

healthmatters

ESSENTIAL HEALTHCARE NEWS AND INFORMATION SPRING 2009 ISSUE NO. 10

we've got the green light

FOR ADVANCED NEW PROSTATE TREATMENT



Mr Peter Le Roux

Consultant urologists at St. Anthony's Hospital are now offering men requiring surgery for benign prostatic enlargement the newest laser therapy – following the purchase by the hospital of a GreenLight (HPS) laser.

Benign prostatic hyperplasia (BPH) is the non-cancerous enlargement of the prostate, affecting more than half of all men over the age of 60. The GreenLight Laser procedure, also called PVP, uses laser energy to vaporise and remove enlarged prostatic tissue – leaving an open channel for urine to flow through. Patients experience rapid symptom relief and a significant improvement in urinary flow.

The GreenLight procedure is less invasive and has a better side effect profile compared to conventional transurethral resection of the prostate (TURP), or open prostatectomy. Blood loss tends to be non-existent or minimal and hospital stay is usually less than 24 hours.



Newest laser therapy now available

 **GreenLight HPS™**
High Performance System



Patient satisfaction and minimal side effects

Consultant surgeon Mr Pieter Le Roux, who introduced this procedure at Epsom and St Helier NHS trust and also performs the GreenLight operation at St Anthony's has been very pleased with the results. "An audit of our initial series of 25 cases has been very encouraging," says Mr Le Roux. "The vast majority of patients went home on the first post-operative day without a catheter. Patient satisfaction levels are high and we have seen only very minimal side effects. Conventional TURP is associated with more bleeding, a higher incidence of complications and a longer hospital stay of three or four days."

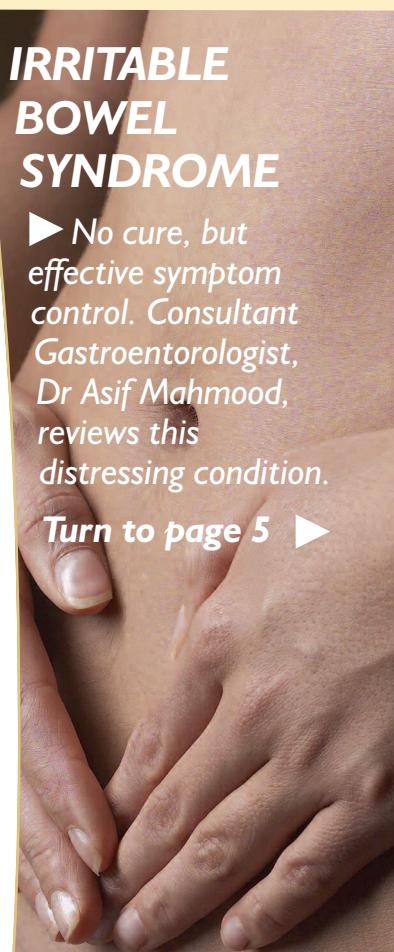
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We hope you enjoy this copy of '**HEALTH MATTERS**'. If you would like to join, or be removed from our mailing list, simply email a request to Philip.Cook@stanthonys.org.uk, or write to the address on the back page.

Please feel free also to advise us of any other friends/relatives you think might like to receive a copy. Thank you for your co-operation.

IRRITABLE BOWEL SYNDROME

► No cure, but effective symptom control. Consultant Gastroenterologist, Dr Asif Mahmood, reviews this distressing condition.
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'**HEALTH MATTERS**' is created, edited and produced by the Marketing Department of St. Anthony's Hospital.

If you have any suggestions, requests, or follow-up details relating to published articles then please e-mail:
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announcing THE FOOT & ANKLE UNIT

Modern diagnosis and treatment of disorders and injuries of the foot and ankle is very much a multidisciplinary effort. Depending on the nature of the problem, patients may be seen first by a podiatrist, physiotherapist, or a specialist foot and ankle surgeon.

The formation of the Foot & Ankle Unit at St. Anthony's encompasses all the above services, supported by the Imaging department. Foot & ankle surgery is now a recognised sub-speciality of orthopaedics and we are fortunate in having three consultant orthopaedic surgeons who specialise in this area.

Unit Consultants:

Miss Susan Kendall: consultant orthopaedic surgeon

Mr Pal Ramesh: consultant orthopaedic surgeon

Miss Andrea Sott: consultant orthopaedic surgeon

Podiatry, including video gait analysis provided by state registered podiatrists of The Gait Lab

Physiotherapy provided by St. Anthony's chartered physiotherapists.

NEW CLINICS AT ST. ANTHONY'S

The following consultants have recently started clinics at St. Anthony's and are able to offer appointments at short notice. Unless otherwise indicated, please book your appointment through the Outpatient Department on 020 8335 4678 / 4679.



Mr Stephen Gordon Consultant Urologist: General urology, kidney stones, laser surgery, (including holmium laser for kidney stones and Greenlight laser for BPH), male infertility, prostate cancer. **Monday pm**

Dr Lisa Anderson Consultant Cardiologist: Heart failure and general cardiology, cardiac resynchronisation therapy (biventricular pacing) and cardiac MR imaging. **Thursday am**

Mr Mark Soldin Consultant Plastic Surgeon: General plastic surgery, aesthetic surgery, massive weight loss surgery and skin oncology. **Friday am**

Dr David Makanjuola Consultant Physician & Nephrologist: Hypertension, microscopic haematuria, renal stone disease, vasculitis, electrolyte abnormalities, acute and chronic renal failure.

Tuesday evenings

Mr Neil Bulstrode Consultant Plastic Surgeon: All aspects of cosmetic facial, breast and body contouring surgery – as well as mole removal, Botox and fillers. **Monday pm**

continued from front cover



Suitable for all surgical patients

Most men develop an element of BPH in their lifetime. Not all require treatment. Symptoms include difficulty in urinating, a reduced urine stream, straining to urinate, frequency of urination, and a feeling of incomplete bladder emptying. The GreenLight laser system delivers immediate relief of symptoms and dramatic restoration of urine flow.

The GreenLight laser system delivers immediate relief of symptoms and dramatic restoration of urine flow.

Almost all patients with BPH who require a surgical solution to their problems are suitable for the Greenlight procedure. As with any procedure there are risks associated with GreenLight Laser Therapy. However, the most common side effects tend to be mild and short lived. Patients are discharged within 24 hours and can return to normal non-strenuous activities within days.

Mr Le Roux will be speaking about the GreenLight Laser at a Public Lecture at St.Anthony's Hospital on Wednesday, 29th April – full details on page 6. For further information contact the Help Desk Tel: 020 8335 4646.

WEB WATCH

The 'News & Views' section of St Anthony's website reports & comments upon topical health stories: www.stanthony.org.uk

obsessive-compulsive disorder

obsessive-compulsive disorder

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**By Consultant Psychiatrist,
Dr. James Woolley**

OCD is an anxiety disorder that is associated with obsessions and compulsions.

OBSESSIONS

Obsessions are the mental component of OCD. They are thoughts, images, or impulses that repeatedly enter the mind, and feel out of the individual's control. A person with OCD does not want to have these ideas, finds them intrusive – and usually at some point has recognized that they don't truly make sense. Obsessions are accompanied by troubling feelings such as fear or apprehension, anxiety, disgust, tension, or a sensation that things are 'just not right'.

Recent research shows that the symptoms of OCD follow a few broad themes and, within these, can take on a great variety of forms.

COMPULSIONS

The distressing feelings that arise from obsessions can then cause people with OCD to engage in specific behaviours or irrational rituals that may temporarily provide relief. These are compulsions; the main behavioral component of OCD. People may feel driven to perform them over and over again – or sometimes according to specific personal 'rules'. Even though compulsions are usually recognized as excessive, embarrassing, or problematic, people with OCD feel powerless to resist them.



obsessions

■ Contamination

e.g. fears of germs, dirtiness, chemicals, AIDS, cancer

■ Symmetry or exactness

e.g. of belongings, spoken or written words, the way one moves or completes actions

■ Doubting

e.g. whether appliances are turned off, doors are locked, written work is accurate, etc.

■ Aggressive Impulses

e.g. thoughts of stabbing one's children, pushing loved ones into traffic, etc.

■ Accidental Harm to Others

e.g. fears of contaminating or poisoning a loved one, or of being responsible for a break in or a fire

■ Religion

e.g. sexual thoughts about a holy person, satanic thoughts, distressing thoughts regarding morality

■ Sexual

e.g. thoughts about personally upsetting sexual acts

■ Other miscellaneous obsessions

e.g. having to do with themes such as lucky or unlucky colours or numbers, or with the need to know 'trivial' details – house numbers, licence plates, etc.

compulsions

■ Washing and Cleaning

e.g. excessive showering, hand washing, house cleaning

■ Checking

e.g. locks, appliances, paperwork, driving routes

■ Counting

e.g. preferences for even or odd numbers, tabulating figures

■ Repeating Actions or Thoughts

e.g. turning lights on and off, getting up and down in chairs, re-reading, re-writing

■ Need to Ask or Confess

e.g. asking for reassurance

■ Hoarding

e.g. magazines, flyers, clothing, information

■ Ordering and Arranging

e.g. items to be straight, sequenced, in a certain order

■ Repeating Words, Phrases, or Prayers to Oneself

e.g. repeating "safe" words or prayers

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Compulsions can take up considerable time, and often cause problems in day-to-day life. For example, people with contamination obsessions may wash so often and so long that their hands become inflamed. A person with doubting obsessions about whether she

YOU KNOW?

OCD affects about 1% of the population.

In adults, OCD is slightly more common in women than in men, but in children the pattern is reversed.

OCD tends to run in families

Obsessions are common and usually normal. About 90% of us have occasional intrusive thoughts and repetitive behaviors that are very similar to those that occur in OCD. The main difference is that people with OCD experience obsessions and compulsions much more frequently than the average person, and are much more distressed by their symptoms.

has performed routine activities may be chronically late for appointments, due to repeated checking of appliances or taps.

TREATMENT FOR OCD

After a thorough assessment and ruling out any underlying physical illnesses that may mimic the symptoms of OCD, there are two main effective treatments.

Medication:

A number of medications originally developed as antidepressants have been shown to be useful for treating OCD. They affect a chemical in the brain called serotonin – which has been shown to be imbalanced in OCD. These drugs are not addictive and generally have few significant side effects.

Psychological Treatments:

Two types of psychological treatment have been shown to be effective for treating OCD: behaviour therapy and cognitive therapy. Because techniques from these two treatments are often used jointly, this general type of treatment is often known as cognitive behavioral therapy (CBT). This has two main aims:

- a) controlling compulsive rituals and avoidance;
- b) reducing the anxiety associated with obsessions and, through this, reducing their intensity and frequency.

Dr Woolley's clinics are on Monday mornings. For appointments, call Outpatients on 020 8335 4678/9.

MEET THE CONSULTANT

Dr Lisa Anderson

MBCB BSc MRCP MD

Consultant Cardiologist, St. George's Hospital

Dr Anderson is a general cardiologist, but her principal interest lies in the field of heart failure. She is a specialist in the relatively new technique of cardiac magnetic resonance imaging (cardiac MRI) – and has a particular interest in the assessment of patients for Cardiac Resynchronisation Therapy (CRT). CRT uses a specialised pacemaker, to re-coordinate the action of the left and right ventricles in patients with heart failure.



Dr Anderson chairs the South West London Heart Failure Task Group and works closely with local Primary Care Trusts, to develop community heart failure nurse teams and rehabilitation services.

Dr Anderson was Lead Clinical Investigator for a project at the Royal Brompton Hospital researching heart failure in patients with Thalassaemia. The new cardiac MRI technique which she devised and developed to measure iron loading in the heart has subsequently been associated with a greater than 70% reduction in death from iron overload in the UK Thalassaemia population.

Dr Anderson's clinic at St. Anthony's is on Thursday mornings.

Appointments:
020 8335 4678/9

irritable bowel syndrome

A REVIEW BY DR ASIF MAHMOOD,
CONSULTANT GASTROENTEROLOGIST

Irritable bowel syndrome (IBS) is a gastrointestinal disorder characterised by chronic abdominal pain and altered bowel habit – in the absence of any organic cause. IBS symptoms can include diarrhoea, constipation, or a combination of both. It is the most commonly diagnosed gastrointestinal condition.

The exact cause of IBS is not known, although a combination of genetic and environmental factors is likely to be responsible. It is more common in younger patients with a 2:1 female to male ratio. A majority of patients have an exaggerated gastro-colonic response, which results in prolonged movement of the bowel following a meal. A heightened sensitivity to pain in the gut is thought to be a key mechanism in IBS. Stress can also worsen IBS symptoms.

Chronic symptoms

10-20% of patients with IBS develop chronic symptoms following an acute diarrhoeal illness, the so called post infectious IBS. The exact cause of this is not clear; although it is thought that damage to the lining of the gut can also damage the nerves, leading to increased irritability. Post infectious diarrhoea is more common in younger patients who have history of anxiety or depression. The majority of these patients improve, although in some cases it can take up to a year.

Many patients have a chronic history of abdominal pain with associated bowel disturbance. As with any other condition, it is crucial to undertake a careful history and examination. It is particularly important to enquire about organic symptoms, such as unintentional weight loss and rectal bleeding which are not compatible with IBS. A number of blood tests can be done – and an examination of the bowel called flexible sigmoidoscopy or colonoscopy can also be undertaken.

Symptom control

Unfortunately, there is no cure for IBS and the focus is, therefore, placed on symptom control. Lifestyle measures such as stopping smoking, reducing alcohol intake and daily exercise can improve symptoms. A number of drugs can help, but response rates vary. Fibre intake can be helpful in patients with bloating and constipation. Some patients have identifiable dietary triggers, which can then be eliminated from the diet – under the supervision of a dietitian.

New treatments now being considered

New drugs are being developed but these are yet to be licensed in UK. Antidepressants can also help symptoms of IBS. This is more so in those patients who also have a history of depression. Other treatments such as psychotherapy, hypnosis, probiotics and acupuncture have all been studied in IBS.

“As with any other condition, it is crucial to undertake a careful history and examination.”

While IBS symptoms can be distressing, the good news is that the disease is benign and sufferers will have a normal life span. Patients with relatively severe symptoms are encouraged to join patient support organisations,

such as The Gut Trust www.theguttrust.org (formerly the IBS Network).

To book a consultation with Dr. Mahmood, call Outpatients on 020 8335 4678/9.





Liberal Democrat Sutton and Cheam MP, Paul Burstow, recently met nurses from St Anthony's Hospital and the Royal Hospital for Neuro Disabilities. The group of nine nurses is part of the Royal College of Nursing's Clinical Leadership Programme. After a tour of the House of Commons the nurses sat down with Mr Burstow for a detailed question and answer session – covering a range of local and national health matters.

Commenting on the session, Mr Burstow said: "It was good to meet this group of dedicated and concerned health professionals. Listening to people who work on the healthcare front line is always encouraging, because of the excellent work they are doing – but, also, frustrating because of the problems they face."

music from the heart

The Evora Ensemble, a professional flute, oboe and guitar trio led by an ex-patient and member of the Cardiac Support Group, will give a recital in St. Bede's Conference Centre on Monday, 11th May at 7.30pm.

Proceeds from the concert of music by Bach, Scarlatti, Ravel, Schumann, Tchaikovsky, Rimsky-Korsakov and Satie will go to the Ugandan Cardiac Surgery Programme set up by Clement Akomea-Agyin – one of St. Anthony's resident cardiac surgeons. Tickets £10 (£6 under 18) from Philip Cook on 020 8335 4557.

EVER POPULAR PUBLIC MEDICAL LECTURES



Book your places now by calling Philip Cook on 0208 3335 4557

Public Medical Lectures have become greatly anticipated Spring and Autumn features of St Anthony's year. We have been delighted to welcome many hundreds of new and previous patients to these informal, but highly informative events. We are pleased, therefore, to announce our first series of Lectures for 2009 – with a range of subjects designed to appeal to the widest points of interest.

All these lecture evenings with leading consultants give valuable insights into problems and procedures – with plenty of opportunity for audience questions:

Wednesday, April 29th, 7pm start.

PROSTATE PROBLEMS & THE GREENLIGHT LASER
With Consultant Urologist, Mr Pieter Le Roux

Thursday, June 11th, 7pm start.

WOMEN'S HEALTH (Cervical Screening, Heavy Periods, Fibroids, etc) With Consultant Obstetricians & Gynaecologists, Mr Leslie Ross and Mrs Carolyn Croucher

Wednesday, June 17th, 7pm start.

HERNIA REPAIR (including Keyhole Surgery) With Consultant General & Vascular Surgeon, Mr Paul Thomas

laser treatment of kidney stones

Major urology centres in the UK are now embracing lasers for the treatment of stones in the kidney and ureter – and St. Anthony's is no exception. The hospital has invested in a Holmium Laser for kidney stones.

While some stones are amenable to treatment by lithotripsy (externally applied shock wave treatment), many are not. For those stones, the laser offers far greater treatment success than other methods (e.g. lithoclast or ultrasonic probes) and as a result, the length of patient's stay in hospital is reduced. Prompt treatment with laser also helps patients to resume normal activities much faster.

One of the regular users of the stone laser will be Mr Stephen Gordon, Consultant Urologist at Epsom & St. Helier NHS Trust – who has recently started a Monday afternoon clinic at St. Anthony's.

Mr. Gordon undertook a fellowship in the treatment of kidney stones at Guys & St. Thomas' Hospital and is able to offer all forms of treatment for urinary stone disease – including the Holmium Laser treatment, shock wave lithotripsy and keyhole surgery for larger kidney stones.

To make an appointment, call Outpatients on:

020 8335 4678/9

Did you know?

In the last year 260 patients had heart surgery at St. Anthony's.

healthmatters
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