

INTOUCH

Newsletter for GPs and referrers - Winter 2014



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WELCOME



Dear Doctor,

Welcome to our winter edition of In Touch, the Holly House newsletter for GPs and Referrers. I continue to receive feedback that this is an informative and useful publication but we are always open to your ideas, suggestions and contributions to our magazine.

Many thanks from our team for continuing to choose Holly House we have spent a considerable time improving the hospital and this month saw the launch of our new 3T MRI scanner the latest technology which provides high quality images improving results for patients, you will find more about this development inside.

Holly House was also the proud winner of a Laing and Buisson award this year for its Calm Choice service – a natural alternative to stress relief which has had a very positive response from our patients. Increasingly patient feedback has improved month on month and we now see over 97% of our patients positively rate our care.

Manjri Mountain our GP Liaison Officer continues to offer a hand to support your practice and if we can do anything more to help improve please let us know.

We are constantly striving to offer improvements to our service and if we can off you and your teams any help and support please get in touch. You are always very welcome to visit us.

Phil Bates
Hospital Director
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Holly House Wins Award at Independent Healthcare Awards

Back in October we were proud to receive an award in the prestigious Laing and Buisson Independent Healthcare Awards. Our entry into the 'Healthcare Outcomes' category focused on our very successful stress management programme, called 'The Calm Choice'.

Stress is a major problem of the 21st century, estimates from the Labour Force Survey (LFS) show that the total number of cases of stress in 2011/12 was 428,000 (40%) out of a total of 1,073,000 of all work-related illnesses. These statistics were being reflected at Holly House with stress having a major negative influence on the clinical outcomes of many of our patients, particularly those suffering from neck/shoulder pains, jaw pain, cervicogenic headaches and low back pains. After participating in 'The Calm Choice' programme, a clinical review and follow-up audit of patients suggest a significant improvement in their long-term outcome.

The programme was developed using evidence based techniques that have been shown to assist with the management of personal stress. Our stress management programme is a series of four 90-minute evening sessions run over consecutive weeks. Each participant has a 1:1 session

pre and post the course to ascertain their individual needs and outcome of the service. With a common theme of increased self-awareness, the class combines the four main evidence based areas of yoga, breath work, meditation and cognitive behavioural therapy. There has been a unanimously positive reaction from patients to the programme, and also many local GP's and hospital consultants.

Patients can be referred by a healthcare professional or can refer themselves for this service. For further information or to book please call **020 8936 1210** or visit the website <http://www.hollyhouse-hospital.co.uk/stress-management-therapy/>



How to Refer

You can refer a patient directly to one of our consultants or to an outpatient service.

Where there is no named consultant our outpatients team will select the most appropriate consultant to manage your patient's particular condition.

- Freefax a referral letter/form to **0800 212731**.
- Telephone our dedicated GP referral line on **020 8936 1175**.

Supporting you

Our aim is to provide a personalised service for you, ensuring you have an individual point of contact at Holly House and an efficient pathway for your patients at all times. As such we have a dedicated GP Liaison Officer, Manjri Mountain (pictured), who is available to help with any queries you may have from patient referrals to explaining hospital services and co-ordinating educational seminars.

Through our GP Liaison Officer we offer the following support to General Practitioners and other healthcare referrers:

- Dedicated GP Zone on our website at www.hollyhouse-hospital.co.uk/gp-zone
- Comprehensive educational CPD seminar programme (see p7)
- Bespoke consultant-led talks within your own practices at a time to suit you.

- Fully-accredited resuscitation training for ILS and PILS.
- A dedicated GP referral phone line (020 8936 1175).
- Keeping GP practices up-to-date with any new developments/ services.
- Consultant directory, referral forms and free information resources/ posters.
- Friendly and helpful personal contact for any issues or questions that may arise.
- Marketing support such as advertising in your practice brochures or weblinks.

If you have not already met Manjri, please feel free to contact her on **07912 575428** or by emailing manjri.mountain@hollyhouse-hospital.co.uk to discuss the many ways in which Holly House Hospital can support you and your patients.



High dependency care at Holly House

Following recent investment in a £50,000 high dependency unit within our theatre suite, we are now able to carry out more complex operations at Holly House Hospital.

Perhaps most notably to date has been a three hour operation performed by a team of urological surgeons. Mr John Peters and Mr Prasad Patki carried out an open and laparoscopic ureterectomy and nephrectomy procedure to treat a patient with a large tumour in the ureter. Three small incisions were made in the patients' abdomen to remove the kidney and ureter and then a small incision in

the lower abdomen through which to remove the specimen.

The patient was initially referred to the multi-disciplinary team at The Royal London Hospital, which Mr Peters and Mr Patki are part of, and the tumour was diagnosed. The patient wished to use his private health insurance and was pleased to hear that he wouldn't have to travel into central London as the surgery he required could now be carried out locally at Holly House.

Following surgery the patient was closely nursed using enhanced recovery

principles to facilitate rapid mobilisation. As such he spent just five nights in hospital, with high dependency nursing for the first twenty four hours and has made a prompt recovery.

The new HDU facility enables patients requiring critical surgery such as neurological, spinal, and orthopaedic to be treated at Holly House. The unit is a critical care unit level 2 ward, which is just one step down from intensive care. A new Critical Care Sister, Robyn Hunt, has been appointed to oversee the running of the unit.



New Era of Imaging Technology

Holly House Hospital
have invested £1.5 million
in a 3T MRI scanner.

- The most advanced MRI imaging currently available in clinical practice.
- The region's only 3T Tesla MRI scanner in private healthcare outside of London.
- Images of much higher resolution.
- Advanced musculoskeletal, oncological and brain imaging.
- Faster, quieter imaging.
- Less claustrophobic for patients.



Advanced MRI imaging now available at Holly House

For over 30 years, we have been providing first-class private healthcare, continuously investing in technology and facilities along the way. Following the opening of our new £20 million facility earlier this year, we have now invested a further £1.5 million in a 3-Tesla MRI scanner.

Tesla is the unit of magnetic-field strength and 3T is the most advanced imaging currently available in clinical practice. The new scanner has replaced our existing 1.5T scanner and is currently the region's only 3T MRI scanner outside of central London in the private healthcare sector.

The upgrade means Holly House can now provide more detailed images with greater resolution, therefore, enabling imaging of smaller lesions and anatomy not clearly visualised on 1.5T scanners particularly in musculoskeletal and brain imaging.

Michele Fox, Imaging Services Manager at Holly House Hospital, said: "The 3T MRI scanner is a new generation in imaging technology – the imaging quality is very advanced enabling us to see very fine anatomical detail. We can even look at microscopic detail of the brain. Previously we had to inject a dye into patients for certain examinations so that internal images were picked up, but with our new advanced equipment this is no longer always necessary."

Oncology patients will also benefit from this advanced technology greatly and for the first time ever our diagnostics team will now be able to undertake cardiac work. The new scanner has a larger magnet tunnel which will make the whole experience of having an MRI far more comfortable and less claustrophobic for patients for patients. Patients can enter the MRI either feet or head first, and the scanning process is also far quicker and faster on a 3T scanner.

Michele continued: "To bring the new scanner to Holly House was a huge and exciting project. In order to get our old scanner out of the building and the new one in we had to take a large portion of the wall out of the front of the building and bring in specialist contractors. The new scanner is around 7ft long, weighs 6,100 kilograms and could not be dismantled into sections, which is why removing and installing took such careful planning."

Phil Bates, Director of Holly House Hospital, said: "This is a very exciting phase in the development of Holly House Hospital. Following the opening of our new building we have been able to expand the specialist services that we offer to our patients. We have chosen to invest in new services and equipment in order to provide care to our patients that is second to none. We pride ourselves



on delivering a safe, comfortable and welcoming environment to all our patients and one in which we would be happy to treat our own families."

MRI scans are available every weekday, evenings and on Saturdays. Reports are read within 48 hours and sent back to you as the referring GP within 48 hours. To refer a patient please use a Holly House Hospital diagnostic referral form (available to download from our website or by calling **020 8936 1216**) or contact us on **020 8936 1202** to book an appointment directly.



Balloon Kyphoplasty – for vertebral compression fractures



Osteoporotic fractures are associated with curvature of the spine and loss of height (also known as kyphosis, or ‘dowagers hump’), and can severely impact a patients’ life through loss of appetite, sleeping problems, decreased lung capacity, gastrointestinal problems and increased risk of death. Mr Ben Okafor, consultant orthopaedic and spine surgeon, describes a novel treatment for such fractures which is available at Holly House.

On average, patients suffering from osteoporotic fractures experience 25.8 bed days per year.ⁱ In addition, spinal fracture patients will visit their GP 14 times more than their aged matched control.ⁱⁱ

Balloon Kyphoplasty is now an established, evidenced based and minimally invasive procedure for the treatment of painfully vertebral compression fractures. BKP aims to correct spinal deformity, offering fast and sustained pain relief leading to improved quality of life.ⁱⁱⁱ

This novel procedure enables spinal surgeons to stabilise and reconstruct the spine by inserting two balloons into the fracture and slowly inflating them. The cavity, created by the balloons, is then filled with bone cement to rebuild the fractured spine and restore a patient’s height.ⁱⁱⁱ It can be performed during a

day stay, which can be less distressing for the patient than open surgery.

BKP is associated with far fewer complications and earlier restoration of function than conventional treatment, such as bed rest and pain killers, in people with spinal fractures.^{iv} It aims to permanently correct osteoporotic spinal fractures, not only providing fast and sustained pain relief within hours of the procedure, but also improving physical functioning, mobility, self-care and social and emotional wellbeing.^{v,vi,vii}

- Patients who receive BKP have a similar quality of life those without osteoporosis^{viii}
- BKP offers lifesaving treatment with treated patients having a higher survival rate than those who do not have surgery^{ix}
- Compared to conventional medical management, BKP offers a significant reduction in the vertebral collapse, which improves kyphosis and spinal deformity, whilst reducing the potential development of new fractures.^x

Other options frequently used to manage osteoporotic spinal fractures include bed rest, back bracing and pain relieving medicines. In contrast, BKP aims to permanently correct spinal deformity and has been shown to reduce pain and improve functional ability significantly when compared to non-surgical management in patients.^{xi}

On the 24 April 2013 NICE issued Multiple Technology Appraisal for Percutaneous Vertebroplasty (VP) and Percutaneous Balloon Kyphoplasty (BKP) for treating osteoporotic vertebral compression fractures. Guidelines state that percutaneous balloon kyphoplasty, are recommended as an option for treating osteoporotic vertebral compression fractures only in people who have severe ongoing pain after

a recent, unhealed vertebral fracture despite optimal pain management and in whom the pain has been confirmed to be at the level of the fracture by physical examination and imaging. NICE conclude BKP and VP are cost effective and clinically more effective than non-surgical management ^{xii}

BKP may be associated with greater mortality benefits than VP due to height restoration benefits gained as a result of the BKP procedure. ^{xii}

Mr Ben Okafor is available privately at Holly House Hospital on Tuesday afternoons and Thursday mornings. For outpatient appointments and referrals please call 020 8936 1201.

ⁱ Fink HA et al. Disability after clinical fracture in postmenopausal women with low bone density: the fracture intervention trial. Osteoporosis International 2003; 14:69-76

ⁱⁱ Dolan, P and Torgerson, DJ, The Cost of Treating Osteoporotic Fractures in the United Kingdom

ⁱⁱⁱ Female Population, Osteoporosis International, 1998, 8:611–617

^{iv} Edidin AA et al. Mortality risk for operated and non-operated vertebral fracture in patients in the medicare population. J Bone & Min Res 2011; 26:1617-1626

^v Ledile J.T. & Renfro, M.B. Kyphoplasty treatment of vertebral fractures: 2-year outcomes show sustained benefits. Spine 2006;31(1):57-64.

^{vi} Khanna A.J., Reinhardt, M.K., Togawa, D., and Leiberman, I.H. Functional outcomes of kyphoplasty for the treatment of osteoporotic and osteolytic vertebral compression fractures. Osteoporosis International 2006;17(6):817-26.

^{vii} Theodorou D.J., Theodorou, S.J., Duncan, T.D., Garfin, S.R., and Wong, W. Percutaneous balloon kyphoplasty for the correction of spinal deformity in painful vertebral body compression fractures. Journal of Clinical Imaging 2002;26(1):1-5.

^{viii} Ware J., Kosinski, M. and Keller, S. SF-36 summary measures. Interpretation: norm-based. SF-36 Physical and Mental Health Summary scales: A user’s manual. Boston, MA: Health Assessment Lab, New England Medical Center, 1994;8(20):15-8.

^{ix} Edidin A.A., Ong, K.L., Lau, E. and Kurtz, S.W. Mortality Risk for Operated and Non-Operated Vertebral Fracture Patients in the Medicare Population. Journal of Bone and Mineral Research 2011.

^x Bouza, C., Lopez, T., Magro, A., Navalpotro, L. and Amate, J.M. Efficacy and safety of balloon kyphoplasty in the treatment of vertebral compression fractures: a systematic review. European Spinal Journal 2006;15(7):1050-1067.

^{xi} Boonen S et al. Kyphon® Balloon Kyphoplasty for the treatment of acute vertebral compression fractures: 2-year results from a randomized trial. JBMR 2011 (e-Pub)

^{xii} <http://publications.nice.org.uk/percutaneous-vertebroplasty-and-percutaneous-balloon-kyphoplasty-for-treating-osteoporotic-vertebral-ta279>

‘Sore Down Below’

Women and girls commonly present first to their GP with symptoms of soreness ‘down below’. Such consultations can be a bit of a ‘heart sink’ for many reasons.

Sometimes it is because their symptoms are vague and rather non-specific e.g. irritation, itching, a dragging sensation or burning which may have been previously reported and not fully explained or adequately treated at other consultations. Often it is because women and young girls are embarrassed, anxious or tearful and genuinely unsure of exactly what ‘it’ is down there that is causing their symptoms.

Patients typically fear they have an infection, allergy or even cancer as the cause of their symptoms. They will usually have self-medicated with a

variety of potentially irritant preparations such as canesten pessaries and cream or over washed the skin with soap, or used ‘wet wipes’ in an attempt to make it clean. Many will have attended a sexual health clinic or been seen by other specialists such as urologists or gynaecologists with all investigations and tests being normal.

Exploring exactly what women mean when they use words such as soreness, burning, irritation, itchy, pain, stinging or painful intercourse takes time and patience. This, in a busy GP surgery, can cause difficulties with patients needing a longer appointment in order to be properly assessed and examined. Knowing who to refer patients on to for further investigation and treatment can also be challenging.

However, many of these symptoms mentioned by patients can indicate a problem with the vulva, rather than the vagina or bladder. Such problems include several skin conditions such as dermatitis or lichen sclerosus as well as vulval pain syndromes such as vulvodynia. Dr Karen Gibbon is a consultant dermatologist at Holly House Hospital and Barts Health NHS Trust who has a special interest in treating vulval conditions. She also runs a patch test service for patients wanting skin allergy testing.

Dr Gibbon is available privately at Holly House Hospital on Tuesday mornings. For outpatient appointments and referrals please call 020 8936 1201.

Pilates

Did you know that our Physiotherapy department offer exercise classes for patients who have chronic low back pain or neck pain?

The classes are also suitable for anyone who has had an injury and want to return to sporting activities. The exercises are aimed at improving spinal strength and flexibility in order to maximise patients’ ability to tolerate everyday physical activities.

The exercises are Pilates based and taught by senior physiotherapists who have additional training and experience in Pilates (Stott Pilates and Australian Physiotherapy and Pilates Institute).

The exercises focus on activating the deep spinal muscles. These muscles include transversus abdominis, the pelvic floor, multifidus and the deep neck flexor muscles which have been shown to be dysfunctional in chronic back/neck pain. A systematic review of the relevant literature indicates the beneficial effects of specific stabilising exercises for sufferers of chronic back pain, which are endorsed in the NICE guidelines (National Institute for Health and Clinical Excellence).

Class sizes are small (maximum of six participants) to allow personal attention. Prior to joining a class

an individual assessment by the Pilates teacher/physiotherapist is recommended to assess the individual’s requirements, answer any questions and offer support.

Classes are held four times a week in our fully equipped physiotherapy gym on Mondays at 10.30am and 11.30am, and Wednesdays and Thursdays at 6.15pm. Classes last 45 minutes and cost £15 per class but may be covered by any health insurance as part of the patients’ physiotherapy rehabilitation. [To book, please contact the physiotherapy department on 020 8936 1210.](#)

2014 Dates for your diary

We run a comprehensive programme of CPD seminars, workshops and training events for local GPs and other local healthcare professionals. Education is consultant-led, primary care focused and features plenty of relevant updates, case studies and Q&A’s.

Events are FREE to attend with all delegates receiving a certificate of attendance which can be used as evidence for CPD training. Events are held onsite at Holly House Hospital with refreshments provided.

Details of all of our events are available on the GP Zone of our website at: <http://www.hollyhouse-hospital.co.uk/gp/events/> but includes regular GP seminars on the third Saturday of every month and monthly resuscitation

training.







We are also happy to visit your surgery with one of our consultants to provide in-surgery educational opportunities for you and your colleagues. You can choose the specialty or topic and date; we will provide all necessary IT equipment and a buffet lunch. Please contact Manjri Mountain, our GP Liaison Officer, to discuss your requirements.

2014 SATURDAY SEMINARS







- Saturday 18 January 2014
- Saturday 15 February 2013
- Saturday 15 March 2014
- Saturday 26 April 2014
- Saturday 17 May 2014
- Saturday 21 June 2014



New consultants

	Mr Sas Banerjee MBBS MRCS FRCS CCT Consultant Colorectal Surgeon	<p>Holly House clinics: Monday evenings</p> <p>Main NHS Hospital: Barking, Havering & Redbridge University Hospitals NHS Trust</p> <p>Clinical interests: Minimal access or laparoscopic surgery for herniae, bowel, gall bladder, Inflammatory Bowel Disease and colorectal cancer.</p>	<p>Biography: Mr Banerjee qualified in India and has worked in the NHS since 1999. He trained at many premier institutions including King's College Hospital, Royal London Hospital, St Bartholomew's Hospital and at Mount Sinai, Toronto.</p>
	Mr Aman Bhargava MBBS FRCS FRCS(Gen surg) Consultant Colorectal Surgeon	<p>Holly House clinics: Tuesday mornings</p> <p>Main NHS Hospital: Barking, Havering & Redbridge University Hospitals NHS Trust</p> <p>Clinical interests: Laparoscopic surgery including hernia repair, cholecystectomy, anti-reflux surgery, anal diseases, gastroscopy, colonoscopy and colorectal cancer.</p>	<p>Biography: Mr Bhargava has broad general surgical training in both open and laparoscopic surgery and advanced skills in laparoscopic (keyhole) surgery. He has been recently appointed Honorary Senior Lecturer at The Anglia Ruskin University.</p>
	Ms Nandita Deo MBBS DNB MRCOG Consultant Gynaecologist	<p>Holly House clinics: Wednesday mornings</p> <p>Main NHS Hospital: Barts Health Trust</p> <p>Clinical interests: Gynaecological ultrasound, one-stop menstrual disorder clinics, infertility, colposcopy, hysteroscopy, menopausal symptoms, prolapse, fibroids, ovarian cysts, endometriosis, and polycystic ovarian syndrome.</p>	<p>Biography: Ms Deo trained in the management of infertility at University College London and has consolidated her gynaecological training at Chelsea and Westminster Hospital, London. She is an active member of the Royal College of Obstetricians and Gynaecologists.</p>
	Mr Matthew Hearth BSc MBBS FRCS(Ed) FRCS(Tr & Ortho) Consultant Orthopaedic Surgeon	<p>Holly House clinics: Tuesday evenings</p> <p>Main NHS Hospital: Basildon & Thurrock University Hospitals NHS Foundation Trust</p> <p>Clinical interests: Lower limb surgery including total hip and knee replacement and revision of previous hip and knee replacement, knee arthroscopy including anterior cruciate ligament reconstruction, and young patients with hip and knee osteoarthritis.</p>	<p>Biography: Mr Hearth obtained his primary medical degree from University College London in 1993. His orthopaedic surgical training was via Guy's, St Thomas' and King's College Hospitals. Mr Hearth's initial training in orthopaedics and trauma was supplemented by fellowships in lower limb reconstruction.</p>
	Dr Ben Huntley FFPMRCA FRCA Consultant Pain Physician	<p>Holly House clinics: Tuesday mornings</p> <p>Main NHS Hospital: Barking, Havering & Redbridge University Hospitals NHS Trust</p> <p>Clinical interests: Neck, shoulder and low back pain. Rapid access spinal assessment. Cancer pain.</p>	<p>Biography: Dr Huntley studied medicine at the University of Birmingham where he was awarded the Arthur Thompson Special Prize for his research. He completed his training in Pain Medicine and Anaesthesia at the Bristol School of Anaesthesia.</p>
	Dr Namita Jasani MBBS MRCP MRCP(Derm) Consultant Dermatologist	<p>Holly House clinics: Thursday mornings</p> <p>Main NHS Hospital: Basildon & Thurrock University Hospitals NHS Foundation Trust</p> <p>Clinical interests: General dermatology, paediatric dermatology and skin cancer.</p>	<p>Biography: Dr Namita Jasani completed higher specialist training in dermatology at some of London's most prestigious teaching hospitals including Barts Health, The Royal Free Hospital, and The Homerton Hospital. Dr Jasani obtained a distinction in her final MBBS from Mumbai University, India.</p>

Call 020 8936 1201 for appointments and referrals.

	Dr Sherif Raouf MB BCh FRCR Consultant Oncologist	<p>Holly House clinics: Tuesday evenings</p> <p>Main NHS Hospital: Barking, Havering & Redbridge University Hospitals NHS Trust</p> <p>Clinical interests: Gastrointestinal cancers including oesophagus, stomach, pancreas, liver, gall bladder, colon and anal. Also urological, lung and gynaecological cancers.</p>	<p>Biography: Dr Raouf was awarded his medical degree in 1986 and did his oncology training at Charing Cross, Mount Vernon and UCL Hospitals. Since taking up his appointment at Queens in 2005, he has become the lead clinician in colorectal cancers for the trust.</p>
	Dr Naveed Sarwar BsC MBBS MRCP PhD Consultant Oncologist	<p>Holly House clinics: Tuesday afternoons</p> <p>Main NHS Hospital: Barts Health Trust</p> <p>Clinical interests: Urological, gastro-intestinal and ovarian cancers.</p>	<p>Biography: Dr Sarwar qualified as a doctor at St George's Hospital Medical School in London. He undertook his oncology training at the Charing Cross, Hammersmith, Chelsea and Westminster, Mount Vernon and The Royal Marsden hospitals. Between 2000 and 2004 Dr Sarwar was a Clinical Research Fellow for Cancer Research UK.</p>
	Mr MD Zaker Ullah MB BS FRCS(Ed) FRCS(Gen) Consultant General and Breast Surgeon	<p>Holly House clinics: Ad hoc</p> <p>Main NHS Hospital: Barts Health Trust</p> <p>Clinical interests: Breast surgery for benign and malignant breast diseases. General laparoscopic surgery for gall bladder, appendicectomy and hernia surgery.</p>	<p>Biography: Mr Ullah trained as a surgeon in the UK from 1993 in a variety of teaching and district general hospitals including The Royal Marsden Hospital, St Mary's Hospital & The Royal Free Hospital before being appointed as consultant general surgeon specialising in oncoplastic breast surgery at Whipps Cross Hospital.</p>
	Mr Anil Vohra MS FRCS(Ed) FRCS(Urol) FEBU Consultant Urological Surgeon	<p>Holly House clinics: Thursday afternoons</p> <p>Main NHS Hospital: Basildon & Thurrock University Hospitals NHS Foundation Trust</p> <p>Clinical interests: BPH and Holmium laser prostatectomy, laser treatment for kidney stones, female urology, laparoscopy and minimal access surgery and vasectomy.</p>	<p>Biography: Mr Vohra graduated from Osmania University and was awarded a Masters in Surgery (MS) from King George's Medical College in India. He completed his higher surgical training in urology in the UK - in the North Thames and East Anglia regions. He holds British and European sub-specialist qualifications in urology.</p>
	Mr Simon Wimsey MBChB MRCS FRCS(Tr&Orth) Consultant Orthopaedic Surgeon	<p>Holly House clinics: xxx</p> <p>Main NHS Hospital: Princess Alexandra Hospital NHS Trust</p> <p>Clinical interests: All hand, wrist and elbow surgery including carpal tunnel surgery, other nerve entrapment, arthritis and joint replacement surgery, ligament and tendon reconstruction, and trauma and sports injuries.</p>	<p>Biography: Mr Wimsey is a dual fellowship trained hand and upper limb surgeon who qualified from Bristol University Medical School in 2000. He undertook both his basic and higher surgical training in Wessex. He completed an AO Trauma Fellowship in France and a six month Sports Medicine fellowship in Western Australia, caring for a number of elite athletes.</p>
	Mr John Yeh BA(Hons) MA MD MB BChir FRCSEd (Neuro.Surg) Consultant Neurosurgeon	<p>Holly House clinics: Wednesday mornings</p> <p>Main NHS Hospital: Private only</p> <p>Clinical interests: Back pain and spinal surgery.</p>	<p>Biography: Mr Yeh was previously a Senior Lecturer and Honorary Consultant Neurosurgeon and Spinal Surgeon at the Queen Mary University of London, St Bartholomew's and The Royal London Hospitals. He graduated from the University of Cambridge and completed his neurosurgical training in the West Midlands and has a doctorate in spinal biomechanics.</p>

Call 020 8936 1201 for appointments and referrals.

Weight-loss Surgery

at Holly House Hospital

If you want to lose weight and have tried everything else without success, then weight-loss surgery may be the solution for you

- Gastric banding, bypass and sleeve surgery
- Non-surgical gastric balloon
- Multi-disciplinary team of bariatric surgeons and dieticians
- Ongoing care and support before, during and after treatment
- Competitive all-inclusive package price with no hidden extras
- Monthly open evenings for new and past patients



T: 020 8936 1199

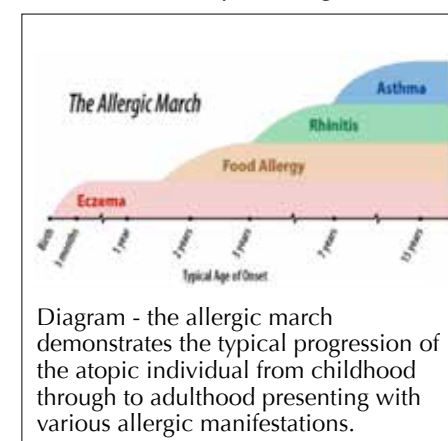
www.hollyhouse-hospital.co.uk



Allergies in children – mind the gap



There has been an exponential rise in the prevalence of allergies in the developed world and 50% of children in the UK have an allergy with many of these allergies persisting into adulthood. Dr Minal Gandhi, consultant paediatrician, describes the progress that has been made over the last ten years with an expansion of paediatric allergy services. However, there still remains a significant gap in services available and many challenges remain.



When to refer children with eczema to an allergy clinic?

Eczema is multi-trigger, but allergic triggers are important to identify and manage in certain cases as this will substantially improve the management of difficult eczema. Any child with moderate to severe eczema requires a review to determine potential allergic trigger factors. Tailored prevention advice can then be given to aid the standard topical therapies.

60% of children under the age of two years with moderate to severe eczema will have food as a common trigger for their eczema. Moreover a third of children with moderate to severe eczema in infancy are at risk of developing an acute food allergy. The most common food allergies in these cases are milk and egg allergies. Appropriate assessment and advice with regards to prevention and on-going nutrition particularly around the time of weaning is of paramount importance.

Food allergens are not common causes for persistent or late onset eczema over the age of two years and, therefore, are

not routinely screened or tested for. Common trigger factors for recurrent flares of eczema in older children are aeroallergens such as moulds, pollen, animal dander and particularly house dust mite related flares. House dust mite prevention measures can significantly improve the eczema control in these children and reduce the need for frequent potent topical steroid therapy.

Food FAD or food allergy?

An accurate assessment of potential food allergies in childhood is very important. A range of adverse reactions to food can mimic food allergies, for example lactose intolerance (enzyme deficiency) and scromboid food poisoning encountered after eating decayed fish. Other common adverse reactions can be caused by foods high in salicylates and tyramines such as cheese, alcohol, tea, coffee. Foods that directly stimulate the release of histamine from mast cells (without involvement of the immune system) can cause anaphylactoid reactions commonly associated with strawberries and tomatoes. The advice given to manage these reactions is individually tailored depending on the response and amount of food taken to trigger a reaction and differs from the management of food allergies.

A true food allergy involves the immune system and can manifest with either IgE (immediate) or non IgE (delayed hypersensitivity) mediated symptoms. NICE guidelines and RCPCH allergy care pathways online provide guidance for management and referral. The role of the paediatric dietitian is central in providing support and education to the families.

The majority of children will outgrow their food allergies. Those that persist into adulthood tend to be more severe. Re-assessment to determine and challenge these children to the foods as they outgrow their allergies is important. Some children may tolerate allergens such as milk and egg in their baked form and testing for recombinant allergens (molecular sequences) can help identify those patients.

Food is a trigger for 90% of all anaphylactic reactions and the prescription for autoinjectors has increased 400% over the last decade. This parallels the rise in acute food allergies particularly to newer food allergens such as lentils or sesame seed.

The Food allergy and anaphylaxis guidelines have been published in August 2013 by the WAO in an effort to increase awareness, resources and

research in this field. In parallel to this the National Allergy care plans, endorsed by the RCPCH and BSACI have been made public in October 2013 and are available online to GPs.

Allergic rhinitis and asthma

Although it can be argued asthma that is relatively well managed and recognised with clear well publicised BTS guidelines; rhinitis is the Cinderella of allergic diseases and poorly recognised in terms of diagnosis and importance. It is estimated 80% of patients with asthma have rhinitis and rhinitis is an important risk factor for developing asthma. The upper and lower airways are connected producing a united airway with regards to connection of the nasal passages, lower airways, ear canals and sinuses; adequate treatment of the upper airway reduces morbidity from and disease in the lower airways. Other long term consequences of untreated rhinitis lead to chronic middle ear and dental problems.

The European society of Allergy and Immunology (EACCI) has recently produced a clear up-to-date statement and guidance on the treatment of allergic rhinitis in children. The mainstay of first line therapies are symptom control including the use of antihistamines and nasal steroids. Some children may be considered for pollen or house dust mite immunotherapy in order to cause disease modification and alter the natural course of disease.

Quality of Life

QUALY scores for children with food allergies consistently score below those of children with Type I IDDM. Allergic rhinitis affects QUALY scores particularly in school age children; causing sleep deprivation, poor school and exam performance and embarrassment with teenagers suffering social isolation.

What next?

Groups that continue to need a particular focus are those with allergic rhinitis, adolescents with allergies and children suffering from moderate to severe eczema. Much still needs to be done to manage the child with allergies in the community. Continued collaboration between primary, secondary and tertiary care healthcare professionals will go a long way towards ensuring the best possible solutions are found for these patients and families.

Dr Gandhi is available privately at Holly House Hospital on Friday afternoons. For outpatient appointments and referrals please call 020 8936 1201.

Holly House Hospital launches laser treatment for Benign Prostate Enlargement (BPH)

BPH or benign prostate enlargement is a common ageing problem in men. A new innovative way of treating prostate enlargement is by using laser surgery (HoLEP). This procedure offers many advantages for the treatment and removal of prostate tissue, not least because there is less bleeding and with a quicker recovery time, patients can leave hospital within 24 hours of surgery.

HoLEP vs conventional TURP procedure:

- Minimal bleeding
- No prostate size limitation
- No TURP syndrome
- Can be used on anticoagulated patients
- Decreased morbidity

- Cost-effective
- Approved by most medical insurance providers

Mr Vohra, Consultant Urologist at Holly House Hospital, has a long association with lasers (over 500 cases done in the last six years) and through Mr Vohra we can now offer HoLEP at Holly House. The operation has NICE approval with clinical supporting data of more than eight years. The lasers can also be used for treating kidney stones and are powerful enough to shatter any form of stone in the urinary tract.

Mr Vohra is available privately at Holly House Hospital on Thursday afternoons. For outpatient appointments and referrals please call 020 8936 1201.

Patient case study

Mr Paul Green, a 64 year-old regional contracts manager, was recently diagnosed with an enlarged prostate after suffering from difficulty passing urine. After a consultation with another consultant urologist, Mr Green was referred to Mr Vohra who recommended a Holmium Laser Enucleation of his prostate. Mr Green says:

“I would recommend Mr Vohra to anyone needing an urologist. He was very committed to my well being fully explaining and describing the procedure to me and alternative options. But, I was so glad that I could have the HoLEP procedure at Holly House as it meant that I was well enough to go home the next day after my operation. Within a few days I was no longer in pain and shortly after was back at work. I am now almost back to normal urine flow and it is such an overwhelming relief no longer having to worry about always being nearby to a toilet.”

Did you know that Holly House Hospital offers diagnostic audiometry?

We have a dedicated audiology booth within our outpatients department to assess the degree of hearing loss in patients of any age.

In particular around 80% of pre-school children will suffer from glue ear. If the condition is not detected and treated, it can have an adverse effect on a child’s educational and social development. Similarly, more than 50% of people over 60 years old have a hearing impairment.

However, it is not just the young and the elderly who can benefit from a hearing assessment. Around 20% of all young people are regularly exposed to dangerously loud music, risking their hearing at noisy clubs and bars and by listening to personal stereos at extreme noise levels, and around 1.3 million people are exposed to potentially damaging noise in the workplace.

Audiometry tests for the quietest sounds the patient can hear. Tests last approximately 20 minutes during which a number of high and low pitched tones will be played through headphones and the patient asked to respond when they hear a sound. Assessments at Holly House are performed by Mrs Indira Gadhvi, an audiologist specialising in paediatrics. Mrs Gadhvi works very closely with a number of the hospital’s ENT surgeons to provide a comprehensive service for patients.

The service is currently available every Tuesday but will be extended in the new year to include additional days. A referral is not necessarily required but patients’ will be given a copy of their report to pass onto you as their GP. For more information or appointments please contact us on **020 8936 1201**.

Osteoporosis screening

As you may know Holly House Hospital has been offering DXR hand screening for some time now, as the first hospital in the UK to introduce this innovative technology back in 2010. Other hospitals are now following suit but why screen for osteoporosis in this way when DXA is still the gold standard?

Bone mineral density (BMD) is the strongest risk factor used for identifying those individuals at greatest risk of suffering fractures, since a decline in BMD is an indicator of osteoporosis. The OneScreen, provided by Sectra, measures BMD in conjunction with mammography screening and, through identifying at-risk individuals, allows treatment to be started in the form of lifestyle changes or medication before any painful and expensive bone fractures occur. The identification and treatment of osteoporosis patients reduces suffering for the patient and the net cost for society. The combination of mammography screening with osteoporosis assessment also provides the opportunity to increase the benefit gained from mammography screening.

While DXA is the gold standard test; it is not necessarily ideal for general screening. DXR technology simply involves a quick scan using a low dose of radiation to assess bone density. The scan is completely painless and takes less than a minute to perform. DXR is an easy first step towards identifying whether a patient is in the high-risk group for osteoporosis. If they are, then a full DEXA scan would be recommended.

At Holly House we can offer a complete patient pathway starting with screening and diagnosis onto treatment and long-term management for any patients found to be osteoporotic. As well as DXR we have a full body DEXA scanner for tracking changes in BMD from year to year and a number of Consultant Rheumatologists for medication therapy and ongoing management of the condition.

For more information or to book a screen please call us on **020 8936 1202**.

HoLEP Equipment



VersaPulse PowerSuite



VersaCut morcellator

Picture shows laser machine and morcellator used in prostate surgery



Picture shows laser prostate surgery before and after the operation

Why refer privately

Almost £1bn a year is being forfeited by the NHS treating patients with private medical insurance who could pay more they own treatment. Not just this but there are a number of reasons why referring privately might be beneficial for the patient:

- If you want to refer to a particular consultant.
- If the patient does not want to wait for a diagnosis or treatment.
- If the patient wants to choose a convenient appointment time.

- If the patient wants to recuperate in a private ensuite bedroom.
- For procedures currently not available on the NHS.
- If the patient has private medical insurance.

Many operations, particularly day case procedures, are more affordable than you may think and at Holly House we have certainly noticed an increase in the number of patients choosing to pay for their own treatment. Wherever possible we offer all-inclusive package

prices to include all nursing and medical care, the hospital stay and consultant’s fee, so patients’ know exactly how much a procedure will cost from the outset.

As one of the independent healthcare providers involved in the PHIN (Private Healthcare Information Network) initiative to provide transparent pricing information, many of our prices are available on our website at www.hollyhouse-hospital.co.uk/self-pay/

Holly House helps raise funds for children’s hospice

Holly House was proud to sponsor Haven House’s GloWalk once again last autumn to raise money for the children’s hospice. Over 200 local people including a team from Holly House pounded the pavements of Wanstead and Woodford to complete the 10km sponsored walk which took place in the dark on the evening of Friday 27 September.

Following an energetic Zumba warm-up, the mass of walkers, each donning luminous clothing, accessories and glow sticks begin their circular 10k walk from Haven’s House’s Woodford Green hub, raising over £23,000 in the process.

Mike Palfreman, Chief Executive of the Haven House, commented: “It was wonderful to see so many local

fundraisers, children and families doing the GLOWalk in this our 10th birthday year! Funds raised will do so much in our work with local life-limited children and their families.”

Haven House provides care for local children, aged 0-19 years with life-limiting illnesses and who are unlikely to reach adulthood and also provides much needed support for their families. They provide a happy ‘home from home’ environment so that these children can live life to the full. A wide range of services is available which includes day, short break and end of life care so that families can find the support they need, when they need it most at no financial cost to themselves. For more information on Haven House Children’s Hospice see their website at www.havenhouse.org.uk



Building on our success

Less than one year after the opening of the hospital's £20 million new build, Holly House opened the doors of its new cosmetic surgery and private GP suite to patients on Monday 30 December.

The new suite has been developed in the area that was the hospital's main outpatients department before it moved into the new building last year. The £xx purpose-built suite consists of xx consultation and minor treatment rooms, a stunning new reception and waiting area as well as supporting office space. Every effort has been

made to ensure that patients will have a premium experience, with spacious consulting rooms and contemporary colours.

Phil Bates, Director of Holly House Hospital, said: "Against the trend demand for cosmetic surgery procedures at Holly House has continued to grow and this latest investment is testament to that. The investment follows, our largest ever investment last year, to double the size of the hospital and more recently significant investment in a 3T MRI scanner. We are looking forward to

welcoming both our existing patients and new patients to the new suite and continuing to combine the exceptional medical care for which Holly House has been known for the last 30 years with some of the best modern healthcare facilities in the UK."

The new suite will be open Monday to Saturday offering the full range of cosmetic surgery procedures for men and women, alongside private GP appointments and health screening services.

NEW COSMETIC SUITE OPEN JANUARY 2014



Cosmetic Surgery

At Holly House, we have helped thousands of women and men achieve the look they want.

Initial consultations are free. All our cosmetic surgeons are highly experienced and UK trained. We offer comprehensive pre and post-surgical care.

Our treatments include:

- Facelift
- Nose reshaping
- Eyelid reduction
- Male chest reduction
- Tummy tucks
- Liposuction
- Breast implants



T: 020 8936 1199
www.hollyhouse-hospital.co.uk



Delivering drugs to the retina: past, present and beyond....



At Holly House Hospital we have recently launched a new outpatient service for administering intravitreal therapy. As such we asked Mr Hadi Zambarakji, Consultant Ophthalmologist, to summarise the use of intravitreal agents for managing retinal diseases.

The story started in the 1980's when vascular endothelial growth factor (VEGF) became recognized as an important regulator of vessel growth. In the early 1990's, it became clear that the inhibition of VEGF could result in tumour suppression, which led to the development of Bevacizumab (Avastin) as an anti-cancer agent. So how does the eye fit into the story? Neovascular Age related Macular Degeneration (nAMD) is characterized by abnormal neovascularization within the choroid (the layer of the eye that lies between the retina and the sclera), which can lead to leakage and haemorrhage under the retina and therefore loss of vision. Thus nAMD, just like tumour growth, is dependent on abnormal vascular proliferation. The first anti-VEGF agent injected in the eye was Pegaptanib (Macugen). Shortly after this, treatment outcomes using Bevacizumab (Avastin) and Ranibizumab (Lucentis) were demonstrated to have superior efficacy.

Figure 1: Retinal photograph of a macular haemorrhage secondary to nAMD.

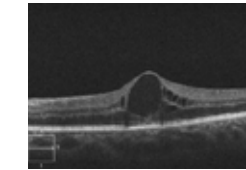


What diseases do we treat?

Using current anti-VEGF therapy with monthly intravitreal Lucentis therapy for the management of nAMD (figure 1), 90% of patients maintain their level of vision and 30-40% achieve a 3-line improvement.

Diabetic macular oedema (DMO; figure 2) also responds to intravitreal Lucentis and we have seen marked improvements in vision and superior outcomes with Lucentis compared to laser. This treatment benefit was also shown in key trials with an average of 7, 4 and 3 injections/year during the 1st, 2nd and 3rd year of treatment.

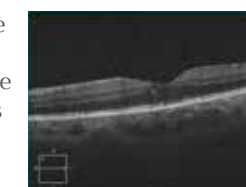
Figure 2a: The optical coherence tomography cross-section scans before (a) and after (b) treatment with intravitreal Lucentis are shown.



Retinal vein occlusions (RVOs; figure 3) are the result of haemodynamic occlusion of the central retinal vein or a blockage at the level of the crossing between the retinal arteriole and venule, resulting in impaired blood circulation within the retinal vessels. Visual loss occurs because of macular oedema, hemorrhage or ischaemia.

Vitreomacular traction (VMT; figure 4) occurs when the vitreous in the eye attempts to separate from the retina but "fails to let go" over the central macula resulting in vitreomacular traction. This results in disturbance of vision, distortion and sometimes macular hole formation.

Figure 2b: Note the significant resolution of the cystic swellings at the macula following treatment.



What drugs are used?

Bevacizumab (Avastin) and Ranibizumab (Lucentis) are anti-VEGF agents used for nAMD. Both drugs have equivalent effects on vision but there was a slight trend for better outcomes with Ranibizumab. Visual outcomes were also slightly better in patients who received monthly injections rather than "as needed". Adverse events were slightly more common with Bevacizumab but this requires further study. Bevacizumab is significantly cheaper than Ranibizumab but is not licenced for being used in the eye, despite it being used widely in Europe and the US.

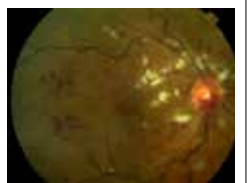
Eylea (Aflibercept), the most recent anti-VEGF agent, is a decoy receptor, which can "trap" VEGF molecules thus inhibiting VEGF activity. Two recent trials in nAMD showed that Aflibercept given every 2 months delivered a comparable gain in visual acuity to monthly Ranibizumab. This would suggest that we may be able to reduce the number of clinic visits and number of injections if using Aflibercept.

Ozurdex (Dexamethasone) is a steroid based intravitreal device with a lasting

efficacy of 4 months. Both Ozurdex and Ranibizumab are NICE-approved for the treatment of macular oedema secondary to RVOs.

Iluvien (Fluocinolone acetonide) (figure 5) is a steroid-based intravitreal insert with sustained delivery for up to 36 months! Study results showed that 35% of patients with DMO had a 3-line improvement in vision (compared to 13% in the sham group) at 2 years. The Iluvien implant has received NICE-approval for the treatment of chronic DMO in eyes that have previously had cataract surgery. Steroid devices may however, cause cataract and raised intraocular pressure in a substantial number of patients.

Figure 3: There are retinal haemorrhages and numerous white spots indicating severe retinal ischaemia as well as old laser scars (laser was applied to prevent the development of neovascular glaucoma).

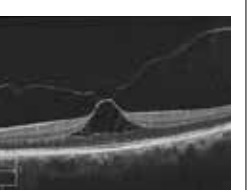


Jetrea (Ocriplasmin) is synthetic form of a human enzyme called plasmin. When injected into the vitreous cavity, it results in the separation of the vitreous from the macula thus releasing VMT. Jetrea is NICE-approved for the treatment of VMT associated with small macular holes.

Summary:

Intravitreal therapy will continue to provide the optimal way of treating retinal diseases in the foreseeable future. Visual outcomes are generally good and side effects often minimal. Rare side effects are potentially serious and include retinal detachment, retinal tears, endophthalmitis (intraocular infection) and secondary visual loss. Whilst some patients still need too many injections and too many hospital visits, new research into treatments given topically (eye drops) as well as transcleral delivery systems are being studied and gene therapy is also showing promise for the future.

Figure 4: The optical coherence tomography scan shows traction on the central macula and cystoid macular oedema.



Women's Health

at Holly House Hospital

We offer a comprehensive range of women's services to take care of your health and well-being, with both male and female consultant gynaecologists.

- Gynaecological problems
- Menopause
- One-stop breast clinic
- Microdose mammography
- Incontinence and pelvic floor dysfunction
- Fertility
- Early pregnancy care
- Osteoporosis
- Family planning
- Cervical smears and sexual health
- Health screening



T: 020 8936 1201

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