

## Information about your eye surgery

**i** Important information  
for all ophthalmology  
patients.

# Contents

Introduction	3
What is a cataract?	4
How to prepare for your assessment	7
Your assessment visit	8
What happens during cataract surgery?	11
Risks and benefits of cataract surgery	13
How to prepare for cataract surgery	19
Day of surgery	21
After surgery	26
Ongoing care	28
• Will my vision be normal?	
• Will I be able to read straight away?	
• When can I drive?	
• When can I go back to work?	
• What about my other eye?	
• What to do – and not do – after cataract surgery	
Possible problems	32
Useful information	34
• Specific complications	
How to put eye drops in	41
Eyelid hygiene	41
Dilation	43
Useful contacts	45
Discharge summary – First eye	46
Discharge summary – Second eye	47

## About this booklet

The purpose of this booklet is to provide you with information about your eye surgery.

## Introduction

You have been referred to the Eye Clinic at the Golden Jubilee National Hospital as your Optometrist (Optician) or General Practitioner (GP) thinks that you may benefit from having Cataract surgery.

This information guide will tell you:

- what a cataract is;
- what the treatment options are;
- the risks and benefits of cataract surgery;
- how to prepare for your assessment;
- about your assessment visit;
- what happens during cataract surgery;
- how to prepare for your cataract surgery;

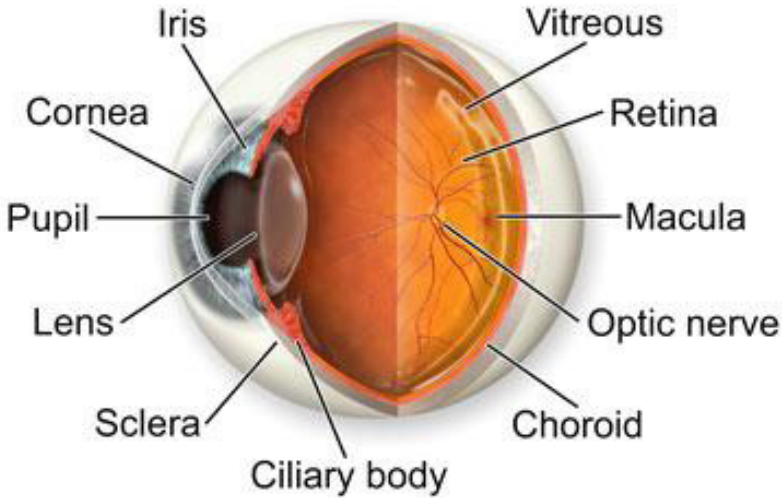
- what will happen on the day of your surgery;
- what to expect on the day after your surgery;
- useful information about:
  - specific complications
  - how to put eye drops in
  - eyelid hygiene
  - dilation
  - useful contacts
  - your discharge summary (going home from hospital).

It is important that you read all of the information provided in this booklet to help prepare you for your surgery.

## **What is a cataract?**

The human eye is like a camera. One of the essential parts is the lens. The picture on the next page shows you where the lens sits inside the eye.

## Normal Eye Anatomy



The lens helps focus light on the retina at the back of your eye. For the image to be sharp, the lens must be clear.

The lens can become cloudy as people get older, or as a result of some medical conditions. This means that light is unable to pass through as well as before.

This clouding is known as a cataract. This is not a disease. In some people, cataracts can develop quickly, but is usually a slow process. It can develop in either or both eyes.

As the cataract develops, your vision can become blurred. The cataract does **not** damage your eye, but your vision will slowly get worse. Developing a cataract can also cause glare and difficulty with night-time driving.

If your blurred vision cannot be corrected with glasses, then the cataract can be removed to improve your eyesight.

You do not need to have the cataract removed if you do not want to. If you decide not to have surgery, your vision may slowly get worse. However, whether you have surgery now or in a year or two, the result will be the same.

You should only have surgery if you feel you are having a lot of difficulty with important daily tasks, such as reading or driving. The rest of this booklet will tell you about your assessment, the surgery, and the risks involved.

## How to prepare for your assessment

**Do not drive to your appointment or to any surgery.**

During the assessment we will use eye drops which dilate (enlarge) your pupils. This will make your vision blurry for a few hours.

More information on these eye drops is provided later in this booklet.

### **Contact Lenses**

**Do not** wear Hard or Gas Permeable contact lenses for **four weeks** before your assessment.

**Do not** wear Soft Contact lenses for **seven days** before your assessment.

Please leave your lenses out in both eyes as these can affect the detailed measurements taken during your assessment.

If you have any questions about this, please contact our eye nurses on 0141 951 5459.

## **What to bring with you**

- Completed registration form and medical questionnaire.
- All of your current spectacles (distance, reading, bifocal and varifocals).
- Medication (either in boxes or an up to date list).
- This booklet.

## **Your assessment visit**

At your pre-operative assessment in the Outpatient Department, you will be seen by a nurse and an optometrist. You will also have an opportunity to see a consultant ophthalmologist (eye surgeon) before making a final decision to proceed with surgery.

Please prepare to be in the department for between one and four hours.



During this time, a nurse will ask you about your medical history, current medication, social circumstances, and any special needs that you may have.

You should have been sent a questionnaire asking about your medical history, which you should complete at home and bring with you to your appointment. Do not worry if you did not receive this or have lost it. In this instance, you will be given a replacement to fill in on arrival at the clinic.

The nurse will also measure your vision and take other measurements to assess your eyes.

Eye drops which enlarge your pupils will be used to let the optometrist and consultant ophthalmologist examine your eyes thoroughly.

Once your pupils are large enough, the Optometrist will examine you and then discuss what happens before, during and after Cataract surgery including the risks and benefits, and whether it is appropriate for you.

**You should not drive yourself home.**

If you decide you wish to proceed with surgery, or are still in some doubt, you will see the consultant ophthalmologist, who will also examine your eyes and answer any other questions that you may have.

If surgery is the right option for you and you wish to go ahead, you will be shown how to put eye drops in. You will need to do this following your operation. If you are unable to manage your drops, please arrange for assistance from a family member. If a family member is unable to help you, please contact your district nurse for help, advising them of the date of your surgery.

You will be asked to tell us of any dates that you cannot attend for surgery, for example, if you have a holiday booked.

## **Will you be having surgery on one eye or both?**

Cataract usually affects both eyes. However one eye is usually worse and most patients will only need to have surgery on this eye.

If both eyes require surgery, we will put you on the waiting list to have the first eye done. We will also make a provisional plan for the second eye, and will put your name on the waiting list for this after your follow-up appointment (see p42). Please note that your Outpatient Appointment is for **pre-operative assessment only**. Your cataract surgery will be scheduled for a later date.

## What happens during Cataract surgery?

Your operation will be carried out as a day case using local anaesthetic eye drops to numb the eye during the operation. Sometimes a local anaesthetic injection is also given once the eye drops have taken effect. Your surgeon will discuss this with you if it is required. Please be aware that only very rarely is General Anaesthesia necessary for cataract surgery and is not available at the Golden Jubilee. It will **only** be offered if there is a definite medical reason for doing so. If you think you might require a General Anaesthetic, please contact one of our eye nurses (see page 44).

You will need to lie flat for about 15-20 minutes during the surgery and your face will be partially covered by a sterile sheet.

If you have difficulty lying flat, or are claustrophobic, please tell the nurse at your pre-assessment appointment. The surgery itself usually takes 10-15 minutes.

During your surgery, the surgeon uses a microscope with a bright light, so you may see some coloured lights or shadows. A lot of fluid is used to keep the eye moist and help remove the cataract. This can sometimes run down your face.

You might feel the surgeon's hands resting gently on your cheek or forehead during the surgery.

A small incision (cut) is made in the front of the eye and ultrasound is used to soften the cataract; this is then broken up and removed. You may hear the ultrasound machine during this part of your surgery.

There will usually be music playing quietly in the background during your surgery.

If you would prefer not to have music, or what is playing is not to your taste, please let the theatre staff know.

Once your cataract has been removed, a clear artificial lens (known as an Intraocular Lens Implant (IOL)) is placed inside the eye. The wound is very small and will normally close without stitches.

## **Risks and benefits of Cataract surgery**

### **What are the chances of success and risks involved?**

Around 95% of patients have a straightforward operation.

At surgery, we will choose an IOL for you which we hope will correct any long or short-sightedness, leaving you with good uncorrected vision for distance and needing glasses only for close work, such as reading.

If this is not the best option for you, the consultant ophthalmologist will discuss this with you during your consultation.

## **A note about various types of IOL**

An IOL is designed to replace the natural lens of the eye which has developed a cataract and has had to be removed. Not only will the IOL restore the clarity of your lens, but we have an opportunity to modify to some extent any refractive error you have (long or short sightedness, or astigmatism). The standard IOL used in the NHS is a **Monofocal Spherical IOL**. With this we can aim to correct your vision for distance or near, but not both, and this will not correct any corneal astigmatism. You will therefore need glasses for either distance or near (and in many cases, for both) and will still need glasses to correct any significant pre-existing astigmatism you may have.

There are three types of “special IOLs” available:

- 1. Multifocal IOLs** can enable you to see clearly both at near and distance. Because some patients have significant problems with these lenses and they are expensive, they are not available in the NHS.
- 2. Toric IOLs** can correct corneal astigmatism and may be appropriate for patients who have significant corneal astigmatism and are keen to increase their chances of being “glasses free for distance” after surgery. There is no guarantee that this will be the case. These are available in the NHS.
- 3. Toric multifocals** are a combination of the above. They are not available in the NHS.

At your pre-operative assessment, it will be assumed that, having read this booklet, you are aware of these options and are happy with a standard IOL. It will be up to you to raise the possibility of a Toric IOL if you think that might be an option for you.

Please be aware that a significant number of patients will still need distance glasses to achieve the very best vision required for driving or similar tasks.

1 in 50 patients (2%) will have some complication which may result in a disappointing outcome, which means not as good as we had hoped for.

1 in 100 (1%) will have a more serious complication resulting in a poor outcome (poor vision in the operated eye, meaning you will rely on your other eye).

1 in 1,000 (0.1%) will have a very serious complication (blind eye).

1 in 10,000 (0.01%) will have a devastating complication (loss of the eye).

A small number of patients will have significant pain and discomfort for a few days after surgery. Some people will be at increased risk of particular complications.



If this applies to you, the consultant ophthalmologist will discuss this with you during your consultation.

Details of specific complications can be found later in this information book.

## **Written consent**

After reading this booklet and having discussed your operation with the Optometrist at your assessment, if you decide you wish to proceed, you will be asked to sign a consent form.

The text of what you will be signing is as follows:

### **To be completed by the patient**

You should read this form carefully. If there is anything you do not understand, ask the doctor or optometrist for an explanation. If the information is correct and you understand the procedure, you should sign the form.

<p>I understand</p>	<ul style="list-style-type: none"> <li>• the nature of the procedure, intended benefits, important risks and appropriate alternatives which has been explained to me by the Health Care Professional named above on this form.</li> <li>• that the procedure will not be carried out by any particular surgeon.</li> <li>• that any procedure in addition to that named on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons.</li> <li>• on rare occasions it may not be possible to either fully remove the cataract and / or insert an intraocular lens implant and so further surgery at a later time may be necessary.</li> <li>• that I can decide at any time that I do not wish to go ahead with surgery.</li> </ul>
<p>I agree</p>	<ul style="list-style-type: none"> <li>• to undergo the procedure described on this form.</li> <li>• to medical photography/video while in theatre and understand that my identity will not be revealed <b>(delete this paragraph if you do not agree).</b></li> </ul>

## How to prepare for Cataract surgery

### Warfarin

If you take Warfarin, you will need to get your blood tested two to three days before your surgery. If your International Normalised Ratio (INR) is 3.5 or higher, please contact your GP or warfarin clinic to try and get the INR down before your surgery. **Do not stop taking your Warfarin unless your Consultant or GP has told you to do so.**

### Contact Lenses

Remove your contact lenses the day before surgery.

### Hospital Admission or other Treatment

If you have to see your GP regarding any new or worsening condition, or, if you are admitted to hospital at any time after your pre-assessment appointment, you must phone the Outpatient Department and ask to speak to an eye nurse.

Depending on the reason for admission, you may need to have a further assessment.

**Failure to contact the eye nurses could result in your surgery being cancelled on the day.**

**Why might my cataract surgery be cancelled?**

Your operation might be cancelled if you are not fit for surgery, for example if:

- you have a sticky eye;
- you have an active infection either in your eye or elsewhere;
- your blood pressure is uncontrolled;
- you are a diabetic and your diabetes is poorly controlled; or
- you are on warfarin and your INR is not within a therapeutic range.

If you receive your admission letter for surgery and you are unwell or have any of the above conditions please contact our booking office on 0141 951 5266.

## Day of surgery

Please take all your usual medications at the prescribed time; this includes any eye drops that you have been prescribed for other eye conditions.

Before you come into hospital, eat a light breakfast (for a morning appointment) or a light lunch (for an afternoon appointment).

Please remove all make-up and nail polish before you arrive.

Please also let the theatre nursing team know if you have started taking any new medication.

If hospital transport has not been arranged for you, please arrange for a responsible adult to escort you home. **You must not drive yourself home.**

You will not need to undress to go to theatre. Please wear loose clean clothes (preferably something with front fastening). Often some water and cleaning fluid can soak into your collar, so avoid wearing anything that could be ruined if this happens.

Please notify us if you have any symptoms (such as fever, rash, breathing difficulties or chest pain) before your procedure, or if there have been any changes in your medical condition since your pre-assessment.

## **When to come**

You should arrive at the hospital on the date and time provided on your appointment letter. The hospital receptionists will direct you to the cataract surgery area.

## **What to bring**

- Your appointment letter.
- This information leaflet.
- Any prescribed eye drops.
- A note of all your medication.
- All medication you may need to use during your time in the hospital.
- An emergency contact number.
- Someone to escort you home.
- As you will be in for most of the day, you may want to bring something to eat.

## **What not to bring**

- Toiletries, dressing gown or slippers.
- Valuables or jewellery (except wedding rings).
- Your car (unless your escort is driving you home).

## Other information

The receptionist in the cataract surgery area will ask you to complete a registration form.

Your escort will be given an approximate time to come back and collect you.

You will be admitted by a nurse and briefly see the surgeon. This may not be the same consultant ophthalmologist who you saw in the clinic.

The nurse will put eye drops in and place a small pellet under your lower eyelid. This will make your pupil enlarge and allow the surgeon to perform surgery.

You should be prepared to spend half a day in the hospital: the full morning or afternoon, depending on when your appointment is.



## After your procedure

After the procedure you will be given something to drink. Before you go home, you will be given details of your follow-up appointment and emergency contact details.

The nurse will give you eye drops which the surgeon has prescribed and tell you how to use them.

When the nurse is satisfied that you are fit, you will be allowed to go home.

If there are any significant problems during surgery, which might have an effect on your recovery or final result, the surgeon will discuss this with you before you leave. If you have a relative present, you might want them to be present during this discussion.

You should rest on the evening of the surgery. Take your usual medications and any that you have been given by the nurse.

### **How will my eye feel after the operation?**

Please do not rub your eye.

As the anaesthetic wears off, there can be a dull ache or a sharp pain in and around your eye. Your eye may also be a bit red and watery, and your vision may be very blurred.

You may want to use pain relieving tablets when you get home.

It is normal to have itchy, sticky eyelids and mild discomfort for a few days.

You may have a slight feeling of grittiness for several weeks, occasionally even months.

Your eye will be covered with a clear plastic shield when you leave hospital (there are situations where a shield is not appropriate).

We usually recommend leaving the shield undisturbed overnight. However, if you prefer, you can remove it any time after getting home, particularly if your surgery was in the morning. You should use this shield overnight for the first few nights if you find it comfortable.

Your eye usually settles over two to four weeks after the operation, although this may take slightly longer for some patients.

## **What should I do the day after my surgery?**

Wash your hands before and after touching your eye. Remove the shield. If your eyelids are sticky, bathe them with cool boiled water and cotton wool.

Put your eye drops in as instructed. Details of what drops to use, and when to use them, can be found on the back cover of this booklet.

### **Will my vision be normal?**

The vast majority of patients have improved vision following surgery.

Remember each person will recover at a different rate. It is usually several weeks before optimal vision is achieved.

Your surgeon will have spoken to you prior to surgery and discussed any special problems.

You will do no harm to your eye by using your old glasses, or no glasses if you find that easier. A pair of “off the shelf” reading glasses can be helpful while you are waiting to see your optometrist.

## **Will I be able to read straight away?**

You will need to be tested for new glasses after surgery. You should visit your Optometrist (Optician) four to six weeks after your surgery.

**It is very important that you attend your optometrist even if you feel you are seeing well and do not feel the need to change your glasses.** The optometrist will carry out a very important post operative examination, without which serious problems might go undetected.

## **When can I drive?**

You should be able to drive if you can meet the legal standards set by the Driver and Vehicle Licensing Agency (DVLA).

## **When can I fly?**

There is nothing to prevent you flying following cataract surgery. However, we do advise against travelling abroad, particularly to anywhere it might be difficult to get access to high quality eye care, for a month or so after surgery.

## **When can I go back to work?**

We normally recommend two weeks off work for most jobs. If your job involves particularly strenuous and/or dirty work, a phased return may be best. If you are keen to get back to work as soon as possible, discuss this with the optometrist or surgeon at your pre-operative assessment or on the day of surgery.

The nurse who discharges you will give you a Med 3 certificate (“fit note”) for your employer.

## **What about my other eye?**

If a provisional plan for cataract surgery on your second eye was made at your initial assessment, this will be discussed again at your post-operative check, which will take place either at your own optometrist or at the Eye Clinic.

## **What to do – and not do – after your cataract surgery**

You can carry on with most daily activities after your surgery, but must avoid:

- rubbing your eye (as you could disturb the wound, which will need time to heal);
- strenuous activities like sports, swimming, heavy gardening or heavy housework (for two to four weeks); and
- wearing eye make-up (for one week).

## Possible problems

Cataract surgery is generally very successful. There are a few things that you should look out for after the surgery:

- Pain or headache in and around the eye which is not relieved by simple painkillers like Paracetamol or gets worse over time.
- Increasing blurriness, flashing lights, or loss of vision in the operated eye.
- Thick green or yellow discharge coming from the eye.
- Nausea and/or vomiting.

**If you develop any of these symptoms, you need to be seen urgently. Please telephone the eye nurses (Monday to Friday 8.30am – 5.30pm).**

If you have a problem outwith these times you should phone the following numbers.



Greater Glasow & Clyde	0141 211 3238 (Eye ward 1C)
Forth Valley	01324 566 000 ask to be put through to the on-call Ophthalmologist
Ayrshire & Arran	01292 610 555 ask to be put through to the on-call Ophthalmologist
Lothian	0131 536 1172 (Ward E2)
Grampian	01224 552 011 ask to be put through to the on-call Ophthalmologist
Lanarkshire	01355 584 700 Nurse in charge – Emergency department

**Please only phone these in a true emergency which cannot wait until the next day or Monday if it's the weekend.**

If you are concerned about anything else related to your surgery, again contact the eye nurses.

## Useful information

### Specific Complications

Complication	How common?	Comments
<b>Cystoid Macular Oedema</b>	1 in 50 patients	The cause of this is uncertain. Inflammation causes a swelling at the back of the eye. In the majority of cases, the effect on vision is mild and completely resolves in a few months.

Complication	How common?	Comments
<p><b>Posterior Capsule Rupture</b> (a tear in the capsule of the lens which can make complete removal of the lens and insertion of an IOL difficult and on very rare occasions impossible. In that event, a second operation may be required).</p>	<p>1 in 100 patients</p>	<p>Occurs during surgery. Most patients make an excellent recovery, although vision may take a bit longer to recover. Some pain in the first 24 to 48 hours should be expected after surgery. This complication increases the risk of cystoid macular oedema, retinal detachment and infection.</p>

Complication	How common?	Comments
<b>Corneal Abrasion</b>	1 in 100 patients	Caused by fluids or instruments touching the surface of the eye during surgery. Can cause considerable pain immediately after the operation but usually settles within 24 hours or so without treatment other than painkillers.
<b>Early post operative rise in eye pressure</b>	1 in 100 patients	This usually occurs within the first 12-24 hours of surgery. If severe (causing severe headache, nausea and vomiting) you may have to attend hospital promptly to have the pressure lowered.

Complication	How common?	Comments
<b>Refractive surprise</b>	1 in 100 patients	We take measurements of your eye from which we calculate the strength of intraocular lens to insert. This is not an exact science and there can be a significant difference between your actual final refraction and what we planned for.
<b>Retinal Detachment</b>	1 in 300 patients	More likely in people who are very short-sighted. Requires further urgent surgery; the majority will retain useful vision.

Complication	How common?	Comments
<b>Persistent Corneal Oedema</b>	1 in 300 patients	More common in very elderly patients, if there is an underlying corneal disease or if the cataract is very hard. A mild degree of corneal oedema is common but usually clears quickly. If permanent, corneal transplantation may be necessary.

Complication	How common?	Comments
<b>Endophthalmitis (infection within the eye)</b>	1 in 1,000 patients	More likely in patients with poorly controlled diabetes. Usually develops within a few days of surgery, with worsening vision and pain. Most cases can be treated successfully and with prompt treatment, vision is retained.
<b>Choroidal Haemorrhage</b>	1 in 5,000 patients	A bleeding within the eye. It is not clear why this happens but it can lead to complete loss of vision in the affected eye.

Complication	How common?	Comments
<b>Loss of eye</b>	1 in 10,000 patients	If any of the above serious complications lead to a completely blind eye with chronic pain, removal of the eye may be recommended to control the pain. The final cosmetic result is usually very good.



## How to put eye drops in

1. Wash your hands.
2. Open the bottle and discard the seal if using it for the first time.
3. Tilt your head backwards.
4. Rest the neck of the bottle on the bridge of your nose at a downward angle.
5. With the other hand, pull down the bottom eyelid.
6. Squeeze the bottle until the drop enters the eye.
7. Put the cap back on the bottle.
8. Wash your hands.

## Eyelid hygiene

Blepharitis is an inflammation of the eyelid margins. This can lead to a build up and crusting around the base of the eyelashes. It is a common cause of itchy, watery, red eyes.

It is important to clean any crusts from the eyelids before and after surgery. If you have been told that you have Blepharitis, you should clean your lids twice a day for the two weeks before the surgery. You may wish to start regular cleaning after your pre-operative assessment as well.

To clean your eyelids:

- Soak a clean cloth in some warm water, ring out, and hold the cloth against both eyes, keeping your eyes closed.
- Keep the hot cloth on for five to 10 minutes. You may need to re-soak the cloth in warm water to keep it hot. This softens the crusting and encourages the glands in your eyelids to open.
- You can either:
  - Dip cotton wool ball into a solution of baby shampoo and warm water (mix a few drops with approximately one cupful of warm water) and gently scrub the edge of your eyelids (at the base of the lashes) keeping your eyelids closed.

or:

- Use eyelid cleansing wipes or solution bought from your optometrist or pharmacist.
- Do not use eye make up remover.
- Cleaning your eye lids works best straight after the hot compress.

Please clean your lids twice a day for at least two weeks before your surgery, including **on the morning of surgery.**

## Dilation

Dilating eye drops such as Tropicamide 1% and Phenylephrine 2.5% allow our Optometrists and Consultants to view the inside of your eye more easily by making the pupils wider than normal.

The drops take about 15 to 30 minutes to work and the effect may last for up to 12 hours. Occasionally the effect may last until the next day.

You should not undertake hazardous activities, such as driving, cycling or operating heavy machinery, while your vision is affected.

Having large pupils will make you more sensitive to light, especially if it is sunny, and your vision might be slightly blurred.

In the unlikely event that you experience any unusual symptoms after you have been given dilating drops, such as pain and redness in or around your eyes, or your vision seems misty (as though you are looking through a veil or a fogged up window) you should contact:

The Eye Centre Helpline on **0141 951 5459** or **07966140784** and ask to speak to an eye nurse (Monday to Friday, 8.30am – 5.30pm).

If you cannot speak to an eye nurse or an optometrist at the time you are experiencing symptoms, please go to your local Accident and Emergency Department as you might be experiencing an adverse reaction to the drops. Take this booklet with you.

## Useful contacts

Golden Jubilee National Hospital  
Switchboard: **0141 951 5000**

Golden Jubilee National Hospital eye nurses:  
**0141 951 5459 or 07966140784**

Your own Optometrist:

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## Discharge summary – First eye

Discharge information for your \_\_\_\_\_ eye surgery  
carried out by Dr \_\_\_\_\_ on \_\_\_\_\_

Your post-operative eye drop regime is:

- Chloramphenicol 0.5% four times daily for five days.
  - Dexamethasone four times daily for 28 days.
  - Other:
- 

Your post-operative visit will be either at:

☐ **Your local optometrist**

Please make an appointment with your local Optometrist between four and six weeks after your surgery.

or

☐ **The Golden Jubilee National Hospital eye clinic**

You will either be given an appointment at discharge or one will be posted out to you.

Nurse signature: \_\_\_\_\_

Nurse name: \_\_\_\_\_

Date: \_\_\_\_\_

## Discharge summary – Second eye

Discharge information for your \_\_\_\_\_ eye surgery  
carried out by Dr \_\_\_\_\_ on \_\_\_\_\_

Your post-operative eye drop regime is:

- Chloramphenicol 0.5% four times daily for five days.
  - Dexamethasone four times daily for 28 days.
  - Other:
- 

Your post-operative visit will be either at:

☐

### **Your local optometrist**

Please make an appointment with your local Optometrist between four and six weeks after your surgery.

or

☐

### **The Golden Jubilee National Hospital eye clinic**

You will either be given an appointment at discharge or one will be posted out to you.

Nurse signature: \_\_\_\_\_

Nurse name: \_\_\_\_\_

Date: \_\_\_\_\_

**All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.**

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clastinn no riochd eile a tha sibh airson a thaghadh.

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