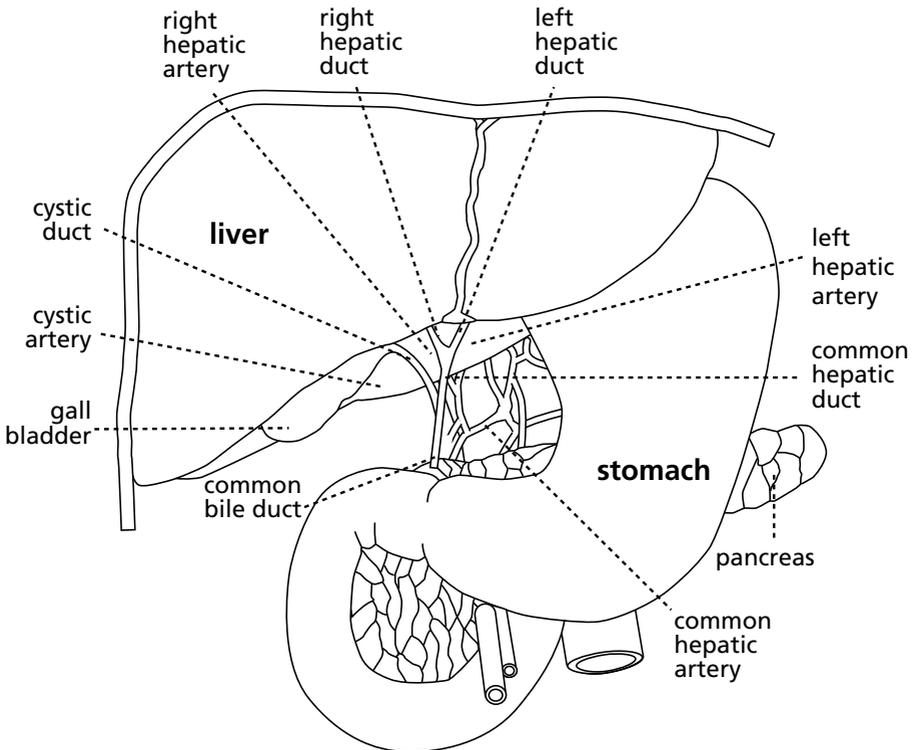
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Introduction

The aim of this booklet is to provide you with information to help you understand more about benign disorders 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:

- 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.

Investigations used for liver disorders

Blood test

A blood test will be taken to check your general health and also to check how well the liver is functioning.

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.



Investigations used for liver disorders

MRI (Magnetic Resonance Imaging)

An MRI scan is similar to a CT scan, but uses a very strong magnetic field to produce pictures of 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.



Hepatic Arteriography/Embolisation

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

Liver Biopsy

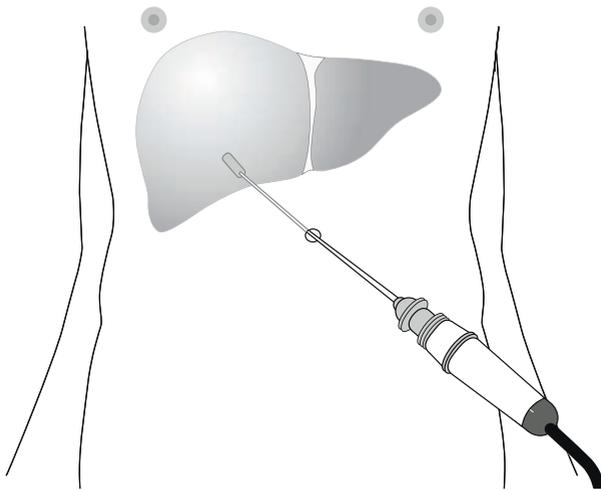
A liver biopsy is a sample of tissue (biopsy) for examination under a microscope. A local anaesthetic is given to numb the area before a fine needle is passed through the skin and into the liver. A small piece of liver tissue is withdrawn with a needle and sent to the pathology department to be examined under the microscope.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

Investigations used for liver disorders

Laparoscopy (keyhole surgery)

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.



What are benign liver disorders?

Benign liver disorders are non-cancerous diseases which affect the liver include benign/non-cancerous tumours, liver cysts, and infections. As such the treatment options are vast and varied, but a few will eventually require surgery.

What is a haemangioma?

A haemangioma is a benign (non-cancerous) overgrowth of small blood vessels within the liver. It affects women more commonly than men which may be due to the effects of female sex hormones and is commonest in the third to fifth decades of life. Overall, 8% of people may have a haemangioma but most of these go unnoticed and do not cause problems.

What are the symptoms associated with haemangioma?

Most haemangiomas do not give any symptoms unless they are 10 cm or larger. Abdominal discomfort, nausea and vomiting and fever are sometimes experienced by patients. The pain is thought to be due to stretching of the envelope of the liver (known as the capsule) or by small amounts of bleeding occurring within the haemangioma.

What investigations and treatments are available?

Because haemangiomas often do not cause symptoms, they are often picked up accidentally on scans performed for other reasons. A CT scan with an injection of dye can be used to give more information which could be used to plan any possible treatment. Alternatively an MRI scan may also be used. It is not unusual to have both scans.

In the vast majority of cases, haemangiomas do not need any treatment. An operation may be considered if:

- the patient is having lots of symptoms, which are due to the haemangioma
- the haemangioma is very large and may be at risk of causing problems at a later date, such as bleeding
- there is any doubt from the scans as to whether the tumour is actually a haemangioma or not.

What is a haemangioma?

Sometimes it is possible to remove a haemangioma using keyhole surgery, but this depends on its location within the liver and how near the haemangioma lies to the major blood vessels running through the liver.

What is a liver cell adenoma?

A liver cell adenoma is a benign (non-cancerous) overgrowth of liver cells. Liver adenomas may be more common in women taking the contraceptive pill. Liver adenomas are commonest in females in the 3rd to 5th decade of life and 90% of patients with this condition have used oral contraceptives. However, the actual risk of developing an adenoma whilst on the oral contraceptive pill is very rare, with only three to four females per 100,000 taking the pill after two years will develop a liver cell adenoma.

What symptoms are associated with liver cell adenoma?

Patients with liver cell adenomas may experience abdominal pain due to stretching of the envelope of the liver (known as the capsule). Small amounts of bleeding into the adenoma may also give some pain. About one third of patients may feel that they have a lump in their abdomen.

What investigations and treatments are available for liver cell adenoma?

Ultrasound scan, CT scan and MRI scanning are all useful, but liver cell adenomas may sometimes be difficult to distinguish from hepatocellular carcinoma (HCC) which is a malignant (cancerous) tumour. In general it is necessary to operate on adenoma for three main reasons:

What is a liver cell adenoma?

- Difficulty in differentiating between a hepatocellular carcinoma and liver cell adenoma on the scans.
- It is thought that 10% of liver cell adenomas may change into HCC (a cancerous growth) over time.
- There is a risk of heavy bleeding into the abdominal cavity from a liver cell adenoma.

Sometimes it is possible to remove a liver cell adenoma using keyhole surgery, but this depends on the location of the tumour within the liver in relation to the major blood vessels running through the liver. Patients are strongly advised to discontinue the contraceptive pill and use other forms of contraception if they are diagnosed with a liver cell adenoma.

What is focal nodular hyperplasia (FNH)?

FNH is a localised nodular growth in an otherwise normal liver which can look similar to liver cell adenoma. It is commonest in females between 20 to 30 years of age.

What Symptoms are associated with FNH?

Patients may experience vague abdominal pain, but only 10% of people with FNH have any symptoms at all. FNH is not associated with a malignant (cancerous) change over time unlike liver cell adenoma. The problem with FNH is that it is sometimes very difficult to diagnose on scans.

What is focal nodular hyperplasia (FNH)?

What investigations and treatments are available for FNH?

A combination of scans may be required including ultrasound, CT, MRI and more specialist scans. As a general rule if the diagnosis is not obvious from the scans it is sometimes appropriate to perform a biopsy of the liver. This is usually through keyhole surgery or to completely remove the abnormal area. If the diagnosis of FNH is very clear from the scans then it may be safe not to operate.

What are liver cysts?

A cyst is a sac-like structure filled with liquid or semisolid matter. Cysts are seen in 3 to 4% of the population with females being affected four times more commonly than males. Cysts arising in the liver can be simple or multiple. A special type of cyst called a choledochal cyst can also arise from channels within the liver (known as bile ducts). Some cysts arise as a result of infection for example hydatid cysts, which will be discussed later.

What are the symptoms associated with liver cysts?

The vast majority of simple liver cysts do not give any symptoms and with improved scanners, they are often picked up during investigations for other problems. Very large cysts can cause abdominal pain, nausea, vomiting, loss of appetite and a feeling of being very full and bloated after small meals. Occasionally, there may be a lump to feel in the region of the liver. The number of cysts may vary from one single cyst to many small cysts.

What is polycystic liver disease?

Polycystic liver disease (PCLD) is a condition associated to a very large number of very large cysts. It is often associated with multiple cysts within the kidney as well, known as Adult Polycystic Kidney Disease (PCKD).

Some patients with PCKD will have kidney failure and will be receiving specialist treatments for this. The form of PCLD associated with kidney problems can be directly inherited from parents to children. Unlike the cysts within the kidney, multiple liver cysts do not usually cause any problem with how the liver functions. However, patients may experience abdominal fullness/discomfort due to an increased liver size.

What treatments and investigations are available for cystic liver disease?

Ultrasound and CT scanning will demonstrate the extent of the disease. If patients do not have symptoms then no treatment is required, but if symptoms are severe liver cysts can be “de-roofed” often with keyhole surgery. This treatment works best for patients with single cysts. Where multiple cysts are found, only the single largest (or dominant) cyst is de-roofed. A plastic tube called a drain is often positioned at the time of surgery, this may be left in for several weeks. In polycystic liver disease, de-roofing can also be used, but due to very large number of large cysts, the results are less predictable. Very occasionally, a liver transplant is required for polycystic liver disease, to control symptoms.

What are cystadenomas?

A cystadenoma of liver is a very rare tumour which is similar to a cyst but more complex in composition. This tumour has a potential to change into a cancerous growth over time into a cystadenocarcinoma, and for this reason it should always be surgically removed.

What is hydatid disease?

Hydatid disease is the result of infection with a type of parasite which lives in humans called Echinococcus. Parasites are passed from dogs or sheep to humans. The eggs hatch in the bowel and cross the bowel wall into a major vein which supplies the blood to the liver (portal vein). There, the parasites cause a chronic infection and surround themselves with a capsule called a cyst. The liver is the most common site involved with the formation of a hydatid cyst, but the parasites may travel anywhere including to the lungs, brain and even bone.

What symptoms are associated with Hydatid disease?

The cysts tend to be acquired in childhood after contact with dogs or sheep and grow slowly often lying dormant for many years. They most commonly present with vague abdominal discomfort and occasionally they may squeeze and block the tubes draining bile from the liver causing a yellow colour to the skin, known as jaundice.

What is hydatid disease?

What investigation and treatments are available for Hydatid disease?

Blood tests, plain abdominal X-rays, CT and Ultrasound scans are all useful in the diagnosis. Liver biopsy is avoided where possible, as this may cause a spread of the infection as the needle passes out of the cyst. It may also cause an allergic reaction to the contents of the cyst which may have been lying dormant for many years.

What treatments are available for hydatid disease?

Treatment of hydatid cysts consists of a drug (usually called albendazole) which kills the parasite causing the infection. However, medical treatment generally will not cure you on its own and surgery is also needed. The cyst is removed from the liver with care being taken not to spill any of the contents, since this would allow the parasite to spread elsewhere within the abdomen.

What is a liver abscess?

An abscess is a collection of pus within the liver. Liver abscesses frequently occur if there has been infection elsewhere within the body of abdomen. For example, they may occur after appendicitis, an infection in the blood stream or infection within the tubes in the liver (the bile ducts). In 15-35% of patients with liver abscesses no cause is found.

What are the symptoms of a liver abscess?

Patients usually have a fever, with loss of appetite, weight loss and abdominal pain. It is not uncommon to feel extremely unwell and tired with an abscess. A yellow colour to the skin (jaundice) may also be present.

What is a liver abscess?

What investigations and treatments are available for liver abscess?

Ultrasound scanning is usually used to make a diagnosis. A CT scan may be helpful diagnosing multiple abscesses. Magnetic Resonance Cholangiography (a more detailed scan looking at bile ducts) may be used if a patient is jaundiced.

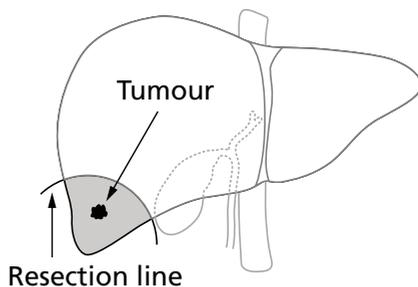
Treatment of a single large liver abscess is usually done by putting a plastic tube called a drain through the skin into the collection of pus. This is usually done under a local anaesthetic using ultrasound. The drain may be left in for up to six weeks.

Surgery in the liver

Disorders in the liver can sometimes be treated by surgical removal. The operations are large and can be complicated, but are now performed routinely in specialist centres. The size and number of lesions in the liver 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 period after the operation.

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.

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



Scheduling your operation

Once you decide to have surgery this will normally occur within four to six weeks. 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. This mortality covers a wide range of liver operations incorporating those where much larger volumes of liver tissue need to be removed than those required for non-cancerous liver problems.

Other risks include:

- bleeding
- infection
- leakage from the sutured (stitched) 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 asleep 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 they 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. This is to ensure that your stomach is empty and you can safely be put to sleep with a general anaesthetic.

The operation

The average length of stay in hospital following 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.

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.

You will not receive a blood transfusion unless it is absolutely necessary, but it may be 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.

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). This is because major surgery such as liver surgery has significant effects on all of 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.

What should I expect after the operation?

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

- A tube called a nasogastric (NG) tube, 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 pain killers (known as analgesia) 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 spine. The epidural tubing is connected to a pump, which automatically delivers pain-relieving medication to you and should give continuous pain relief.

Pain control

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 leave hospital.

Special considerations at home

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.

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.

Special considerations at home

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 heavy 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 you leave hospital. You will receive this through the post.

Research

Research continues throughout the world on the causes, treatments and prevention of liver diseases such as cancer. These areas for research frequently involve using liver tissue obtained from patients undergoing liver surgery. Although you are unlikely to directly benefit from such research, the results could be invaluable to other patients suffering from liver disease less amenable to treatment.

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 clinical nurse specialist 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, clinical nurse specialist or research fellow will be happy to give you more information.

Contact numbers and further information

Further information

You can contact NHS Direct for further information or advice on,

Telephone: 0845 46 47

or via their website www.nhsdirect.nhs.uk

The British Liver Trust

Telephone: 0800 652 7330

E-mail: www.britishlivertrust.org.uk

Leicester HPB Unit

Leicester Hepatic, Pancreatic and Biliary Disease Unit website:

Website: www.hpbleicester.com

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