



*St. Anna Ziekenhuis*



## Admission information

**Anna.** Liefde voor leven.

---

## Your appointment

You are expected for your intervention on:

\_\_\_\_\_ (day), \_\_\_\_\_ (date).

You can call for the exact admission time on:

\_\_\_\_\_ (day), \_\_\_\_\_ (date).

You will be informed by writing or telephone about the exact admission time by the Admissions Office.

**The exact admission time is only known two working days before.**

You must call the corresponding department (see appointment card and/or letter) **two working days before admission, between 3.00 - 4.00 PM** (i.e. not on Sundays or holidays) for your exact admission time.

- Surgery department tel: 040-286 4844
- Orthopedic center tel: 040-286 4840
- Paediatrics department tel: 040-286 4170
- Gynaecology department tel: 040-286 4838
- Neurology department tel: 040-286 4837

**You can report to the reception at the main entrance on the day of admission.**

### Questions

- About your operation or other medical questions, by calling the offices of your medical specialist **040 - 286 4040**.
- For other questions, please call the Admissions Office at **040 - 286 4810** Mondays through Fridays.
- For questions specifically about your admission date, please contact us at **040 - 286 4849** Mondays through Fridays, between 9 and 10 AM.

---

The planned admission time is fixed; we cannot make changes in the operation schedule. Thank you for your understanding.

The planned admission date remains provisional. Sometimes this date has to be changed.

### How to prepare at home

The next two pages specify what you have to bring for a planned stay at St. Anna Hospital. Some things you always have to bring, others only if they apply to your stay.

#### **Empty stomach**

It is extremely important that you have an empty stomach before the operation.

- **You may eat, drink and smoke up to 6 hours before the admission time.**
- **You may only drink water up to 2 hours before the admission time.**

It is important for you to fast so that your stomach is empty. If that is not the case, food and liquids that are still in the stomach can get into your lungs during or around the time of the intervention. This could cause a very severe lung infection and respiratory problems. It is therefore extremely important that you adhere to these fasting instructions.

**IMPORTANT:** If you do not follow these instructions, the intervention may not take place.

#### **Medication use**

When you use medication, the nurse anaesthesiologist determines whether you have to take it on the day of the intervention. If you do have to take the

---

medication, take it before 7:30 AM with a small sip of water, even if you are supposed to have an empty stomach. You will receive a medication overview that includes guidelines for your medication intake on the day of the intervention.

**Birth control**

Medication given during anesthesia and any nausea can make your hormonal contraception less effective. Therefore you should use additional contraception (such as a condom) for 7 days after the operation to prevent the chance of pregnancy.

**You should always bring the following:**

- A valid form of ID.
- A note with the name and phone number of your contact person during your admission. Read also the information starting on p. 11, 'Contact person'.
- If you are using medication:
  - A current medication overview from your pharmacy.
  - Outpatient setting: the medication instructions for the day of admission. You will have received these from the anaesthesiologist during the preoperative screening.
  - If you take blood-thinning medication, the anaesthesiologist will update you about interrupting its intake. Follow the advice of the thrombosis service. On the day of the intervention, bring the latest anticoagulation bridging instructions that you received from the anticoagulation clinic you are registered with (if you take blood-thinning medications like Marcoumar or Sintromitis), as well as any new bridging instructions you received from the thrombosis service.
- If you use medication, bring a 24-hour supply in its original packaging.

**Further you bring the following:**

- Your slippers.

- 
- Sturdy shoes (by knee or hip surgeries)
  - Your toiletries, nightwear and bathrobe (if you have to stay one or several nights).
  - Extra underwear. If you get a spinal injection you may lose control of your bowel movements and urination for a while. This can result in temporary incontinence, but restores itself spontaneously after a few hours.
  - Loose-fitting skirt or pants that are easy to put on/take off if you have a leg or foot surgery.
  - Loose-fitting top garments that are easy to put on/take off for shoulder, hand or elbow surgeries.
  - Two elbow crutches, which you can rent at the home care store (for foot, knee or hip surgeries).
  - CPAP or MRA bracket, if you use it at home (also if you are treated on an outpatient basis).
  - Bring your hearing aid, if you use one.
  - Bring an eyeglasses case if you wear eyeglasses, and/or a case for your contact lenses if you wear contact lenses.

**Tips on what else to bring:**

- Reading materials.
- Headphones and a laptop for use with the AnnaNet (important: bring these at your own risk). For more information about AnnaNet, see page 21.

**Your health situation**

If anything else changes in your health situation between your visit to the outpatient clinic and the operation, you need to contact your treating specialist or the Admissions Office, so that we can determine whether your surgery can proceed safely.

**On pages 10-12 you can read a comprehensive explanation under 'How to prepare at home'.**

---

## **Table of contents**

### *Your appointment and preparations at home*

1. Introduction to St. Anna Hospital.....	7
2. Goal of this folder.....	7
3. Planned admission: outpatient treatment or clinical stay.....	8
4. What happens at the hospital before admission.....	8
5. How to prepare at home.....	10
6. The day of the intervention.....	11
7. After the intervention.....	13
7.1. After an outpatient treatment.....	13
7.2. After a clinical stay.....	13
7.3. Follow these rules the first 24 hours after your discharge....	13
7.4. At your discharge you will receive the following.....	14
7.5. Care after discharge from the hospital.....	14
8. You yourself can help have a safe intervention.....	19
9. Rights and obligations.....	19
10. Medical Treatment Contracts Act (WGBO).....	20
11. Complaints, ideas and compliments.....	20
12. General Information.....	20
13. Visiting hours.....	24
14. Contact information.....	25

---

## **1. Introduction to St. Anna Hospital**

St. Anna Hospital is a regional hospital that offers nearly all medical disciplines, about 90 specialists and a capacity of 320 beds.

The hospital is based in Geldrop and has an outpatient clinic in Eindhoven at the Antoon Coolenlaan, near the swimming club De Tongelreep. At that location various specialists have office hours, and there is a blood work lab and a radiology department for comprehensive diagnostic possibilities. The hospital is part of the St. Anna Zorggroep, together with three care centres, the Ananz nursing home (in Geldrop/Heeze) and the medical sports health centre TopSupport (in Eindhoven).

At all our locations we offer personalised, high-quality care and service, and as a patient you will always have one-on-one contact with your specialists. Thanks to our extremely committed working style we give an extra dimension to the treatment of our patients.

## **2. Goal of this folder**

You will soon be admitted to St. Anna Hospital. For many people a hospital stay is a dramatic event in which many impressions and information have to be processed in a short amount of time. With this folder we want to prepare you as well as possible for your stay at our hospital.

You can contact your treating specialist or the ward nurse with questions and/or comments about your hospital stay.

On the back of this folder there is also space for you to write down any questions, so that you don't forget them.

---

### **3. Planned admission: outpatient treatment or clinical stay**

St. Anna Hospital has two types of planned admissions: outpatient treatment and clinical stay.

#### **Outpatient treatment**

When you are treated on an outpatient basis you get admitted for a short period of time, from several hours to a maximum of one day. In other words, you will go home on the day of the intervention. Visitor rules do not apply in this case. During your stay your family can wait at the restaurant in the main hall and use the various facilities.

#### **Clinical stay**

A clinical stay is when you are admitted to the hospital for more than one day.

### **4. What happens at the hospital before admission**

#### **Preoperative assessment and preoperative screening**

If you have to undergo an operation or treatment, after your visit to the outpatient clinic you will be scheduled for a preoperative screening. This may entail the following appointments:

- A phone call with the hospital pharmacy. The hospital pharmacy will try to obtain a clear and complete overview of your medication use at the moment you are admitted to the hospital. In this way we try to prevent improper medication use and dangerous situations. During this talk we will ascertain whether the overview and the dosages are correct, whether you have any allergies, and whether you are using additional medication. You can find more information in the *Hospital Pharmacy* folder.



- 
- A talk with a specially trained screening staff member. In this talk we will assess your health condition based on a short physical exam, and discuss together what the best type of anaesthesia for you will be. You will also have the opportunity to ask questions about the anaesthesia. If you still have questions about the anaesthesia later on, you can contact us by phone at the:

**Admissions Office: 040 - 286 4810**

**Mondays through Fridays 8:30 AM – 5 PM**

Further preparation may be necessary before the anaesthesiologist can approve the anaesthesia ('fit for anaesthesia'). For example, blood tests and an ECG may be taken, or there may be a consultation with a pulmonologist, internist, neurologist or cardiologist before the operation.

Only after all your information is known does the anaesthesiologist approve the operation. We will contact you if it appears that more exams are needed before the intervention.

**Other important matters:**

- If anything else changes in your health situation between your visit to the outpatient clinic and the operation, you need to contact your treating specialist or the Admissions Office, so that we can determine whether your surgery can proceed safely.
- The tests needed for the treatment must have been done at least two weeks before your admission, but not more than three months in advance.

---

## **5. Preparations at home**

In the beginning of this folder we specify the preparations that you have to make at home. This will make things clearer for you.

### **Fever or increased temperature**

Please take your temperature at home in the morning. If your temperature is above 38° Celsius, please call the reception **040 - 286 4205**. They can connect you to the ward where you will be admitted, to consult as to whether the intervention can still take place.

### **Hygiene**

You are required to take a bath or shower at home on the day of admission (unless we agreed otherwise with you).

### **Paracetamol**

We recommend that you have paracetamol 500 mg tablets at home for post-intervention pain.

### **Cosmetics and skin care products**

Before your admission, please remove all makeup and nail polish (even the transparent kind) from your fingers and toes. If you have gel or acrylic nails, you must remove at least one nail from each hand (preferably from your index finger). Do not wear body milk or lotion on the day of the operation.

### **Jewelry**

You are not allowed to wear any jewellery or piercings for the operation.

### **Valuables**

Your room is equipped with a locker, which you can lock with your own code. We recommend that you bring as few valuables as possible to the hospital, such as money, mobile telephones and jewelry. If you bring your

---

laptop in order to use the Internet, it is entirely at your own risk. You cannot hold the hospital liable if your personal belongings get stolen or damaged. If you forget to take your belongings home when you are discharged, they will be held at the ward for one month, after which they will be removed.

**Contact person**

When you are admitted we will ask you to specify who your contact person is. Information during your admission will be communicated to this person. The contact person can then inform others close to you. For clarity's sake, please agree with those close to you who your contact person will be.

**Transportation**

Before your admission it is also important that you arrange who will take you home or accompany you, for example if you take a taxi. After an outpatient treatment it is not responsible to travel alone by car, bicycle or public transportation.

**Back at home**

Make arrangements in advance in case you need a trusted someone who can be with you at home for the first 24 hours or is reachable by phone in case of a calamity.

**Health insurance coverage**

It is best that you find out before the treatment or operation whether your health insurer will cover the costs.

**6. The day of the intervention**

On the day of the intervention, report to the reception by the main entrance, unless you received different instructions. The reception will direct you to the ward. Once there, the nurse will tell you what your day will be like.

- 
- You will be wearing a hospital gown and a wristband with your information on it. Please remove any prostheses before the treatment, including dental prostheses. You will also need to remove contact lenses, jewelry, piercings, nail polish and makeup.
  - The nurse will do some check-ups, like taking your blood pressure, heartbeat and body temperature.
  - If you have a hearing aid, you can keep wearing it on one side until you get to the operating room.
  - You will be wheeled to the operating theatre in a bed, where you will be prepared for the intervention in several rooms. Sometimes the area to be operated is shaved; you will get an OR surgical cap for reasons of hygiene in the OR, and your information will be double-checked based on a checklist. The specialist will come around, and the nurse anaesthesiologist will ask a few more questions. Next, you will be accompanied to the operating room (OR).

### **Anaesthesia and the operating theatre**

Anaesthesia is a numbing condition in which you can no longer feel pain. If you want to find out more about anaesthesia, the different types of anaesthesia and the operating room (OR) before your surgery, you can read about it in the folders *Anaesthesia, analgesia and your operation* and *The operating theatre*.

### **Postsurgical pain management**

You will recover better in the first days after the operation if your pain is managed properly with analgesics and possibly anti-inflammatories at regular intervals. This is why we measure your pain after the operation. You can read more about this in the folder *Postsurgical pain management*.

---

## 7. After the treatment

Things are done differently after an outpatient treatment than after a clinical stay. This is why we explain this separately.

### 7.1 After an outpatient treatment

The nurse of the outpatient centre will call your contact person. This person will pick you up by car or will accompany you on your taxi ride. You do have to arrange for the taxi ride yourself.

In some cases the doctor may decide that it's better for you to stay at the hospital. This doesn't necessarily mean something is wrong. People react differently to treatments. You will be admitted to one of our nursing wards.

### 7.2 After a clinical stay

Before you are discharged, there will be a final talk with your physician or nurse. Feel free to include a family member or someone you trust. During this talk we will go over the folder *Your discharge*, which you received at admission. The folder includes, among other things, advice and information about any follow-up appointments. To prepare for your discharge you can also look at the checklist of the RPCP (Regional Consumer Platform for Southeast Brabant) (see pp. 16-17).

The treating specialist will determine the date of discharge in consultation with you. Patients are discharged between 9:30 and 11 in the morning. Occasionally an additional intervention must take place, in which case the patient is discharged later.

### 7.3 Rules for the first 24 hours after your discharge

We recommend that you adhere to the following rules the first 24 hours after your discharge. These rules apply to outpatient interventions as well as clinical stays:

- You definitely should not operate a vehicle.

- 
- Do not travel alone, not even by public transportation or taxi.
  - Make arrangements so that, if necessary, someone you trust can be continuously available or reachable by phone in case of a calamity.
  - Do not consume any alcoholic drinks.
  - Postpone important decisions and business transactions.

#### **7.4 When discharged you will receive:**

- Post-care information.
- An appointment for the first outpatient check-up with your treating physician.
- Pain medication for the first day (after outpatient treatment).
- If applicable, a prescription for medication and/or bandaging material.
- After a clinical stay, your own medication, if you were taking any.
- After most treatments, a release letter with information about the treatment. Please take this letter or mail it to your general practitioner the next day.

#### **7.5 Care after discharge from the hospital**

Your medical specialist/primary practitioner will determine when you are discharged. That will happen when your medical treatment is completed, and may be sooner than you expect. It is important for you to already think about your recovery and post-care early on, and take steps to make the necessary arrangements. Think of meals, aids, household help, personal care, nursing, assistance or staying in a care hotel. The idea is for you to organise this as much as possible via your personal network and before your admission. If it is impossible for you to arrange for something like household help within your own network, before your hospital stay you can ask at the municipality (Wmo/Social Support Act) whether you are eligible for such help. If during the admission it appears that professional care and nursing is needed and you are eligible for it according to the current criteria, this care can be arranged for during your hospital stay. We advise you to inform the ward nurse about this as soon as possible during your

---

hospital stay. If you are not capable of organising your post-care yourself, you can ask a family member or informal carer to do this for you. To prepare you optimally for your discharge, the following pages have a checklist with relevant issues for you to arrange before/during your hospital stay.

### **Checklist for you and your close ones**

#### **Consequences for your daily life**

- Do you know what the consequences of the illness and the hospital stay can be?
- Is it clear to those close to you what inconveniences you can encounter in your daily life?
- Do you know clearly what you yourself can do to reduce your complaints and foster recovery?
- Do you know what you already can do at home and what you are advised not to do (for now)? Examples are taking a bath or shower, household chores, driving a car and the like.

#### **Post-care**

- Are you sure about whether you will need extra care or help once you're back home?
- If that's the case, do you know clearly what things you will be needing permanent or temporary care and help with?
- What kind of care and help can those close to you give you at home?
- Who else could you get involved – neighbours, home care services, volunteers?
- Do you know where to go for help and information?

---

**Aids**

- Have you obtained information about aids that you need at home?
- Did you receive instructions on how to use these aids?
- Have arrangements been made for aids and/or adjustments that you will be needing immediately after your discharge?
- Do you know what bandaging materials you need at home, and do you have a prescription for them or do you know where to buy them?

**Complications and medical questions**

- Do you know in what situations it is advisable to quickly contact the hospital? If in doubt, you can always contact the hospital.
- Who can you reach to this end, during or outside office hours?
- Do you know clearly what questions you can ask the hospital (the ward, your treating specialist or the emergency room) and what questions you can ask your GP?

**Medication**

- Has a specialist or nurse properly explained how to take your medication?
- If you have to take multiple medications, did you receive enough information about combining these medications?
- Do you know what the side effects can be?
- Do you need prescriptions for your home situation?
- Do you need medications for your first day at home? The hospital pharmacy (AnnApotheek) in the central hall can help you with this.

**Follow-up appointments**

- Do you have any follow-up appointments with the specialist?
- Have you received information about the accessibility of the department, by telephone or by e-mail?
- Do you have any follow-up appointments with other care providers



---

in the hospital?

- Are they reachable by phone or by e-mail?

**Support**

- Do you or do those close to you need support from others after your discharge?
- Do you know where to look for this support?

This checklist is based on a folder set up by RPCP Southeast Brabant.

---



***Provide all the information about your health condition***

Be well prepared for the appointment with your care provider. Put down your questions on paper. Tell the care provider how you feel. Make clear what you expect from your care provider.



***Write down which medications you take at home***

Make a list of all the medications that you take, and bring this list with you. Always let the care provider know what medications you are allergic to.



***Speak up if you don't understand***

Speak up if something isn't clear or if you have doubts. Make sure you are properly informed when any medication is prescribed to you. Ask why you need the medication and how long you have to take it. Also ask about the possible side effects and what you should do if you have any. To this end, the nurse can make an appointment for you to speak with someone from the hospital pharmacy staff.



***Ask questions if medications look different than what you are used to***

Ask questions if the colour or shape of your medication is different than what you're used to, or if you are getting less or more medication than you normally do.



***Provide all the information about your health condition***

Prepare properly for the operation together with your care provider. Ask how you have to prepare, whether you have to fast, how long the operation lasts approximately, and how you are expected to feel after the surgery.



***Follow the instructions and advice***

Follow the agreements you make with your care provider about your treatment. Ask what you are or aren't allowed to do. Ask for an explanation if you get conflicting advice. Do not go home if you still have any unanswered questions. At your discharge, make sure that you ask for a check-up appointment, and that you know whom to approach for questions and problems.

---

## **8. You can help have a safe treatment**

Patients should assume that medical institutions and care providers do everything they can so that treatments can elapse safely. But patients themselves also play a role here, and increasingly often are able and want to contribute to safe care. With a patient safety card, both patients and care providers become more aware of the role that patients can play. In the next page you can take a look at the patient safety card developed by St. Anna Hospital.

## **9. Rights and obligations**

As a patient it is important for you to know what your rights and obligations are in the hospital. Below we list them. They are described extensively in the folder *Rights and obligations as a patient*.

### **As a patient you have a right to:**

- information;
- make decisions about your own treatment;
- be free to choose your care provider;
- have access to, change or destroy your file;
- confidentiality of data;
- submit a complaint.

### **As a patient you have the following obligations:**

- inform the care provider clearly and fully;
- cooperate with the treatment;
- identify yourself;
- pay for the treatment.

---

## **10. Medical Treatment Contracts Act (WGBO)**

Patients have the right to view their personal medical data or request a copy of it. They can also have their medical data supplemented, corrected or destroyed. This right is described in the Medical Treatment Contracts Act (WGBO). You can read more about this in the folders *Information about your medical data and Dealing with patient data*. You can make a request via our *Request form for medical data*.

## **11. Complaints, ideas and compliments**

We do everything we can to provide you with exceptionally committed care in a safe environment. Still, you may not be satisfied or have a suggestion to improve the care. Perhaps you want to give a compliment about the care you received. The folder '*Do you have a complaint? Let us know*' describes exactly how you can go about this.

## **12. General Information**

To conclude, you will receive some general practical information.

### **Accessibility**

St. Anna Hospital is only a ten-minute walk from the NS train station. For more information about bus transportation and schedules, call 0900-9292 or visit [www.9292ov.nl](http://www.9292ov.nl).

### **Parking**

If you come by car, paid parking is available. Our parking lots (P1, P2 en P3) are open 24 hours a day, 7 days a week. The maximum daily rate is 5 euros per day.

---

If you will park for a longer period of time, a week card can be a solution. A week card costs 15 euros and give you the righth to park your car during a week as often as you want.

If you have disabilities and have a handicap parking permit, there is free parking near the main entrance. For directions, visit: [www.st-anna.nl](http://www.st-anna.nl).

### **Finding your way around**

To find your way around the hospital, route numbers are useful. These are specified in the information board by the main entrance and on the signpost materials available by the main entrance, the elevator hall and at patient information services in the main hall. Using the interactive maps it is easy to find out the correct walking route before you come to the hospital, and you can even print it out. The dynamic visuals let you see the route clearly. Find the interactive map on the website of St. Anna Hospital: <https://www.st-anna.nl/naar-het-ziekenhuis/route/plattegrond-ziekenhuis/>

### **Identification**

Healthcare regulations require that you use your citizen service number (BSN). This allows care providers and health insurers to exchange your patient data, declaration forms and prescriptions in a simple and reliable way. In order for our administration to link your patient data to your BSN, you must register once with a valid ID.

### **Wireless Internet**

We offer free Wi-Fi at the Geldrop and Eindhoven locations of St. Anna Hospital. To activate the Wi-Fi, select 'gasten' from the list of networks. After reading and accepting the disclaimer you will be connected.

### **Television**

On most nursing wards you will have free access to a television by your bed.

---

### **Bringing food and drinks to patients**

To avoid foodborne infections we advise our patients to only consume the food offered by our catering department. But even though we have an excellent kitchen, we have no problem with visitors bringing food for patients – after all, who doesn't like being spoiled with homemade treats or food that is prepared in your own kitchen?

### **Hygiene code:**

St. Anna Hospital complies with hygiene regulations – what is known as the 'hygiene code'. We therefore request that you comply with the following rules:

- We ask that your visitors do not bring any food that can spoil easily, like meat, fish or dairy. If you nonetheless want to bring these products, please make sure they are cooled while transported. For example, you can use a cooler.
- Make sure that the food can be eaten immediately. Because of storage regulations, any food brought to the hospital must be consumed within two hours.
- When consuming outside food and drink, please use disposable plates, cups and cutlery.
- Because of liability issues and regulations, be aware that the nursing staff are not allowed to store a product or dish so that you can eat it later.
- Preferably bring small drinks. Outside drinks must always be kept unopened.

You can consume outside food and drinks at your own risk. The hospital is not liable for any adverse effects. If you want to have a current list of allergens during your stay, you can request one from the food service.

---

**Patient folders and website**

You should have received information from your specialist about your specific operation. You can read about this in the Patient folder that was given to you after receiving the information orally. You can find all the folders of St. Anna Hospital on the hospital's website ([www.st-anna.nl](http://www.st-anna.nl)).

**Client counsel**

The client counsel advocates for the clients of St. Anna Hospital. It counsels the advisory board on hospital-related matters. For more information, read the folder *The client counsel of St. Anna Hospital*.

**Safety and quality norms**

One of the ways in which we express our exceptional commitment is by treating you in the safest possible environment. This is why we have deployed the NIAZ, an independent body that sets up quality standards for healthcare institutions and tests them at their request. Visit [www.niaz.nl](http://www.niaz.nl) or look up NIAZ using the search function in our website, [www.st-anna.nl](http://www.st-anna.nl).

---

### 13. Visiting hours

<b>General:</b>	11:00 AM – noon and 2:00–4:00 PM
<b>IC/CCU:</b>	11:00–11:45 AM, 2:00–3:30 PM and 7:00–8:30 PM
<b>Psychiatric ward:</b>	Daily 7:00–8:30 PM, Tue & Thu 3:00–4:00 PM, weekends 2:30–4:00 PM
<b>Maternity ward and suites</b>	Fathers can visit at any time.
<b>Paediatric ward:</b>	Parents can visit 24 hours a day, one parent can stay overnight. Other visitors: 2:00–4:30 PM and 6:00–8:30, maximum three visitors at a time.
<b>AnnApotheek (hospital pharmacy):</b>	Mondays through Fridays 8:00 AM – 9:00 PM Saturdays and Sundays 9:00 AM – 9:00 PM



---

## 14. Contact information

St. Anna Hospital  
Bogardeind 2  
5664 EH Geldrop

### Telephone numbers

General: 040 - 286 4040

Admissions Office 040 - 286 4810

(also for preoperative screening):

Admissions Office (planning): 040 - 286 4849

(available between 9 and 10 AM)

### Useful telephone numbers

You can find telephone numbers of the wards, outpatient clinics and services, plus comprehensive information about St. Anna Hospital at [www.st-anna.nl](http://www.st-anna.nl).

**We wish you a good stay at our hospital and a speedy recovery!**





**St. Anna Ziekenhuis**

**Locatie Geldrop**  
Bogardeind 2  
5664 EH Geldrop

**Locatie Eindhoven**  
Antoon Coolenlaan 1-03  
5644 RX Eindhoven

T 040 - 286 4040

**COLOFON**

Opmerkingen, suggesties of aanvullingen op de folder kunt u kenbaar maken bij patiëntenvoorlichting:  
patiëntenvoorlichting@st-anna.nl

[www.st-anna.nl](http://www.st-anna.nl)

**ALG067b**  
**12-18**