

Wellington TODAY

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The Wellington Cardiac Services Unit Wins Two Top Awards



A Wellington Cardiac team in action

The Wellington Hospital has been named as one of London's most successful centres of excellence and the leading private hospital for cardiac care in the Capital.

The Healthcare Commission named The Wellington as one of the top ten hospitals for heart surgery alongside a number of leading teaching hospitals and its two sister facilities, The Harley Street Clinic and The London Bridge Hospital.

The Wellington's Cardiac Services Unit has also won the prestigious HCA Cardiac Centre of Excellence award, one of only five hospitals to do so out of 150 in the group worldwide.

The Chief Executive of the Wellington, Mr Keith Hague, said the hospital's

cardiac teams were renowned internationally for their highest standards of care. "Our consultants and specialist medical teams are among the most distinguished in the country and we congratulate them for this outstanding achievement," he said.

Earlier this year the new Wellington North Catheter Laboratories were opened and the surgical and cardiac floors were refurbished. Now the newly redesigned Intensive Care Unit has also had some new additions. Three new isolation bays have been installed. Each bay can be sealed off from the others and negative air pressure ensures any airborne infections are contained.

"We now have the ability of setting up a unit within the ICU," said Critical

Care Manager, Quentin Barter. "While we pre-assess all elective patients, there is always the risk that any clinical emergencies or overseas transfers could arrive carrying MRSA or C-diff. We can now isolate them whilst they are given level two or three care," he said.

The Wellington has two ICUs with a total of 14 level 3 beds and four dedicated level 2 beds. The units manage long term intensive care needs such as specialist ventilatory requirements, weaning issues, renal replacement therapy, haemodynamic support together with a large number of cardiac and neuro-surgery cases.

www.thewellingtoncardiacservices.com

In this issue

[Kyphoplasty – Repairing a Collapsing Spine](#)

[Green Light Laser - a Major Success Story](#)

[Wellington Liver Unit Wins International Reputation for TIPS Procedure](#)

[Managing Body Weight - Without Surgery](#)

[Wellington People](#)

[Stop Press](#)

[GP Seminar Programme](#)

Wellington People



DAVID MORRISON – Specialist Hepatology Nurse.

It's no exaggeration to say that David Morrison has come a long way since his school days – not least because he was born and brought up on the beautiful Hebridean Isle of Lewis.

He was trained in Aberdeen but, keen to expand his knowledge and experience, he made his way down south to work at Guys and then the Middlesex. After three years he moved to the UCH Hepatology and GI ward and later became the Specialist Hepatology Nurse at UCH.

“At UCH we had an unpredictable turnover of patients. You had patients coming from A&E and from clinic with a very high turnover but we didn't do as much surgery as we do here,” he said.

“I very much like The Wellington. Everyone has been very supportive and welcoming and they are so very enthusiastic wanting to get things progressed,” said David.

“This work is very stimulating. The variety and the complexity of the cases we get here is very interesting and challenging for me especially working with a transplant team. It is very rewarding working with such distinguished consultants that we have in this unit,” he said.

Kyphoplasty – repairing a collapsing spine

With an ageing population the occurrence of osteoporosis has steadily increased, often bringing with it crippling pain and an increasingly restricted lifestyle for many sufferers.

Traditionally a major operation involving the insertion of supporting rods and pins has been one of the few ways of preventing serious collapse and debilitating painful curvature of the spine. The alternative ‘old fashioned’ treatment was bed rest and increasingly powerful pain killers.

But several years of evaluation have convinced neurosurgeon Mr Neil Dorwood that Kyphoplasty, the injection of special cement into vertebra, can relieve pain and allow patients to resume a high degree of normality.

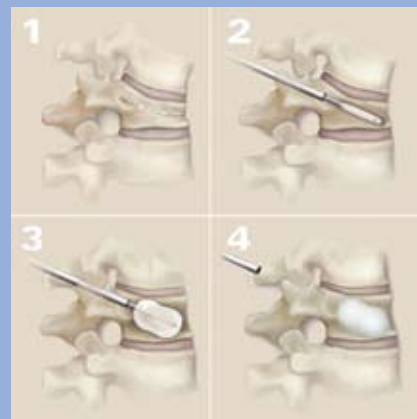
While elderly patients with osteoporosis are in the majority of those who can benefit from this procedure, some younger patients can also suffer from the disease and then there are those with myeloma and those with secondary cancers that have attacked and weakened the spine.

The Kyphoplasty procedure is minimally invasive with stab incisions adjacent to the vertebra which vastly reduce the trauma normally associated with a major spinal operation. Under X-ray guidance, the surgeon then drills ducts into the diseased body of the vertebra. Cement is injected into the damaged area and after a short period the patient is allowed home.

“The success rate of this procedure is very high, more than 80% and the benefits are felt very quickly with the strengthened vertebra frequently encouraging at least a partial straightening of the back,” said Mr Dorwood.

“Even the latest medicines available only allow someone who may have lost 50% of the minerals in their spines to regain say 5% so Kyphoplasty is a particularly effective treatment,” he said. “It has potentially a very big impact because of the number of people who are affected by this condition.”

“But Kyphoplasty is not widely available. We are lucky that several of us at the



The Kyphoplasty process

Wellington including my colleague Dr Nigel Kellow, can carry out this procedure. The message is that if a GP or consultant sees a patient who is potentially or actually osteoporotic and who has significant back pain preventing them from following their daily activities, then they should at least have an x-Ray to see if there is an end plate fracture and to refer them early rather than holding on for them to deteriorate,” said Mr Dorwood.

Green Light Laser - a Major Success Story

After several years of detailed evaluation, the Green Light Laser procedure carried out at the Wellington is proving increasingly successful in the treatment of benign prostatic hypertrophy.

Consultant Urologist Mr Amir Kaisary says he is delighted with the success of the treatments and the reduction and sometimes complete absence of adverse side effects that can occur with transurethral resection (TURP).

“Until recently TURP was the ‘gold standard’ treatment for this condition. But it was clear from the beginning that Green Light Laser had many advantages,” he said.

Mr Kaisary said that experience shows most patients can return to work or resume their normal lifestyles very quickly without restriction whereas those undergoing TURP have a stay in hospital, often suffer bleeding and have to be catheterised for two or three days.

“The laser can vaporise the tissue in the prostate and produce a cavity similar to that produced by TURP but with minimal, if any,

loss of blood. Most patients can be treated as day cases able to go home and resume normal life very quickly. But in some cases patients will experience retro-ejaculation. However it is still possible to collect sperm to use for assisted conception if that is the patient’s wish,” he said.

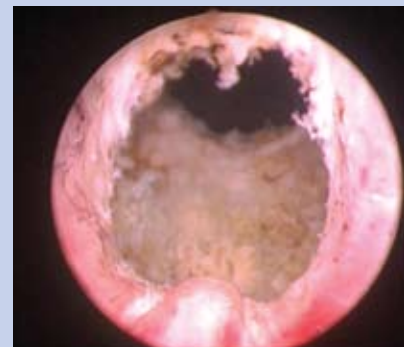
“Another major benefit is that patients who are taking anti-coagulation medication can continue to take their medicine. The most we ask is sometimes that they skip one dose.

“We have now carried out around 700 procedures using the laser and it has proved both very safe and very successful. But every patient must have his treatment tailor made. If the patient has a family history of prostate cancer or raised PSA or PCA3, but non conclusive, then it is important to take a mapping biopsy before undertaking the laser treatment,” said Mr Kaisary. “Either you can wait until you get the results or go ahead with laser treatment. If you then find evidence of carcinoma then you can continue to treat the patient in the same way as any other with confirmed cancer,” said Mr Kaisary.

www.thewellingtonurologyservices.com



Prostate before laser treatment



Prostate after laser treatment

Managing Body Weight - Without Surgery

The problems associated with obesity are seldom out of the headlines at present. For many people the prospect of undergoing major surgery to reduce excess weight is not acceptable and now The Wellington can offer a new non surgical alternative - the Intra-gastric Balloon Programme.

A soft silicon balloon is introduced via an endoscope through the mouth and into the stomach and then filled with sterile saline solution. The procedure takes a matter of minutes and is assisted by a local anaesthetic to aid the passage of the balloon.

The balloon reduces the appetite by reducing the space for food and consequently leads to planned and consistent weight loss. During the time

the balloon is in the patient’s stomach, a course of medication may be needed to reduce the acid content in the stomach to preserve the balloon.

Gastroenterologist Dr Ray Shidrawi has pioneered the treatment at the Wellington. “This is a very effective way of helping patients with a serious weight problem.”

“We work closely with our dieticians to help patients adjust their diet appropriately and to monitor weight loss over a period of six months. The balloon is then removed and we review the patient’s progress and discuss follow-up dietary and lifestyle regimes or other follow-up treatments,” he said. “It is a safe way of helping patients and we hope that it will become much more available.”

www.thewellingtoniunit.com

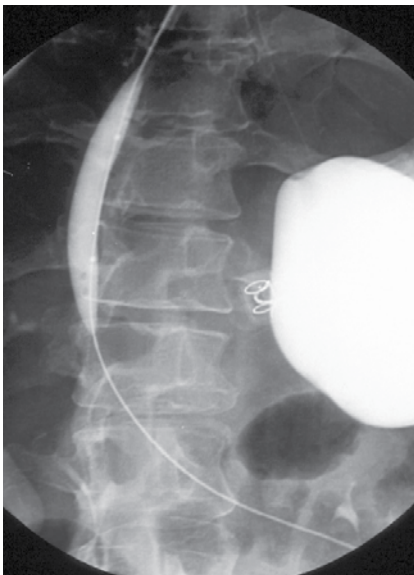


The Intra-gastric balloon positioned in the stomach

Wellington Liver Unit Wins International Reputation for TIPS Procedure

With the increasing incidence of liver disease in the UK and growing numbers of overseas patients needing treatment for hepatitis B and C, the Wellington's Liver Unit has become one of the few recognised centres for treating portal hypertension with the TIPS procedure.

The treatment, which can be a life saver, can be particularly successful for those with a long term alcohol problem who may have been admitted with a major bleed, since the TIPS shunt can allow the liver some measure of recovery. It is also used for those suffering with Budd Chiari blockages.



A TIPS shunt being placed into position in the liver

With the patient ventilated under general anaesthetic, a wire is inserted into the right internal jugular vein down towards the liver. With the help of ultrasound or carbon dioxide, the wire is guided from the hepatic vein into the portal vein. A balloon is passed down the wire to widen the channel. The balloon is removed and then down the wire again is passed a compressed mesh metal stent.

Consultant Hepatologist Dr David Patch says the procedure is relatively rarely done in the UK. "The really clever bit is the bio-mechanical technology that allows you to deliver a stent that when it is expanded is 12 mm in diameter on really a very narrow delivery system."

"Portal hypertension is relieved but we cannot treat every patient in the same way. We have to select our patients carefully for we are effectively bypassing the liver. If the patient is already severely jaundiced they will get worse. Liver transplantation remains the only treatment for patients in that state," he said.

"Live related transplantation is now becoming more popular in the UK. Up to now we have had a reasonable supply of organs but that supply is progressively dropping off. But for many patients TIPS is an excellent treatment with long term benefits."

www.thewellingtonliverunit.com

GP Seminar Programme

The following Pain Medicine Seminars for GPs will be held in November:

1st November

Complex Pain Syndromes
with Dr John Outhwaite and Dr Abina O'Callaghan

29th November

Osteoporotic Fractures (Interventional Procedures)
with Dr Nigel Kellow

29th November

Long Term Opiates and Non Malignant Diseases
with Dr Anthony Ordman

Please call 07789 981 638 if you would like to attend these seminars.

Cardiology

6th December

Cardiology Update - What's New
with Dr David Lipkin

Please call 020 7483 5175 if you would like to attend Dr Lipkin's seminar.



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Stop Press

Orthopaedic and Plastic Surgery Seasonal Discounts

The Wellington is introducing a specially discounted service for non insured orthopaedic, general and plastic surgery for people who want to make

use of the slack business period just before and after Christmas.

Operations carried out between 3rd December and 11th January will be subject to a 10% discount.

For more information on this seasonal discount, please call The Wellington Enquiry Line on 020 7483 5148.