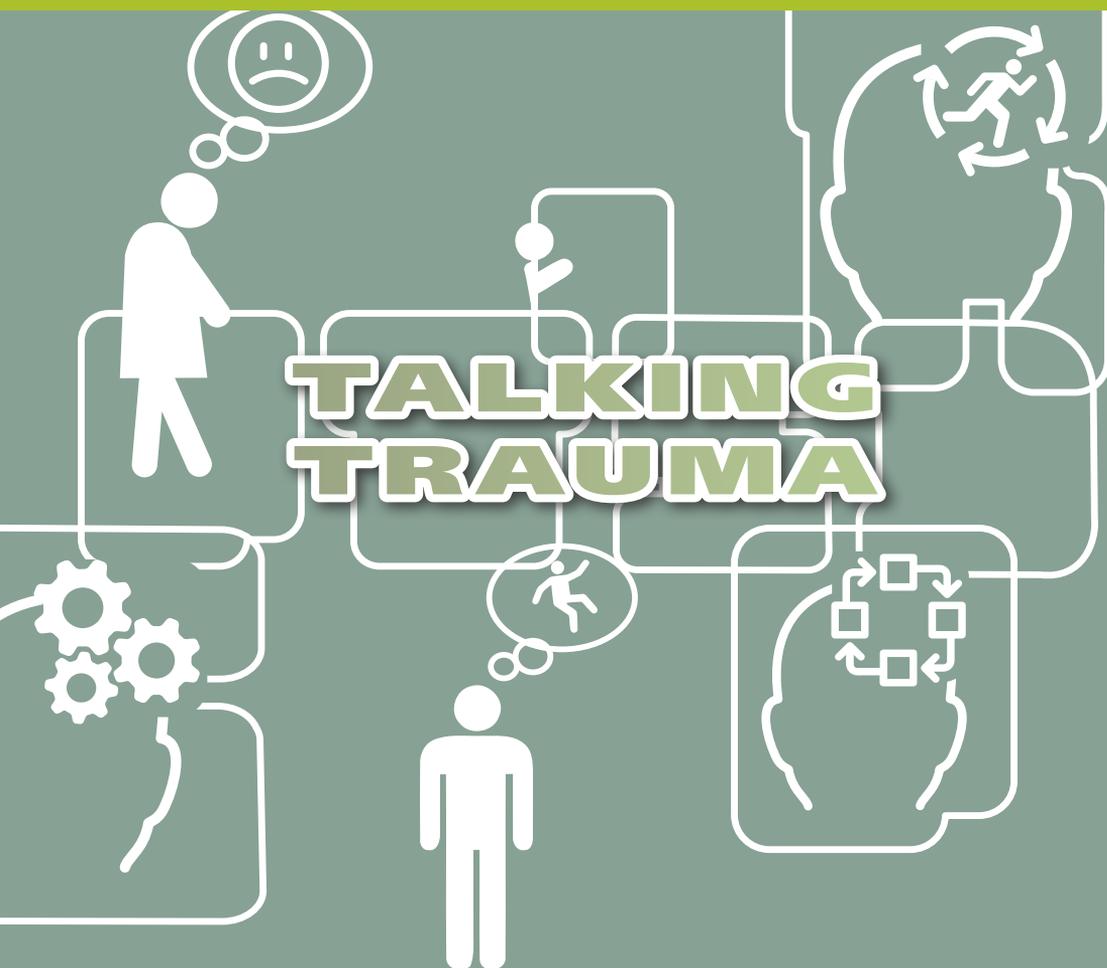


Self-help work booklet for people experiencing  
Post-Traumatic Stress Disorder (PTSD) and Complex PTSD



This document is led by Dr Katie Jackson, Clinical Psychologist

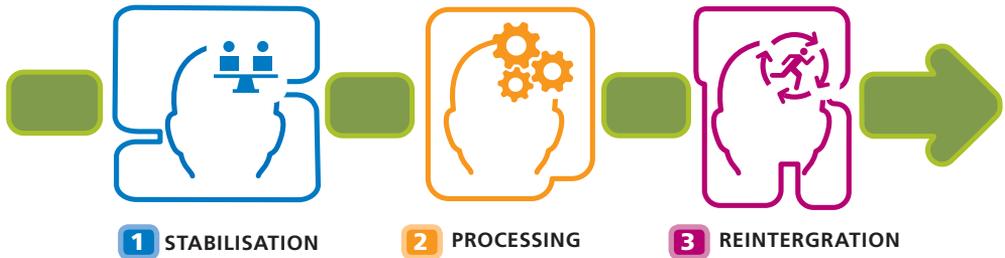
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## The three stages of trauma therapy

The term 'stabilisation' comes from a model of trauma focused therapy by Judith Herman. This model has three stages:



Stabilisation involves learning skills to cope with distressing trauma symptoms such as flashbacks, nightmares and intrusive memories. It also involves thinking about managing your emotions and regaining a sense of safety within your own mind and body. These skills should be helpful in your everyday life.

It will also be of benefit should you choose to go on to process some of your past experiences in therapy (stage 2: processing).

Reintegration (stage 3) involves regaining aspects of your life that you may have lost since experiencing these difficulties. The first step to your recovery is learning to stabilise your mind and body.

## What is a trauma?

To understand what Post-Traumatic Stress Disorder (PTSD) and Complex Post-Traumatic Stress Disorder (cPTSD) are and how they develop, we first need to consider what a trauma or traumatic experience is.

Generally speaking, a trauma is an extremely stressful life event accompanied often by shock and a survival response (which we will cover later). A trauma could involve us experiencing or witnessing something life threatening. It could be a violent attack, sexual assault, road traffic accident or war. It is

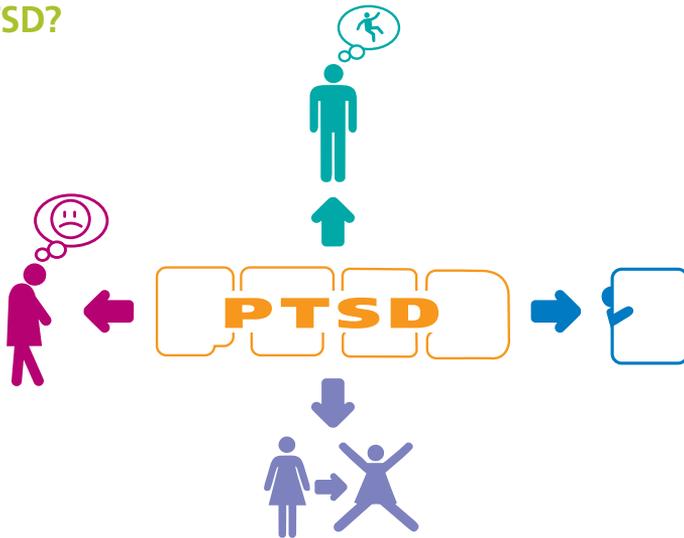
typically something that is difficult for us to accept and come to terms with. It is different from other stressful life events such as divorce for example, because it is accompanied by feelings of intense fear, often hopelessness or helplessness and horror, which continue long after the traumatic experience is over. Sometimes a trauma is a natural disaster like a tsunami, hurricane or earthquake. Sometimes people do extraordinary things under extremely stressful situations.

Traumatic experiences often involve other people, sometimes people we know very well. This can be extremely confusing for us and can change our view of other people. Following a trauma, we may find that it is difficult to trust others and we may be wary of their intentions.

Traumatic events are physically, emotionally and mentally shocking and threaten our survival, wellbeing, sense of self or future. Added to this we are often plagued by thoughts that we did something to deserve it or that we ought to have behaved differently. This can lead to feelings of guilt and shame. Sometimes we feel guilty for being alive following a traumatic incident.

Traumatic events can make us feel that our lives are unpredictable, that we are out of control, find it difficult to feel safe and trust other people, ourselves and our judgements. Our experiences often feel unfair, unjust, inhumane and cruel and can make us question our assumptions about the world and others. We can lose faith and become disconnected from others. Common emotions include grief, fear, loneliness, shame, anger and guilt. Safety is a key issue and as a survivor, it is important to learn to trust others and reclaim your life over time.

## What is PTSD?



PTSD stands for Post-Traumatic Stress Disorder. Typically people will experience difficulties in the following areas:

- **Re-experiencing** the traumatic event over and over again in the form of intrusive images or memories, flashbacks (where you feel and act as though it's happening again) or nightmares and intense psychological and /or physiological reactivity to any cues or triggers that remind you of the trauma.
- **Avoidance** of people or places that remind you of the trauma to avoid the distressing feelings. Avoidance of people and /or places that remind you of what happened, even trying to avoid thinking about what happened.
- **Hyperarousal** means feeling that you are 'on guard' all the time and your body is 'ready' to react to danger. You may experience difficulties falling or staying asleep, irritability, jumpiness, feeling easily startled and difficulties concentrating.
- **Hypo-arousal** means that you may feel numb or cut off from your feelings, low in motivation and energy or slowed down.
- **Negative cognition and affect** feeling to blame, guilt, shame, loss of self-esteem, confidence, low mood, loss of interest in activities.

## What is Complex Post-Traumatic Stress Disorder (cPTSD)?

We use the term cPTSD or 'complex trauma' typically when someone has experienced multiple and /or sustained traumatic events, for example, childhood abuse, domestic violence, kidnapping or torture, to name a few. Typically someone might have experienced adverse events in childhood or ACEs (adverse childhood experiences) and then further traumas in their adult life too. However, this is not always the case. It is possible for someone to develop cPTSD from a single traumatic event.

cPTSD is characterised by the (PTSD) criteria described on the previous page. However, people typically may have some additional difficulties including struggling to regulate their emotions, finding it hard to be in effective and healthy relationships and a persistent negative outlook towards themselves which has probably been around for a long time.

If someone has difficulties regulating their emotions, it means that their emotions can feel overwhelming and unmanageable. If this applies to you, you may have found ways to try and cope with your experiences, possibly by numbing yourself using substances, for example, alcohol, or you may feel like ending your life is the only way to make your experiences stop. It is hoped that some of the psychological interventions given here may support you to start having alternative ways of coping in order for you to feel more in control.

### Task: making sense of your experiences

It might be helpful to use the above model to write down what you experience under the following headings:

*Re- experiencing:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*What I avoid and how I do it?* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Changes to arousal:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My negative thoughts and feelings:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Other difficulties I have are:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

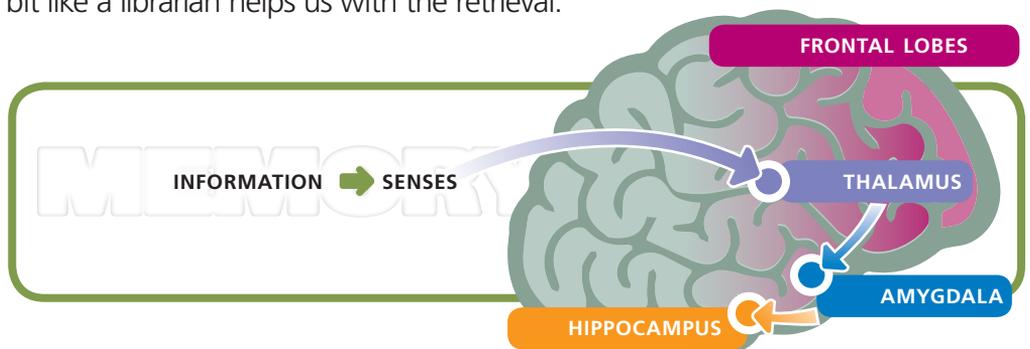
## **Memory processing**

In order to understand why we may have the trauma symptoms that we do, it is helpful to know about 'memory processing'. Memory processing is key to understanding why we re-live some memories and not others. You will have noticed that everyday, non-threatening memories do not disturb you in the same way as traumatic ones do. The following information can help you understand why this is the case.

It may be helpful to discuss this section with a friend, family member or professional as it can be quite complicated and it can be helpful for others in your life to understand this too.

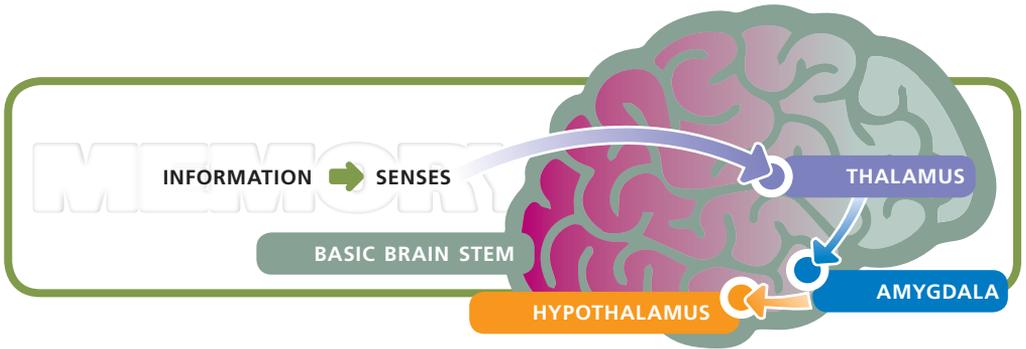
## Firstly we will describe a non-threatening everyday memory

We perceive the world around us through our senses - what we can see, hear, touch, taste and smell. This information from our senses is then passed on to an area of the brain called the thalamus which we will think of here as 'reception'. This 'reception' then sends the information on for processing. It has to go via the amygdala which we can think of as a 'threat detector'. This part of the brain is involved in our fear response. Given that the memory we are talking about is non-threatening, the information can go on to another area of the brain called the hippocampus. The hippocampus is involved in the formation of new memories. It does this firstly by indexing our memories for later access (i.e. putting a date and time stamp) and therefore allows us to distinguish between what happened in the past and what is happening in the present. Secondly, the hippocampus links the memory to other parts of the cortex (i.e. areas responsible for attaching language, visual meaning and bodily sensation) and it is within these different areas of the cortex that the different aspects of the memory are stored as 'long-term' memories. We can think about this as the cortex being a bit like a library that stores the books or memories. Researchers think this transfer from hippocampus to neocortex happens as we sleep. Because this memory has gone through all of the stages of processing, it means that it does not bother us really. Typically we recall the memory by actively going back into our memory store and retrieving it, rather like pulling a book from the library bookshelf. Parts of the frontal lobes act a bit like a librarian helps us with the retrieval.



## Now we will consider what happens to memory processing under threat

When information comes through our senses that is threatening, the amygdala (the 'threat detector') is activated and an alarm bell is signaled in the brain. This means that our brain goes into 'survival mode'. Our survival responses include: fight, flight, freeze, flop and attach. We do not consciously choose a survival response, our brain works so fast that it happens automatically. Often following a trauma, people ask "Why did I respond like that?". The answer is usually because your brain thought in that split second that was the best survival option. Over time humans have survived and evolved thanks to this 'threat detector'. However, the parts of the brain in charge of survival are the oldest parts. These are located at the back of the brain (basic brain stem). The old parts of the brain signal a release of chemicals including adrenalin and cortisol (stress hormones). Adrenalin allows our heart to pump faster, getting blood around our body, mainly to our arms and legs. This is preparing our body for a survival response. The mix of chemicals switches off the hippocampus and therefore the memory is dealt with differently to the non-threatening memory. The memory is stored across the cortex (library) as a trace memory in the cortex but because the frontal lobes have had less input into the process (a bit like the librarian was on a break) the memory (or library book) is stored randomly in pieces and not in any order. This means that the memory gets easily re-triggered. You may have noticed that certain smells, places, people etc. can trigger your trauma memories. This happens for a number of reasons, but we can think about it in terms of our brain thinking 'it's better to be safe than sorry' and this was threatening before and we survived and therefore it takes you straight back to the time of the trauma. Unfortunately, our brains can sometimes get it wrong and our survival responses are triggered when we are actually safe. Following a trauma, our 'threat switch' in the brain can be more sensitive to perceived threats.



It can be helpful to get to know your triggers. Some of you may be aware of these, for others it may be a bit of a mystery at this stage. Ask yourself... What were you doing? Who were you with? How were you feeling just before you experienced that flashback? This can give you important information to start to make sense of your experiences.

**My triggers:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Survival responses**

Survival or stress responses are exactly what they sound like; ways in which we might react to a threatening situation. Adrenalin is released in to our blood stream and it has the following effect on the body, increased heart rate, shallow breathing, shaking and feeling more alert to the environment. Our heart rate increases to send blood to our arms and legs to help us do one of the following:

## **Fight**

Your brain will have done a quick calculation with the potential for you to overpower the threat. If this occurs you may notice feeling tense and respond to the threat by fighting your way out.

## **Flight**

Flight is exactly how it sounds, feeling the need to run away or responding to the threat by actually running away or escaping. Our minds will have done a quick calculation to see if this is possible.

## **Freeze**

The freeze response is staying very still with the aim of evading the potential danger or aiming for it to be over quicker. This can be like being frozen / paralysed with fear. Staying very still in evolutionary terms could mean that the aggressor loses interest and leaves.

## **Flop**

When someone experiences significant trauma and the associated feelings it can feel so overwhelming that it triggers a physical collapse. We know this as the flop response.

All animals have ingrained survival responses which our oldest part of the brain (the brain stem) is in charge of. Our minds choose a survival response automatically within a split second. We do not consciously decide what to do in a threatening situation as this would take too long and our survival could be compromised. Often people can feel confused about why they acted a certain way during a traumatic incident. We have to remember that it was the best option, given the information the brain had received at that particular time.

## **Attach**

Attaching to a threat, typically a person is common. This typically occurs when you rely on that person for your survival e.g. a parent and child, a hostage situation etc. and attaching to them could increase your survival chances.

## Dissociation

Dissociation is a term that means separate or disconnected. Often people who have been through a trauma or multiple traumas can experience it. Sometimes, if we have had to endure a trauma and as per the survival responses above, we have been in freeze or flop mode, our mind as an extra level of protection goes 'offline'. This means that if the information coming through the senses is too overwhelming, the mind needs to go 'elsewhere'. For people who have been through multiple traumas, particularly in childhood, this might be a well learnt protective strategy that has built up and evolved over time. However, it can get in the way in adult life when you're no longer in a threatening situation and people can find that they lose track of time. They might find themselves staring into space, daydreaming or feeling disconnected to the world around them.

### Things to try to help my mind stay online and present:

#### Grounding

Grounding refers to a set of simple strategies you can use to cope with distressing emotions and memories by orientating yourself to the here and now. For example when you are experiencing a flashback you can use grounding to remind yourself that you are safe in the present moment and the traumatic event is no longer happening. You can use grounding strategies anytime, anywhere and no one has to know. Keep your eyes open, scan the room and turn the lights on to stay in touch with the present.

We will learn a simple grounding skill here, but as with any new skill you need to practice to be able to use it effectively.

#### Try it at home

Grounding skill 1: Describe your environment in detail using all of your senses, for example "the walls are white, there are five blue chairs, there is a wooden bookshelf against the back wall..."

Grounding skill 2: Name 5 things you can see, 4 things you can hear, 3 things you can touch, 2 things you can smell and 1 thing you can taste.

Grounding skill 3: find everything blue and everything red in the room you are in by having a careful look around. Name each item in your mind.

*What did I notice?* \_\_\_\_\_

\_\_\_\_\_

- Try setting a reminder on your phone for every few hours to ground yourself. Even if you are feeling present, it helps to practice on a regular basis.
- Keep a daily diary of things you have done and things you have planned. This can help you keep track of each day, making you feel more present and in control. Hopefully this will help if you easily lose track of time, or feel that time passes you by and you're not sure what you have been doing.
- Put things on a calendar and remind yourself to look at it. Again, this helps you to keep track of time, days, appointments and plans you have made. It also reminds you of the date, time and where you are.

You may have found your own way of coping with dissociation. Make a note of anything you do that is helpful below:

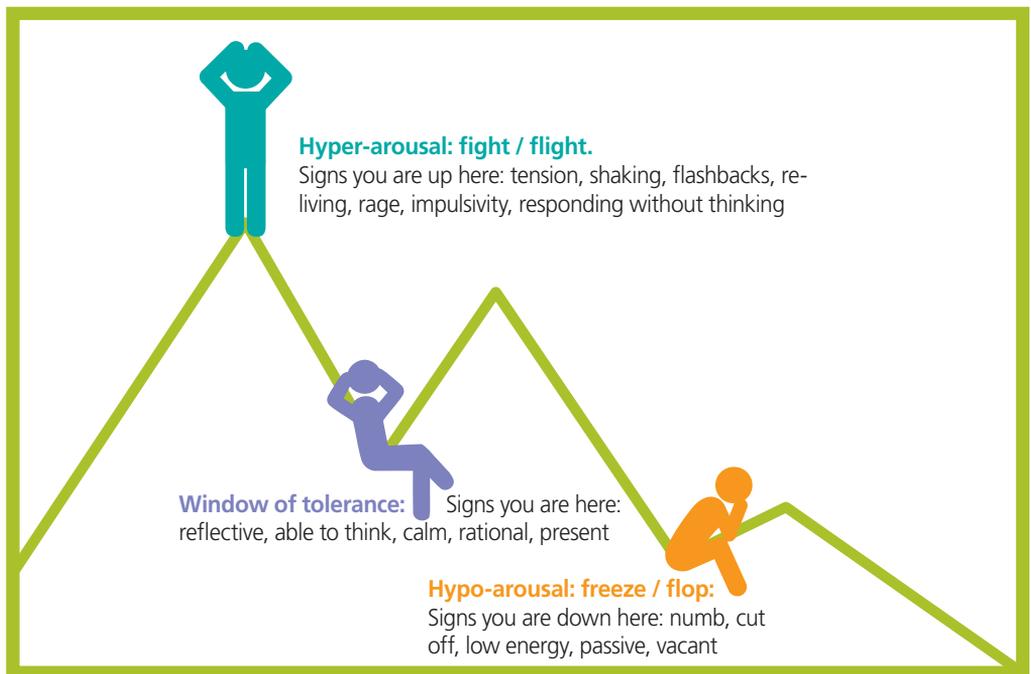
The things I find that help me with dissociation are:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

The following diagram is called the Window of Tolerance and is a model widely used in trauma work.

## The Window of Tolerance

Everyone has a window of tolerance. It will be a different size for every individual depending on their life experiences. For example, if someone had good enough early life experiences, where they were encouraged to label and manage their emotions, it may be that they have quite a large window. Alternatively, stress and trauma can reduce the size of our window (in childhood and adulthood). Therefore, it may feel like we do not spend much time in our window. Have a look over the picture and see if you notice things that relate to you and your experiences.



The aim is to become more regulated over time so that you stay more and more inside your window of tolerance. It is helpful to build your awareness of where you are on this diagram, in order to start to use the skills effectively.

# Things that I notice when I am going out of my window:

**Hyper-arousal** : What is it like to be **up** here?



Remember to **decrease arousal**, breathe, slow things down.

Skills to get me back into my window

**Window of tolerance**: What is it like to be here?



**Hypo-arousal**: What is it like to be **down** here?



Remember to **decrease arousal**, breathe, slow things down.

Skills to get me back into my window

*Track yourself over time*

**Over time**

Arousal

## Creating a routine

Routine is a key step to maintaining health, wellbeing and balance. We all need our basic needs meeting.

### Food and mood

Our mood is influenced by our food. Eat regular meals and snacks to keep blood sugars balanced. Include all food groups throughout the day to sustain energy levels.

### Schedule activities in line with your values

*What gives you a sense of achievement?* \_\_\_\_\_

\_\_\_\_\_

*What connects you to others?* \_\_\_\_\_

\_\_\_\_\_

*What do you enjoy doing?* \_\_\_\_\_

\_\_\_\_\_

### Create goals around your routine:

1. Do you eat 3 meals per day?
2. Could you schedule 1 activity per day?
3. Could you start a new hobby or find an old hobby or interest to get involved in?

Sometimes thinking of changing lots of things can be overwhelming. Take a few moments to practice the following exercise.

## Colour breathing skill to try

Imagine a colour representing tension

As you start to pay attention to your breathing, imagine breathing out that colour to represent breathing out tension

Visualise the coloured air as you breathe it out and watch it float away

Allow yourself to breathe out all of the tension

Now bring to mind a colour representing calm, comforting feelings.

Imagine breathing in this relaxed coloured air

Just notice what happens in your body as you imagine breathing in the relaxed air

Continue to do this for another couple of minutes.

## Nightmares

During the night, our mind utilises its natural healing abilities and attempts to process unprocessed memories that we discussed earlier when we talked about how the brain processes trauma. This means that we can re-experience the trauma in the form of nightmares. We may also struggle drifting off to sleep and staying asleep throughout the night and can become fearful of even going to sleep. It is understandable that following a nightmare, you may find it hard to get back to sleep.

### Helpful tips for a good night sleep:

1. Is your bedroom a nice place to sleep? It should be cool, dark and peaceful. Is there something you could do to make it feel more relaxing? Add a nice smell perhaps?
2. Avoid napping during the day. We understand that following a bad night, you may feel like catching up on sleep throughout the day. However it is actually unhelpful as your body clock needs to distinguish day time from night time.

3. Bed and bedroom is for sleeping only. We need to associate bed with sleeping at the moment. Only go to bed when you're tired. If you don't go to sleep within 30 minutes, get up and complete an activity (that's not going to wake you up too much), for example washing up, flick through a magazine in low lighting or listen to the radio. Nothing in bright light.
4. No screens in the bedroom. The light from TV, tablets or phones signal to your brain that it's light and you need to wake up. We want to be giving your brain signals that it's bed time and time for sleep.
5. Create a relaxing routine before bed, for example, a warm bath or shower or listening to music. Try to go to bed around the same time each night and wake around the same time too.
6. Don't go to bed hungry or too full. Depending on what time you have your evening meal, you may need a small snack between that and bed time.
7. Avoid caffeine after 4pm. This includes tea, coffee and fizzy drinks. Instead have decaffeinated versions, water or juice. What time do you have your last drink? We want to eliminate being woken up by other factors such as a full bladder.
8. Alcohol is a depressant and can make us feel drowsy, however it actually reduces the quality sleep that we get meaning we don't feel rested in the morning. Nicotine on the other hand is a stimulant and can also make it difficult to sleep if you smoke close to bed time.

Using the above suggestions, what can I change about my sleep routine?

.....

.....

If I wake up from a nightmare the things I could try are:

- Breathing
- Grounding

- I could try writing some statements down to keep next to my bed including things like “I’m not in danger”, “I’m at home in my bedroom”, to remind yourself of where you are and that the feelings of fear will pass.

Other suggestions:

- 
- 
- 

I could also try these during the day to cope with distressing images, flashbacks and unwanted memories.

## Confronting avoidance

We thought a little about avoidance earlier on in the booklet. Avoiding thinking about and the feelings associated with what happened is a normal reaction to what was an abnormal event. However, it is these thoughts, images and feelings that require processing. When people are experiencing PTSD they typically avoid any kind of reminders or triggers, for example people and places. However the more we avoid, the more it restricts our world resulting in less opportunities to challenge our beliefs about the world being a scary place and learn to manage our feelings, cope with the situation and our response. Just by reading this booklet, you have confronted the fact that you have been through a trauma /multiple traumas and you have started to think about how it is having an impact on your life today. Keeping busy or distracted is a very common way of avoiding your thoughts and feelings. It is helpful to start to slow down and live in the present moment.

Make a list of things that you avoid:

.....

.....

.....

.....

.....

Over time, you may be able to start to confront some of these things with the help of the knowledge and skills you now have.

Accepting your emotions is a big part of trauma work. In order to do this, you need to start to get to know your emotions.

### A brief start to noticing your feelings /emotions

How do I know what I am feeling? (happy, sad, angry, shock, fear, disgust, shame or guilt).

Where do I feel it in my body? When noticing your emotions, try to get all three aspects.

Emotion	Bodily location	What I feel like doing...
<i>For example, Shame</i>	<i>Rising heat, red face</i>	<i>Hiding away and not facing anyone</i>

Accept the emotion without judgement because it gives us important information. We wouldn't ignore a feeling of hunger, so why ignore something else that your body is telling you?

Remember with the skills discussed it takes time to practice them and implement them effectively. Practice them when relatively calm to build up your ability to effectively use them when distressed.

It's a bit like buying a new tent. You would practice putting it up in the shop first. Then you might put it in the garden. The first time you used it wouldn't be on the top of a stormy cliff. If prepared, when you got to the campsite and it was stormy, you would feel ready and able to put up your tent.

It's the same with different strategies ... practice, practice, practice.

Good luck. We hope this booklet has been helpful.

**Helpful contacts**

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If you would like this in large print, braille or on audiotape or would like this document in an alternative language, please contact the Patient Advice and Liaison Service on 0800 015 4334.

#### Amharic

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#### Arabic

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#### Bengali

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#### Czech

Pokud byste chtěli dokument psaný většími písmeny, brailovým písmem nebo na zvukové kazetě nebo v jiném jazyku, prosím, kontaktujte poradenskou službu pacientům na tel. 0800 015 4334.

#### Farsi

در صورت تمایل به داشتن این سند به نسخه ای با چاپ درشت تر، به خط بریل یا نسخه صوتی، و یا به زبانی دیگر، لطفاً با دفتر خدمات مشاوره و هماهنگی بیماران به شماره تلفن ۰۸۰۰۱۵۴۳۳۴ تماس حاصل نمایید.

#### French

Si vous désirez ce document en gros caractères, en braille, enregistré sur cassette audio ou dans une autre langue, veuillez contacter le service de conseils et liaison des patients [Patients Advice and Liaison Service] au 0800 015 4334.

#### Kurdish Sorani

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#### Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਨੂੰ ਵੱਡੀ ਛਪਾਈ, ਬ੍ਰੇਲ ਜਾਂ ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ ਚੁੱਟੇ ਹੋ ਜਾਂ ਇਸ ਸਮਰਾਥਨ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚੁੱਟੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਰੀਜ਼ ਸਲਾਹ ਅਤੇ ਤਾਲ-ਮੇਲ ਸੇਵਾ (Patient Advice and Liaison Service) ਨਾਲ 0800 015 4334 ਤੇ ਸੰਪਰਕ ਕਰੋ।

#### Somali

Haddii aad jeclaan lahayd in aad kan ku hesho far waaweyn, farta braille ee dadka indhaha la' ama cajalad dhegeysi ah ama haddii aad jeclaan lahayd in aad dukumeentigan ku hesho luqad kale, fadlan Adeegga Talobixinta iyo Xiriirinta ee Bukanleyda (Patient Advice and Liaison Service) kala soo xiriir lambarka 0800 015 4334.

#### Turkish

Bu belgeyi büyük yazı, braille (kör alfabesi) veya ses kaydı olarak veya başka bir dilde almak istiyorsanız, lütfen 0800 015 4334 no.lu telefondan Hasta Danışmanlık ve İrtibat Hizmetleri ile bağlantıya geçiniz.

#### Urdu

اگر آپ یہ بڑی چھپائی، بریل میں یا صوتی ٹیپ پر حاصل کرنا چاہتے ہیں یا یہ دستاویز کسی قابل زبان میں چاہیں تو برائے کرم پیٹینٹ ایڈوائس اینڈ لیاؤن سروس سے 0800 015 4334 پر رابطہ کریں۔

#### Vietnamese

Nếu muốn có tài liệu này dưới dạng in chữ cỡ lớn hơn, chữ nổi braille hay băng ghi âm, hoặc bằng một ngôn ngữ khác, xin quý vị liên hệ bộ phận Dịch vụ Tư vấn và Liên lạc với Bệnh nhân theo số 0800 015 4334.

This information is correct at the time of publishing  
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