



Government of **Western Australia**  
**North Metropolitan Health Service**  
**Women and Newborn Health Service**



# Major Gynaecologic Oncology surgery

Enhanced Recovery After Surgery (ERAS)

Patient information



The operation I am having is:

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Surgery date:\_\_\_\_\_

I will be called by the nurse to confirm my surgery and admission time on:

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After my surgery, I will be:

- ☐ Going home the same day
- ☐ Going to the ward
- ☐ Going to the Adult Special Care Unit (ASCU)

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# Welcome

Welcome to King Edward Memorial Hospital. Having surgery can be a worrying time for patients and their families and/or caregivers. This booklet contains information that will help get you ready for your surgery. It explains what to expect before and after your operation.

**Please bring this booklet with you to hospital.**

## What is Enhanced Recovery After Surgery (ERAS)?

Enhanced recovery programs are aimed at ensuring every patient gets the best possible care before, during and after their surgery. This program will help you prepare your mind and body for surgery.

Having major surgery is similar to running a marathon. Just as you would prepare for a marathon, you will need to prepare your mind and body for the challenge of having and recovering from surgery. Patients who are well prepared for surgery have fewer complications, spend less time in hospital, and can return to their usual activities sooner.



## Who will be helping me?

All doctors (surgeons, anaesthetists), nurses and allied health staff (dietitians, physiotherapists, occupational therapists, pharmacists, social workers) involved in your care have had additional education and training in enhanced recovery programs. You will also be supported by our ERAS nurse coordinator throughout your surgical journey.

We wish you all the best in your journey and hope that you recover well.



# Getting ready for surgery

We use the time leading up to your surgery to ensure your mind and body are in the best possible health.

After meeting with the surgical team in clinic, you will have 2 telehealth appointments (either via phone or video call) with our specialist ERAS nurse.

One appointment will be several weeks prior to surgery and one will be close to surgery.

As part of the ERAS program, it is important that you and your support people watch the online 'Surgery School' videos provided to best prepare you for surgery.

If you don't have access to a computer or the internet, you could consider going to your local library to watch, or our consumer library on the ground floor of the hospital.

You will also have an appointment with our preadmission team before your operation and will be seen by a nurse, doctor (anaesthetist), pharmacist (to help with your medications) and/or physiotherapist.

With your anaesthetist, you will talk about your overall health and how we can improve it to make your anaesthetic and operation safer. Please bring your medications or a list of your medications to the appointment. It is also a good idea to bring a support person. Allow up to two hours.



## Things we might discuss include:

- Medical conditions
- Medications and allergies
- Previous surgery and anaesthesia
- Smoking, alcohol and drug use
- Expectations about your surgery and anaesthetic
- Advance care planning



# Further information and assistance

## Support during your stay.

We can provide the following services for you:

- Aboriginal liaison officer
- Language/interpreter services (including Auslan)
- Social work
- Pastoral care
- Occupational therapist
- Physiotherapist
- Dietitian
- Clinical psychology

If you believe you will need any of the above services, please contact the Oncology liaison clinical nurse.

Email: [oncologyliaisonclinicalnurse.kemh@health.wa.gov.au](mailto:oncologyliaisonclinicalnurse.kemh@health.wa.gov.au)

Mobile: 0434 957 460

Contact hours: Monday to Friday, 8am to 3pm.

## Accommodation and travel assistance

If you are a WA country resident, you may be eligible for the Governments Patient Assisted Travel Scheme (PATs). This scheme provides part or full financial assistance towards the cost of travel to and from Perth and accommodation while in Perth.

For more information, please contact your local PATs office or your regional cancer nurse coordinator.

[www.wacountry.health.wa.gov.au](http://www.wacountry.health.wa.gov.au) or phone (08) 9781 2016

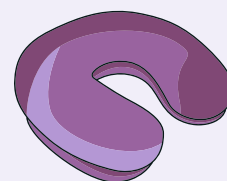
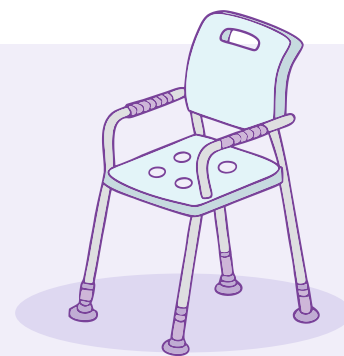
### Extra equipment for home

You may need extra equipment from our Occupational Therapy team to aid your mobility and recovery after surgery at home.

Commonly loaned items include:

- Toilet surround or frame
- Shower chair
- Adjustable chair for seating
- Peri-cushion (for vulva surgery).

Items can be loaned for 3 months. Please contact our Occupational Therapy team on (08) 6458 2870 prior to surgery if you think these aids may be of benefit.



# Things you can do to prepare for surgery

To ensure you have all the information you need to prepare for surgery, you will have been provided with a link to some videos from our online 'Surgery School'. These are available in English, Greek, Mandarin, Vietnamese, Cantonese, and Arabic.

The aim of our 'Surgery School' is to empower you and ensure you know what to expect throughout your surgical journey.

We recommend you watch these videos. You can watch them at your own pace and as many times as you like. It is recommended that your family and/or support people also watch them so that everyone's expectations around surgery are met.

## Quit or reduce smoking/vaping

Smoking and vaping can prevent your wound from healing and put you at risk of major infections.

They also increase your risk of developing heart and lung-related complications. We strongly encourage every patient having surgery to stop smoking at least 4 weeks before surgery. Many resources can help you quit, including Quit Line, Cancer Council and your general practitioner (GP).

We have a 4-week supply of Quit packs (containing information and nicotine replacement products) available for free from our clinic, pharmacy or the consumer library (on the ground floor) to all patients who need them to get started.

Please refer to the 'Quit Smoking' video in Surgery School. This provides information on quitting smoking, practical strategies to avoid smoking triggers, and nicotine replacement therapy.

Quit Line 13 78 48

## Obstructive sleep apnoea (OSA)

If you have obstructive sleep apnoea (OSA) it is important that you use your CPAP machine daily 4 weeks prior to surgery and 4 weeks post surgery. This machine helps to keep your upper airway open. We advise against sleeping flat during the day or night, as this is when you are at greatest risk of an apnoea where you stop breathing for a short period of time. Strong pain medications, such as opioids, should also be avoided for this reason.

## Reduce alcohol intake

Drinking more than 2 standard alcoholic drinks per day is also linked with poor wound healing. Consider reducing the amount of alcohol you drink leading up to your operation. Please let us know if you need assistance. Your GP may also be able to assist.

The Alcohol and Drug Support Line is a confidential, non-judgmental phone counselling, information and referral service for anyone seeking help for their own alcohol or drug use. Available 24 hours a day seven days a week by calling (08) 9442 5000 or 1800 198 024 for country callers.



## Exercise regularly

Healing from surgery demands more from your heart, lungs and muscles. Patients who exercise before surgery can have fewer complications and recover more quickly.

We recommend aerobic exercise for at least 30 minutes, 5 to 7 days per week.

If 30 minutes is too long for you, try breaking it up into 3 10-minute walks throughout the day.

Choose an exercise you enjoy and can fit into everyday activities. Try going for a brisk walk, cycle, swim, or even gardening. The aim is to get both your heart and breathing rate up.



We also recommend some form of resistance or muscle strength training 2 to 3 times a week. Wall push-ups, legs squats, and standing up from a chair are good examples.

Your surgical team may recommend a prehabilitation program or referral to an exercise physiologist to assist with this.

Please refer to the 'Exercise' video in Surgery School for more useful information and exercise examples.





## Breathing exercises

Having surgery and a general anaesthetic may make your lungs collapse slightly, and this can increase your risk of chest infections. Please refer to the 'ACOUGH' video in Surgery School. This program is designed to improve your lung function prior to surgery and reduce chest infections after surgery.

**ACOUGH** stands for:

**A**ctive Cycle of Breathing Technique (ACBT)

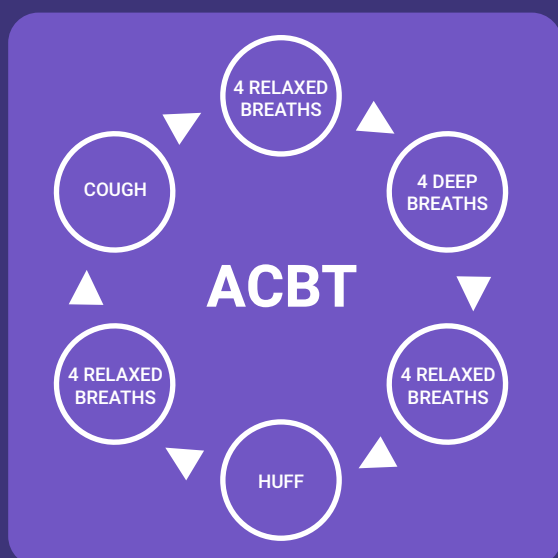
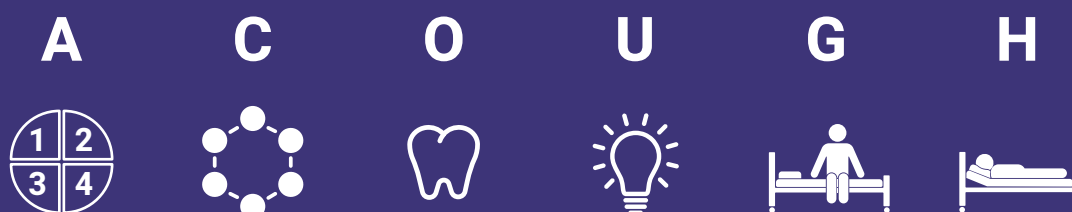
**C**ycle

**O**ral hygiene

**U**nderstanding and remembering the concepts

**G**etting out of bed

**H**ead elevation



**Relaxed breaths** are where you feel just your tummy rise.

**Deeper breaths** are where you feel your tummy rise and your ribs move out.

**Huffing** can be compared to the act of steaming up a mirror or cleaning your reading glasses.

**Cough** supporting your wound with your hands, a rolled-up blanket, or a small pillow.

You should practice the 4 phases of the active cycle of breathing technique (ACBT) daily before your surgery, and hourly after your surgery, to help you keep your lungs healthy.

## Inspiratory muscle training (IMT) device

If you are having an open abdominal surgery (cut on your tummy) and/or have lung disease, the team may recommend you use an inspiratory muscle training (IMT) device in the weeks leading up to your surgery, as well as after your surgery. These devices strengthen your lungs and enhance recovery, reducing post-op lung complications and infections. You will be instructed by your physiotherapist and team on how to use this.

## Brush your teeth

Good dental hygiene can reduce the risk of lung infections after surgery. Brush your teeth twice a day, use regular mouthwash and dental floss, and see your dentist if you are due for a checkup.



## Nutrition

If you are within the healthy weight range it is important that you maintain good nutrition and focus on having some more protein (eggs, lean meat, legumes) at each meal.

If you are underweight, our dietitian may recommend additional supplements.

If you are overweight, we may recommend for you to lose weight before your operation with medical and dietetic supervision.

For more information, please refer to the following videos in our Surgery School

- General Nutrition
- Cancer Nutrition
- Nutrition and Surgical Optimisation for Patients with Obesity.



# What to expect – the day prior to surgery

You will receive an admission letter that contains instructions for coming to hospital on the day of your operation.

**Our specialist nurse will call you the day before your planned surgery to confirm your operation and expected arrival time to hospital.**

**If your surgery is on a Monday, the nurse will call you on the Friday before.**

## Packing your bag for hospital

Please bring the following things with you to hospital if you have been instructed to stay overnight:

- Admission letter
- ERAS booklet
- Mobile phone +/- tablet
- Sleepwear
- Comfortable loose-fitting clothes
- Comfortable shoes for walking
- Medications +/- Webster-pak
- CPAP machine (if required)
- Toiletries
- Dentures (if required)
- Reading glasses and hearing aids
- Chewing gum
- Walking aids (if required)
- Books, magazines, puzzles
- Medicare and healthcare card
- Private health fund card (if you have)
- Toothbrush/toothpaste



Please note that KEMH is unable to take responsibility for the loss of valuable personal items. It is better to not bring them with you to hospital.

## Bowel preparation/stoma education

This does not apply to all patients.

If this applies to you, you will receive separate instructions, including fasting and carbohydrate drinks, from the ERAS nurse.

You may also have a separate appointment for education with the stoma nurse prior to your operation if required.

## Chlorhexidine pre-op body wash

You will be provided with antiseptic body wash to cleanse your skin prior to surgery and reduce your risk of infection. Please use this when you shower both the night prior to surgery and the morning of surgery. Please use all over your body except on the face, eyes, ears and vagina. Do not use if you have a known allergy or sensitivity to chlorhexidine.

In addition, ensure your belly button is clean if you are having surgery on your abdomen or tummy. Do not shave, wax or use hair removal products before surgery. Avoid wearing nail polish and remove body jewellery or piercings.



## Fasting and carbohydrate drinks

You will be provided with 6 preOp® drinks that will help provide energy for your body during surgery. The drinks are linked with improved patient wellbeing, comfort and satisfaction. Please store them in the fridge as they taste better cold.

The carbohydrate drinks are safe for most people including those with Type 2 diabetes with good sugar control.

Your team, however, will advise if they are unsafe for you.

## The day prior to your surgery

- At 4pm, drink 2 bottles (400ml total) of Nutricia preOp® carbohydrate drink
- At 8pm, drink 2 bottles (400ml total) of Nutricia preOp® carbohydrate drink

If your surgery is planned for the **morning** (usually 6.30am admission):

- You must stop eating food (including chewing gum and lollies) after midnight (2am at the latest)
- You can continue to have clear fluids until 6am
- Between 5am and 6am, drink 2 bottles (400ml total) of Nutricia preOp® carbohydrate
- From 6am you must have nothing by mouth (including food, drink, chewing gum, lollies, cigarettes/vapes), as these may result in your surgery being delayed or cancelled.

If your surgery is planned in the **afternoon** (usually 11am admission):

- You may have a light breakfast by 6am then stop eating
- You can continue to have clear fluids until 11am
- Between 10am and 11am, drink 2 bottles (400ml total) of Nutricia preOp® carbohydrate
- From 11am you must have nothing by mouth (including food, drink, chewing gum, lollies, cigarettes/vapes), as these may result in your surgery being delayed or cancelled.

Clear fluids include clear soup such as chicken or vegetable broth, jelly, clear fruit juice (no pulp) such as apple juice, black tea (no milk), black coffee (no milk), lemonade, cordial and sports drinks.

# What to expect – day of surgery

## If you are unwell on the day

If you are unwell on the day of your surgery with cold, illness or COVID-19 symptoms, please contact the bookings clerk after 6.30am on (08) 6458 1459 or (08) 6458 1455.

Weekends and after hours, please contact the hospital clinical manager via the hospital switch board on (08) 6458 2222.

In some cases, your surgery may need to be rescheduled until you are feeling better.



## On arrival at the hospital

Enter the hospital by the front entrance on Bagot Road and take the lifts in the front foyer to the 2nd floor. Turn left and follow the signs to the Day Surgery Unit.

After checking in with the clerk, our day surgery admissions nurses will check your height, weight, blood pressure, heart rate, temperature, blood sugar and urine, and will go through your admission paperwork with you. They will help you get changed into a hospital gown, give you any pre-medications such as paracetamol and put you in a warming blanket. You may be offered clear fluids to sip until you are called for surgery.

Your surgical team will also see you in Day Surgery if you have any questions or concerns.

## On arrival to theatre

You will meet your anaesthetist and anaesthetic technician in the operating room. They will talk to you about your anaesthetic and how they will keep you comfortable and safe during and after your operation. Please feel free to ask your anaesthetist any questions.

## In theatre

Your team, consisting of surgeons, anaesthetists, anaesthetic technicians and nurses, will confirm your details and the operation that you are having. It may feel like a lot of people, but all staff have a different role to play and are necessary to get you through your surgery safely.

You will have a drip placed into the vein to give you fluids and medications (such as antibiotics, pain relief, anti-sickness medication) throughout the operation. The team will ensure you have stockings on your legs and calf compressors to massage your calves and reduce the risk of blood clots.

You will be kept warm during the operation.

# What to expect - after your surgery

After your operation is finished, you will wake up in the recovery room where the nurses will make sure you are comfortable and safe before you are moved to the Day Surgery Unit or ward.

## Drinking

You will be offered something to drink after you wake from surgery. It is safe for you to drink once you wake up (with rare exceptions). For most patients, you will receive fluids via a drip in the vein on the day of your operation only. Once you can drink, these will be reduced or stopped. Your drip can come out when it is no longer needed. This means you will no longer be connected to anything that may otherwise keep you in bed, reducing your risk of blood clots.

## Eating

You will be allowed to eat food if you feel able to do so. It is important for your healing and wellbeing, and you may be provided with additional supplement/high protein drinks during your stay to help with this. Chewing gum is also recommended as it can help stimulate your gut.

## Pain management and sickness

After surgery, you should expect to have some degree of pain and discomfort. This will be managed by a team of experienced doctors and nurses. Well-managed pain helps you to do activities such as getting out of bed, moving around the ward, and breathing exercises.

You may be given pain medicines in different forms – tablets, via a drip into the vein, or an epidural or spinal injection into your back at the time of your operation. If you have a laparotomy or larger cut on your tummy you may have 'rectus sheath catheters', fine tubes inserted into the abdomen at the time of surgery that allow pain medicine to be injected close to the nerves supplying the site of your wound. These can stay in for several days.

One of the side effects of surgery and pain medicines is nausea and vomiting, and you will be given anti-sickness medication to help with this.

## Blood clots

There are lots of risk factors that increase the risk of blood clots developing in the legs, lung and sometimes brain. Major surgery and cancer are big risk factors. To reduce this risk, we recommend that during your hospital stay, you

- Move your body soon after your surgery
- Wear compression stockings
- Wear the calf compressors/massagers until fully mobile
- Have blood thinning injections such as clexane



## Moving

We know how important it is to be able to deep breathe, cough and walk around the ward. These 3 things can help prevent major lung complications, get your bowel working, prevent blood clots in your legs and lungs, and help get you home sooner.

While you are in hospital, you should sit out of bed for all 3 meals and go for a walk around the ward at least 3 times each day (8 times a day is the aim).

It is normal to have some discomfort associated with your surgery. If you are unable to cough or move around the ward, however, please ask your nurse for more pain-relieving medicines.

## Lymphoedema education

Lymphoedema is a swelling in part of the body, usually the legs, that can occur when lymph nodes are removed as part of your cancer surgery. You can reduce the risk of lymphoedema by:

- Exercising regularly
- Maintaining a healthy body weight
- Avoiding pressure on your limbs
- Looking after your skin (eg: moisturising) and avoiding skin cuts/infections/sunburns.

While you are in hospital, you will see one of our physiotherapists to go over lymphoedema in more detail.

Useful information can also be found on the Cancer Council website.

## Deep breathing and coughing

It is important to take deep breaths and cough every hour after your operation, from the moment you wake up. This helps prevent chest infections.

To help you cough, support your wound with your hands, a rolled-up blanket, or a small pillow. The nursing staff or physiotherapist can show you how to do this if you are unsure.

Please refer to the 'ACOUGH' video in Surgery School.

## Removal of tubes

You may have a urinary tube or catheter in your bladder during your surgery. This drains urine away from your bladder. The catheter will either be removed at the end of the operation if you had key-hole surgery, or the morning after surgery if you had a laparotomy or cut on your abdomen. If you had a more radical hysterectomy or vulva cancer surgery, the catheter may stay in longer.

## Brush your teeth

Good dental hygiene can reduce the risk of lung infections after surgery. Brush your teeth twice a day, use regular mouthwash and dental floss.

## Keep the bedhead raised

It is important your bedhead is raised 30 to 45 degrees. Our nurses can help you with this. Being in an upright position after your operation helps your breathing and makes you less likely to develop a chest infection.



## Daily goal chart

We recognise that surgery and being in hospital can feel stressful and very much out of your control. If you are staying in hospital after major surgery, you will be provided with a daily goal chart. This can help give you purpose and feel more in control of your recovery.

This helps set expectations around your recovery and when you can aim to go home. It reminds you to do things such as your breathing exercises, walks, sitting out of bed for meals and brushing your teeth.



# Getting home

We want to make sure you get home safely and are well supported at home. This planning begins before your hospital admission. We recognise that every patient's recovery is different, however, in general we expect that you will be discharged on:

- Same day for laparoscopy/keyhole cases – in the afternoon/early evening
- Day 3-5 for laparotomy/open surgery cases
- Day 7 bowel resection cases
- Day 1-2 for vulva and sentinel node cases
- Day 5-7 for vulva and full groin node cases

Please make sure you have someone available to take you home and to stay with you while you settle in. If you have any concerns about going home, please speak to your doctors and nurses before admission or as soon as possible.

## After you leave hospital

### Comfort

Most people find they are more comfortable than expected after their operation and when they go home. Most people only need to take simple pain relief, such as paracetamol and anti-inflammatories, for a few days. Stronger medication will be provided to those who need it with the expectation that this will be reduced over time.

### Your wound

It is not unusual for your wound to be uncomfortable for the first 2 weeks after your operation. Most wounds have stitches that will dissolve over several weeks. Please keep your wounds clean and pat dry. If you have dressings (small bandages), these can come off after 3-5 days. It is OK to shower after surgery, even if your dressings are still on. Please see your GP or return to the hospital if you have a fever/chills or your wound becomes red, painful, swollen, starts to leak fluid or begins to open.

### Vaginal bleeding

You may notice vaginal spotting (light bleeding) following your surgery if you had a hysterectomy (removal of the uterus and



cervix) or vulval surgery. This is normal and should settle after 1-2 weeks, but may last up to 6 weeks. If you have any heavy vaginal bleeding (passing large blood clots or having to change a pad every 10-20 minutes) or offensive vaginal discharge, please present to the KEMH Emergency Centre or your nearest Emergency Department.

### Blood clots

Any operation increases your risk of blood clots in your legs, lungs and sometimes brain. This is why it is important to stay active while you are in hospital and after you go home. Please continue to wear your compression stockings on discharge for 4 weeks if you are able. If your leg becomes swollen or painful, or you find it hard to breathe, seek medical advice at the nearest hospital immediately.



On discharge, you may be given blood-thinning medications or injections for up to 4 weeks to reduce your blood clot risk. You or a support person will need to administer these injections. You will be provided with education on how to do this. Please refer to the 'preventing and treating blood clots' information booklet and watch the Surgery School video on Clexane for further instructions on how to inject.

## Lifting or carrying and exercise

Do not lift or carry anything heavier than 5kg for 6 to 8 weeks. This gives your wound time to fully heal.

Keep doing breathing exercises and continue gentle activity such as walking. Wait until 6-8 weeks post op before resuming more intense physical activity such as running or weights.

Please refer to our booklet, Physiotherapy post-operative advice, for more information on safe movement after surgery.

## Bowel movement

Your bowel habit may change after your operation. This is not uncommon particularly if you have some of your bowel removed. You may need to continue medications to help with constipation. Keep your fluids up to avoid dehydration and constipation.

## Sexual relationships

We advise avoiding any form of penetrative intercourse (sex) or anything vaginally (eg: tampons, sex toys) until 6 weeks after your surgery and when you have seen your doctor at your follow-up appointment. It is usually safe to have sex after this time if you are emotionally ready and physically comfortable. If you have any changes in your sexual function after surgery, please speak with your surgical team or GP.

## Driving

We suggest avoiding driving if you are taking medicines, such as strong pain killers, that make you tired or drowsy. We suggest you do not drive until you are comfortable wearing a seatbelt, can easily look over your shoulder, are confident you can drive safely and stop quickly in an emergency. This is usually about 6 weeks after your operation. You may want to talk to your car insurer before driving. You are safe to be a passenger in a car or take public transport.

## Returning to work

The time you need to recover after your operation will depend on the operation, your recovery, the nature and physicality of your job, and other health issues you have. You may want to go back to work at reduced hours or work from home if your job allows. Talk to your surgeon and workplace about what they recommend.



## Follow-up

Our ERAS nurse coordinator will contact you by phone once you are home to ensure you are comfortable and that no new issues have arisen since your discharge. This is usually within 24 to 72 hours post-op and again one month after your surgery.

A surgical review appointment may be made to see either the surgical team or your GP 6 weeks after you are discharged. This will be to check your wound and pain levels, and ensure you are well on the path to recovery.

If you have vulva surgery, you will have an appointment with the surgical team 2 weeks post-op.

## When to seek medical attention

- Your pain is not relieved by rest or pain medications, or your pain is getting worse
- Excessive bleeding and/or discharge from your wound sites, or redness around your wounds
- High temperature
- Heavy vaginal bleeding (eg: one fully soaked pad every hour) or abnormal vaginal discharge (eg: offensive smelling)
- Excessive nausea or vomiting

If you have any of the above concerns, please come to King Edward Memorial Hospital Emergency Centre (open 24/7) or your nearest Emergency Department, or call 000.

If you have any non-urgent concerns about your surgery or recovery, you can contact:

- ERAS nurse
- Oncology liaison clinical nurse
- Your GP within hours
- Health-direct 1800 022 222 (24 hours)

### Enhanced Recovery after Surgery (ERAS) clinical nurse

Email: [kemh.eras@health.wa.gov.au](mailto:kemh.eras@health.wa.gov.au)

Mobile: 0478 552 171

Contact hours: Monday, Tuesday, Friday, 7am to 3pm;  
Thursday, 8am to 4pm; Closed Wednesday

### Oncology liaison clinical nurse

Email: [oncologyliaisonclinicalnurse.kemh@health.wa.gov.au](mailto:oncologyliaisonclinicalnurse.kemh@health.wa.gov.au)

Mobile: 0434 957 460

Contact hours: Monday to Friday, 8am-3pm

#### My appointment dates:

Surgical team: \_\_\_\_\_

GP: \_\_\_\_\_

ERAS nurse: \_\_\_\_\_

## Feedback

We are committed to improving the ERAS program at King Edward Memorial Hospital by listening to and learning from your own experience.

You will be emailed three questionnaires after discharge. These include the Australian Hospital Patient Experience Question Set, and two questionnaires about your post-operative recovery and return to your usual activities.

If you would like to provide us with individualised feedback about your experience, you can email the ERAS nurse coordinator at [kemh.eras@health.wa.gov.au](mailto:kemh.eras@health.wa.gov.au) or call 0478 552 171.

The Consumer Liaison Service also takes consumer compliments, complaints, or general feedback about experiences at KEMH. You can choose to share your name or stay anonymous.

If you would like to do this, please contact the team on (08) 6458 1444 or email [wnhscls@health.wa.gov.au](mailto:wnhscls@health.wa.gov.au)

## Notes/questions



We are proud to be a smoke-free site.  
Thank you for not smoking or vaping.

Ask a staff member about free nicotine therapy  
to help your cravings during your hospital stay.



## Women and Newborn Health Service

King Edward Memorial Hospital

📍 374 Bagot Road, Subiaco WA 6008

☎ (08) 6458 2222

✉ [email@health.wa.gov.au](mailto:email@health.wa.gov.au)

🌐 [kemh.health.wa.gov.au](http://kemh.health.wa.gov.au)

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