



**University  
Hospitals Sussex**  
NHS Foundation Trust

# The Major Trauma Centre

Sussex Trauma Network

Patient information

## What is this information about?

This information is about the care you will receive while you are recovering from a serious injury. It tells you about:

- where you will be cared for and who will be caring for you
- pain management
- your emotions
- what will happen if you need more rehabilitation after you have left this hospital
- where you can get further help and support.

## Why am I in The Royal Sussex County Hospital?

You are in the Royal Sussex County Hospital because you have had a serious injury or injuries, also known as a major trauma.

This is the best place for you to receive the care you need.

The hospital has a specialist team to do the operations you may need, look after you and help you to recover. The group of people who will look after you are known as a multidisciplinary team (MDT). Together, they make up the Major Trauma Team.

The Royal Sussex County Hospital is the Major Trauma Centre for the Sussex Trauma Network. Other local hospitals don't have this expertise in helping people who have had serious traumatic injuries.

## Which wards or departments might I be in when I'm in hospital?

When you have a major trauma, you are most likely to come into A&E. Some people may be brought to the Royal Sussex Hospital from their local hospital or even other countries.

Your injuries, and how you are, will be assessed. If you need to be closely monitored, you may go to the Intensive Care Unit (ICU) or the High Dependency Unit.

There are many places in the hospital where you might go to. The Major Trauma ward is called 8A East. It has nurses and healthcare assistants who are specially trained to look after people with traumatic injuries. You may not go to the Major Trauma Ward, but you will be on the ward that is best suited to care for you with the injuries that you have. Whichever ward you're on the Major Trauma Team will oversee your care. Your care will be as good as you would get on the Major Trauma Ward.

## What is major trauma?

'Major trauma' means the serious injuries that you can get after something like a car crash or a bad fall. A major trauma might mean you only have one injury but some people with major trauma may have many injuries. Major trauma can be serious enough to be life threatening.

## Who will be looking after me?

You will be cared for by doctors, nurses, health care assistants and experts in different specialities. The teams that will see you will depend on the injuries that you have.

Doctors from different teams will visit you on ward rounds, when the teams come to see how you are and decide what care or treatment you might need. Some specialists from the Major Trauma Team will also help to care for you.

## Who is on the major trauma team?

### Major trauma practitioners

They will make sure that there is a clear plan about how to deal with your injuries and organise the care that you need. You, and your next of kin, can ask them any questions about your care and they will also give you news about your treatment and how you are. They may come to see you several times. while you're

in hospital. As you recover from your injuries, the Major Trauma Practitioners will oversee your care but are less likely to visit you. You or your next of kin can also contact them at any time:

**Major Trauma Team contact details:**

**Phone, WhatsApp or text message 07788 623412**

**Email [uhsussex.major.trauma@nhs.net](mailto:uhsussex.major.trauma@nhs.net)**

### **Rehabilitation coordinator**

The Rehabilitation Coordinator oversees and coordinates rehabilitation for people who have had a major trauma that means they need lots of input from different therapists.

They work with people from the different teams and arrange for them to have meetings so that they can create the best rehabilitation plan for you. They will talk with you and your family to ensure a smooth pathway from hospital to a rehabilitation centre.

### **Occupational therapist (OT)**

OTs will help you to get back to doing the things you need to do every day such as washing, dressing and cooking.

After you've had a major trauma your body, and the way you think and understand things, may change. You may not be able to do things in the way you did before you were injured.

OTs can help you find other ways to do them or may be able to give you equipment that will help. OTs will also assess whether you will need care at home or if you need further rehabilitation.

### **Physiotherapists**

**Major trauma physiotherapists will check things such as:**

- how much you are able to move your arms and legs
- how strong your muscles are

- how able you are to walk or move about, either with or without equipment to help you
- whether you can feel things (such as being touched) in the same way you did before your injury
- how easy it is for you to breathe.

The Physiotherapists will aim to see you three times a week. They will work out a plan with you, and other people in the Major Trauma Team, to help you to be as independent as possible and achieve the things that you want to be able to do. They will support you to plan your own goals and may provide equipment such as walking aids if you need them.

The Physiotherapists may decide that you will recover better if you go to a short-term rehabilitation facility. If so, they will talk with you about this.

## **Head injury nurse**

If your injury is a traumatic brain injury (TBI), a head injury nurse specialist will come and see you. They will have a meeting with other specialist staff to plan the best care for you. The Head Injury Nurse will also book appointments with you to see how you are managing once you have left hospital.

## **Spinal practitioners**

If you have had an injury to your spine a spinal practitioner may visit you. They will assess you and speak directly to the spinal team to guide your care and rehabilitation. They will help make a plan to make sure you have the care and rehabilitation that you need. They will talk with you and your family when you are in hospital and after you leave.

## Speech and Language Therapists (SALT)

If you are having difficulty with swallowing or communicating, a Speech and Language Therapist (SALT) will see you.

Communication difficulties may include changes to your:

- voice
- speech
- language
- cognition (how you understand things, and whether this affects your conversation).

Your SALT will work closely with the Major Trauma Team to decide on the best treatments to help with your communication difficulties and to give you the treatments you need. They will help the team to make decisions about the best rehabilitation for you.

## Neuropsychologists

If you have had a traumatic brain injury (TBI) the Major Trauma Team may decide that seeing a neuropsychologist could help you. Having a TBI can change the way you understand things and your thinking, behaviour and memory. Together these things are called your cognitive functioning.

The neuropsychologist can check your cognitive function and how it compares to before you had your injury.

They can support you, and your family with advice on how to manage your symptoms.

Your neuropsychologist goes to the Trauma meetings to help make sure you get best rehabilitation for you.

## Trauma Psychologist

After you have had a traumatic injury, it is expected that you might be upset or distressed and experience some flashbacks, nightmares or anxiety (known as trauma responses). Often these will improve with time. It can also sometimes be difficult to adjust to changes to your body caused by significant injuries.

A trauma psychologist can work with you to help you to cope better with this. They can advise you on strategies to help if you are having these trauma responses while you're in hospital. If needed, the trauma psychologist may also arrange for you to have more help after you leave hospital.

## Major Trauma Support Partnership

The MTSP has spent 10 years supporting patients and their families as they adjust to life after trauma. Because of this, they understand what kind of worries come up. It is a free service for patients and their families.

The team consists of an MTSP adviser who is a healthcare professional. A highly trained adviser from Citizens Advice Brighton and Hove and an adviser from Headway, the brain injury association.

### The support the team can give includes:

- Money and Welfare advice
- Emergency Financial Support
- Charities and Specialist Support
- Emotional Support
- Legal Advice after an accident

Here is the link to our website: <https://mtsp.info>

## How will my pain be managed?

Major trauma causes painful injuries. We will do our best to make sure you feel as comfortable as possible. Your nurses will regularly give you pain killers (also called analgesia). If you need stronger pain killers, please ask a nurse. It helps if you can tell them what your pain feels like so they can decide what pain relief you need.

If you have had pain killers and you are still in pain for a lot of the time or the pain is bad please speak about it with the staff looking after you. They will talk with your doctors who will change your pain relief medicine to something that will work better if possible. The major trauma practitioners will also check with you how much pain you're feeling. They may make suggestions to the team looking after you about how your pain relief can be improved.

## What is the Acute Pain Team?

The Acute Pain Team are specialist nurses who may help with controlling your pain. If the team looking after you think it would help you, they will ask the Acute Pain Team to come and see you. They will check your injuries and what pain relief medicines you were taking before you were injured. They can then recommend the best pain killers for you.

## How will the team make sure that I have as few side effects from my pain relief medicine as possible?

Pain killers are very good at helping to make your pain better, but they can have side-effects. You are more likely to have side effects if you take them for a long time.

Side effects are different for different pain killers. As much as possible will be done to make sure you have as few side effects as possible.

As your body heals and the pain reduces it is likely you will



need fewer pain killers. Your dose will probably be reduced so you are taking the smallest amount of pain killers you need to control your pain, and for the shortest time. This is called 'weaning' you from your pain killers. It helps to make sure you don't have side effects that are bad or that go on for a long time.

You will be asked how you are and how much pain you are in before your pain killers are reduced, and your dose can be changed if you are in too much pain.

## **What emotional reactions might I have following a traumatic incident?**

Every person responds differently to a sudden accident or injury. There is no right or wrong way to react.

As your body and mind adjusts and tries to make sense of what has happened, you may experience some of the reactions listed below. These are considered normal responses and are often natural reactions to stress. These can feel intense, especially in the first few weeks but can improve or resolve on their own within a month.

- Shock and disbelief.
- Fear, worry or anxiety.
- Re-experiencing. For example, flashbacks or nightmares.
- Problems with sleeping.
- Anger, irritability and frustration.
- Sudden changes in mood. For example, crying then laughing.
- Body sensations. For example, feeling jittery, shaky or agitated.
- Wanting to avoid talking to people or doing usual activities.
- Feeling sad, low or emotionally numb.
- Feeling a loss of control.
- Negative thoughts or thoughts of 'why me?'

## Be aware

Remember these thoughts, feelings and body sensations are likely to be entirely normal at this time. Although they might be upsetting, they are often a natural, human reaction to extreme stress.

## What might help for these emotional reactions?

Ask a nurse or the major trauma practitioners for a leaflet called 'Normal responses to trauma'. It has suggestions for what might help. These include doing things that normally relax you such as:

- distracting yourself – listen to music or watch non-violent tv programs
- having things around that are comforting (such as soft toys or blankets)
- Talking about what has happened to you with people you trust (only do this if it is not too distressing for you).

Ask to see one of the trauma psychology team. They can visit you in hospital to offer support and practical help to manage emotional responses. There may be a wait of a few days to see them so it may also help to talk to the nurses on your ward to share how you are feeling.

If you have been in the Intensive Care Unit (ICU) you may have some unusual experiences such as:

- Unwanted thoughts or images that pop up in your head at any time without warning. These can be disturbing or even distressing. Sometimes, these can also include beliefs that you might have been hurt or harmed in some way during your hospital stay.
- Flashbacks, nightmares, high levels of anxiety.

These may be related to your accident or your time in hospital but can also seem more random. If you are troubled by these experiences, please ask to speak to the trauma psychologist.

## What happens when my injuries have improved and I do not need specialist care at the Royal Sussex County Hospital?

If you do not live in the Brighton and Hove area, and are not able to go directly home, you may be sent to a local hospital. Once this has been arranged you will be transferred as soon as a bed is available.

The move means you can finish your medical treatment and have rehabilitation closer to home.

If you live in an area that isn't covered by the Sussex Trauma Network (for example outside Sussex or abroad) we will arrange for you to go to a suitable hospital near your home.

## What happens if I still need help with rehabilitation once I leave hospital?

Rehabilitation can be provided in different ways and in different places. This depends on the level of rehabilitation you will need.

You may have rehabilitation:

- **as an inpatient.** This means you would stay in a rehabilitation centre.
- **as an outpatient.** This means you would visit a clinic for rehabilitation or have it at home. Some examples of outpatient rehabilitation are: local physiotherapy services (there are many of these in Sussex) and rehabilitation at home provided by local community teams.

The therapy team and rehabilitation coordinator will discuss with you and your family the best option for you.

## Where can I find further information or advice?

[Aftertrauma.org](https://www.aftertrauma.org):

Support for patients and relatives after Trauma.

[headway.org.uk](https://www.headway.org.uk):

Support for patients and relatives after a head injury.

[thedtgroupp.org/brain-injury](https://www.thedtgroupp.org/brain-injury):

Charity offering support after brain injuries.

**The Sussex Trauma Network:**

[www.uhsussex.nhs.uk/sussex-trauma-network/about-trauma-services/](https://www.uhsussex.nhs.uk/sussex-trauma-network/about-trauma-services/) Information on the Royal Sussex Trauma services.

[www.icusteps.org](https://www.icusteps.org):

Support & info if you spent time on ICU.

## Commonly asked questions

### **I'm really worried about swelling. What can I do to help?**

To reduce swelling if you have broken bones in your leg, knee, ankle or foot (lower limb) or your wrist, try raising your limb or wrist.

For your lower limb, raise it up with pillows so that it's at the same level as your heart (when you're lying down) and keep moving your foot up and down.

For your wrist, rest your arm on a pillow with your hand higher than your elbow and keep moving your fingers.

### **The pain relief is making me feel really sick. What can I do?**

Some pain killers can make you feel sick, especially if they have morphine in them. If feeling sick is becoming a problem for you, please let a nurse know and they can give you some medicine to help take the feeling away. If you're still feeling sick after that, the doctors on your ward can change the type or dose of your pain killers to something that should make you feel less sick.

## How can family help with my recovery when at home?

If your family are fit and well, they can help by:

- cooking meals
- doing the shopping
- encouraging you with your exercises
- helping you to wash and dress (only if you are happy for them to do this).

If you have a brace or neck collar we may ask your family to help put it on and take it off.

## I am scared of falling when I go home, what help is there?

If you're scared of falling, please ask the therapists on the ward for advice. They can tell you how you can reduce your risk of falling. When you leave hospital, you may be referred to the community physiotherapy or Falls Prevention Service.

Your occupational therapists can give you information about 'pendant alarms'. These let someone who can help you know if you fall.

## How long will I be in hospital?

It's always hard to say how long someone will need to stay in hospital for. Recovery is different for everybody.

How soon you're able to go home depends on things such as:

- your physical condition
- your mental recovery after your traumatic experience
- how able you are to return to your life as it was before your injury
- whether you need further rehabilitation.

All these things must be checked before you can go home.

We will always try to get you home as quickly as possible, while making sure that you're safe.

# Who can I contact for further information?

## Major Trauma Team

Phone, WhatsApp or text message [07788 623412](tel:07788623412)

Email [uhsussex.major.trauma@nhs.net](mailto:uhsussex.major.trauma@nhs.net)

## Major Trauma Support Partnership (MTSP)

Phone [0330 043 2839](tel:03300432839)

Email [uhsussex.mtsp@nhs.net](mailto:uhsussex.mtsp@nhs.net)

# STRIPE

## The Sussex Trauma Recovery & Patient Engagement group

**The group is looking for new members!**

Have you or a family member recently received treatment in hospital following a traumatic injury? Would you like to share your experiences (good or bad) and help shape healthcare in your community?

**If so we would love to hear from you!**

Sharing your story means we can improve care and outcomes for current and future sufferers of trauma related injury and illness.

Professionals from the hospital attend these meetings. This gives them the opportunity to hear from you, learn and make improvements. You may be asked to give your opinion on projects being worked on within the hospital. Use your voice and experience to help us improve care for others. If you would like to get involved, contact us:

**STRIPE**

Email: [uhsussex.sussextrauma@nhs.net](mailto:uhsussex.sussextrauma@nhs.net)



**QR code to the STRIPE film**

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**This information is intended for patients receiving  
care in Brighton & Hove or Haywards Heath.**

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