

Case notes

A NEWSLETTER FOR PATIENTS, REFERRERS AND GPs - AUTUMN 2013

RB&HH

Delivering excellence in heart and lung care

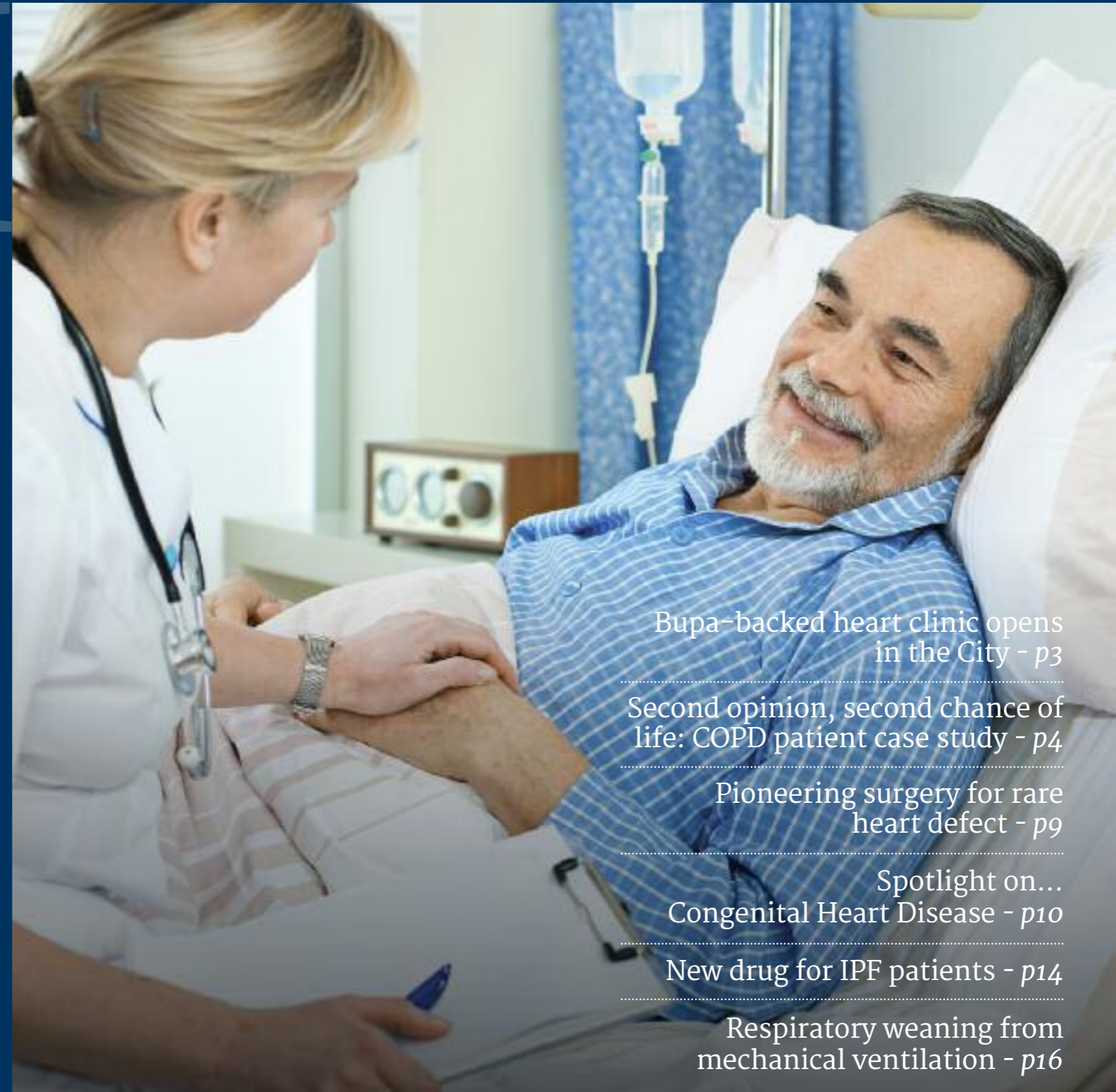
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Welcome to our autumn issue

In this issue, we bring you the latest news on internal developments at Royal Brompton and Harefield Specialist Care, including the launch of a new cardiology clinic in the City and the introduction of a new drug for IPF patients. To help mark Lung Cancer Awareness month (November) and World COPD Awareness Day (20th November), we feature two articles about these debilitating diseases and what can be done to aid early diagnosis. Next up, we discuss the benefits of Respiratory Weaning from Mechanical Ventilation and talk you through our world-leading capabilities in the areas of adult and paediatric Congenital Heart Disease and Pulmonary Hypertension.

We hope you enjoy reading our patient and referrer magazine.

David Shrimpton
Private Patients' Managing Director



RB&HH opens a new cardiology clinic in the City



In a drive to provide outpatient services in more convenient locations, Royal Brompton and Harefield Specialist Care recently launched a Bupa-backed cardiology clinic in the heart of London City.

Based in an impressive purpose built development, the Basinghall Health Centre offers a high standard of clinical care in comfortable and innovatively designed surroundings, delivered by a multidisciplinary team of experts.

The cardiology service provided by RB&HH consultants, Dr Rakesh Sharma, Dr Tushar Salukhe and Dr Ranil De Silva, combines local on-site cardiac technology with the very best diagnostic expertise available.

David Shrimpton, Managing Director of RB&HH, comments: "The Bupa Basinghall Health centre initiative presents an excellent opportunity to widen our geographical presence at relatively low cost, enabling us to

offer high quality, localised services to potentially high risk heart patients."

"The move marks the first of many new ventures designed to increase accessibility to our world-leading specialist heart and lung services."

As part of Bupa's open-access programme, the cardiology service at Basinghall Street is available to patients who self-pay, as well as patients with health insurance from other providers.

Just five minutes walk from Bank station, the clinic offers early morning, lunchtime and evening appointments. Patients requiring more complex tests or treatments can continue their care at Royal Brompton Hospital, ensuring a seamless and fully integrated programme of care.

For more information, or to make an appointment at the City clinic please call **020 7200 2700**, or email privatepatients@rbht.nhs.uk

Areas of expertise available at the City clinic

- **Coronary artery disease** (treatment of blockages that can lead to angina and heart attack)
- **Electrophysiology** (assessment and treatment of heart rhythm disturbances)
- **Heart failure and heart structure** (treatment of impaired heart valves and pumping activity of the heart muscle)

Diagnostic tests available

- **Electrocardiograms (ECGs) and continuous heart monitoring**
- **Ambulatory blood pressure monitoring**
- **Echocardiography**
- **Radiology (including X-rays)**



Raising Awareness of COPD

“Worldwide, one in 10 adults over 40 may have COPD and nearly 3 million people die from the condition every year.”

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term for a collection of diseases that obstruct the airways, making it difficult to breathe. These include emphysema, chronic bronchitis and chronic obstructive airways disease.

It is usually caused by smoking or exposure to fumes or very dusty places. Symptoms include a persistent cough with phlegm, frequent chest infections and becoming short of breath (particularly upon exertion).

Worldwide, one in 10 adults over 40 may have COPD and nearly 3 million people die from the condition every year. However, many don't know they have the condition, putting their symptoms down to ageing.

If you think you may have COPD, your doctor may recommend you have a spirometry – a simple breathing test that involves breathing into a device called a spirometer.

Treating COPD

Although there is no cure for chronic obstructive pulmonary disease (COPD), treatment can be used to slow progression of the disease and reduce symptoms.

A combination of lifestyle adjustments and medication can help ease symptoms whilst for smokers the easiest way to slow the disease down is to stop smoking.

Lung Volume Reduction Surgery

People who have COPD with severe lung damage may be candidates for lung volume reduction surgery. This surgical approach involves removing damaged areas of the lung to improve the efficiency of the remaining portions. The procedure can be done via an incision in the side of the chest or via video assisted keyhole surgery.

COPD - A case study

Second opinion, second chance of life

Lisa Brown, 41 and grandmother of four, started experiencing shortness of breath in November last year.

As the weather got colder and her symptoms got worse, she went to the doctor who issued her with an inhaler to help her with her breathing. Due to her young age and the fact that she had never smoked, it was initially suggested that she was suffering from anxiety and that the shortness of breath was caused by panic attacks.

However, following two admissions to casualty that winter, doctors investigated her condition further and confirmed a diagnosis of emphysema.

When she left intensive care after her second admission to A&E, Lisa's left lung had been severely damaged and her right lung had lost three quarters of its capacity. Her consultant told her there was little he could do to repair her lungs and that surgery was too high a risk.

Within four months of first experiencing symptoms, Lisa's condition had deteriorated so much that she was unable to walk or talk. Finding it hard to eat, her weight had plummeted, making her a shell of her former fit and healthy self.

“The feeling of breathlessness was terrible”, Lisa laments.

“The way I describe it is trying to breathe through a straw – or that feeling you get when you're underwater, struggling for breath and trying to reach the surface.”

Wheelchair-bound and barely seven stone, Lisa made the decision not to give up.



She searched online for a lung expert and came across Royal Brompton and Harefield Specialist Care. She booked an appointment as a private patient with Thoracic Surgeon, Eric Lim, who organised for surgery to be performed the following week.

Eric performed keyhole surgery on both Lisa's lungs. The operation was done using a single keyhole to remove the abnormal air-sacs that was preventing her lungs from expanding fully.

The following day, Lisa was able to get up and walk for the first time in months.

Speaking of her recovery, Lisa says: “I can breathe now, I can walk upstairs without writing notes for my children to do things for me...I can go back to kick-boxing!”

“It is like a miracle has happened, from being so ill to coming back to life,” she said. “If I had not got a second opinion, I wouldn't be speaking to you now.”

“Coming to Royal Brompton literally saved my life.”

Mr Lim said: “It is extremely pleasing to hear that Lisa is doing well following surgery. She was originally presumed to have a diagnosis of shortness of breath due to severe emphysema and certainly the initial scans supported this.”

“However, when we operated we found that her lungs appeared normal, but were squashed by large air-filled sacs located mainly outside of the lungs. After successfully removing the abnormal air sacs, her normal lung was able to re-expand fully in her chest.”

“If I had not got a second opinion, I wouldn't be speaking to you now. Coming to Royal Brompton literally saved my life.”

Improving the patient experience at RB&HH Specialist Care

Over the past 6 months, staff at RB&HH have undertaken a range of measures to improve patient experience. Here's a summary of our latest developments.



Matthew Chambers with his sculpture 'Deep Twist'



New inpatient reception:

A dedicated reception for private inpatients was opened in September to better accommodate patient needs. Uniquely designed to provide a comfortable and peaceful waiting environment, our new reception features a flat screen television, range of refreshments and choice of reading materials. The centrepiece sculpture, **'Deep Twist'**, by Matthew Chambers, was recently featured in The Financial Times' monthly supplement 'How to Spend It'.



Refurbished wards:

A three phase refurbishment is currently underway to improve inpatient experience. Our new rooms have been re-decorated to provide a tranquil inpatient setting, offering high-end furniture, telephone, free Wi Fi, room safe, refrigerator and television. The refurbishment has seen the addition of en-suite wet rooms, as well as interesting artwork from a range of award-winning artists.

New brand identity:

This summer saw the unveiling of a new brand identity for private patients, effectively differentiating our service from the wider Trust, and helping to convey our world-class reputation. New signage was placed around our hospitals, and new patient materials produced.



Enhanced web presence:

A new website was launched this September with the aim of providing a dedicated hub for private patients at the Trust (see: www.rbhh-specialistcare.co.uk).

Over time, we hope to build upon our content and web interface to optimise the online experience for patients and professionals alike.





Dr Olivier Ghez,
Paediatric Cardiac Surgeon

Combined expertise saves child with rare heart defect



This summer, RBHH consultant Dr Olivier Ghez teamed up with prominent heart surgeon, Dr Da Silva from Brazil, to provide pioneering heart surgery for a four year old patient.

Raphael Foster has a severe heart malformation that limits his ability to exercise. He suffers from an extremely rare form of congenital heart disease called Ebstein's Anomaly (EA) – a heart defect affecting the tricuspid valve.

The tricuspid valve is responsible for blood flow between the heart's two chambers: the right atrium and the right ventricle. In Ebstein's Anomaly, the leaflets that make up the tricuspid valve are defective, allowing blood to leak backwards. This affects the efficient working of the heart, leading to increased pressure in the right atrium and, in some cases, enlargement of the heart and heart failure.

Seeking the best possible care for their son and armed with private health insurance, Raphael's parents came to see Dr Ghez for a second opinion. Raphael had been diagnosed with the most extreme form of EA (known as 'Type D') which, over time, can lead to serious health complications. The rarity of the defect, coupled with its extreme form, meant that surgery to repair the valve would be extremely challenging. In fact, few surgeons around the world have experience in this type of surgery. Dr Ghez therefore decided to invite Dr Jose Da

Silva, eminent cardiac surgeon and pioneer of the 'cone technique', to come over to the UK and help repair the damaged valve.

The surgery was very successful, allowing Raphael and his family to return home within just a few weeks.

Explaining the procedure, Dr Da Silva says: "The cone procedure involves folding up the extra tissues on the enlarged right side of the heart and surgically reshaping the malformed valve into a cone. The cone-shaped valve is then able to open and close effectively, with full coaptation. It is different to other valvuloplasty techniques, as the procedure involves anatomical repair."

Dr Ghez comments: "I was extremely pleased that Dr Da Silva was able to travel over to the UK to perform this operation. It presented an excellent opportunity for us to give Raphael the best possible chance of living a normal, healthy life, whilst being able to learn more about this innovative procedure."

Speaking of their son's care, Mr and Mrs Foster comment: "We were very impressed by the level of care and support provided by Dr Ghez and his team at Royal Brompton Hospital."

"Because of the nature of our son's condition, we understood that Dr Da Silva was probably the only person who could have carried out the cone operation on our son. The effort he made to come to England and his level of skill and professionalism is something we are so grateful for... and the fact that Dr Ghez also assisted in the operation gave us so much confidence. It is difficult to articulate the debt of gratitude we owe both of these doctors."

"As for Raphi, he is now back and laughing again and has returned to school", they add. "It is still relatively soon after the operation, so he has some improvement to make, but the cardiologist appointments have been reduced from weekly to six

weekly and they are very happy with his progress."

This winter, Dr Ghez will be flying over to Brazil to perform two more 'cone re-constructions' with Dr Da Silva. By gaining valuable training and experience, Dr Ghez hopes to be able to perform and share this technique with others to help more children affected by this debilitating disease.

Cone procedure facts:

- Ebstein's anomaly affects an estimated 1 in 20,000 children.
- Dr Da Silva invented Cone Reconstruction 20 years ago, and has performed 120 cases over the last five years. He has never lost a patient under 16.
- 85% of adult patients who have undergone cone reconstruction have survived for 10 years or more.

Eligibility:

- Cone reconstruction can only be performed on patients with enough heart tissue to make the cone shape.
- Patients with a single ventricle and newborns with a big heart are advised against the operation.

Spotlight on... Congenital heart disease and pulmonary arterial hypertension



Royal Brompton Hospital has a long tradition of national and international leadership in congenital heart disease, the most common birth defect affecting approximately 1% of infants worldwide. While children's lives have been transformed by early intervention – surgical or catheter – many have ongoing needs; including further surgery, catheter intervention and/or other procedures.

From the days of Dr Paul Wood, Chief of Cardiology, in the fifties to the present time, Royal Brompton Hospital has continued to invest in this expanding area of cardiovascular medicine. Our dedicated team – made up of five Consultant Cardiologists, three Consultant Cardiac Surgeons, and four Clinical Nurse Specialists,

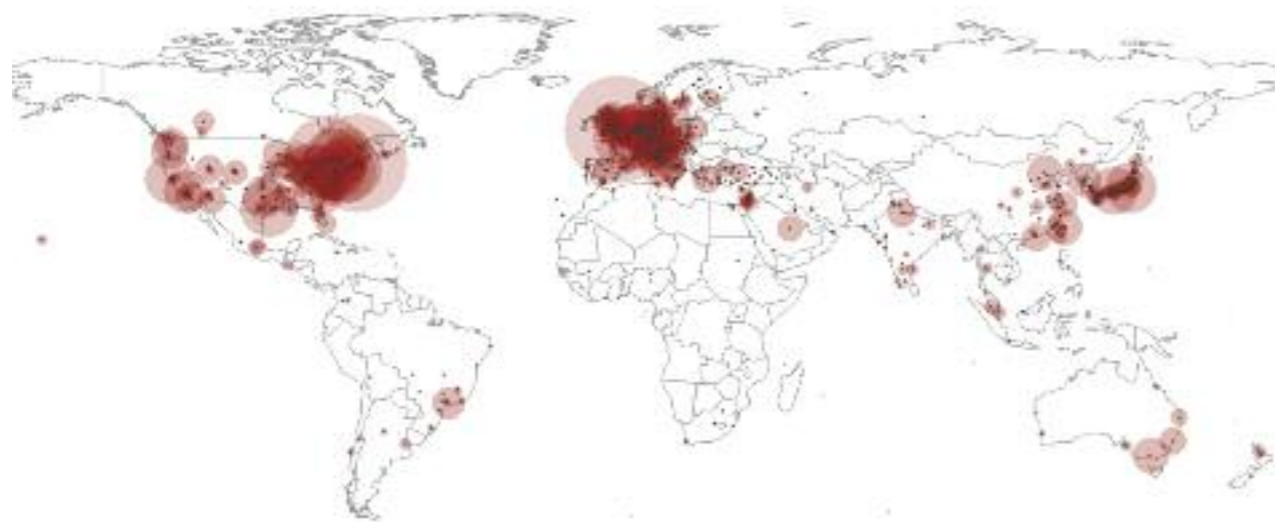
work closely with other experts in imaging, electrophysiology and palliative care to ensure provision of excellent care for CHD patients.

Furthermore, the hospital has been designated as one of the few 'national centres of excellence' for the management of pulmonary arterial hypertension (PAH), a common association for patients with ACHD, as well as for patients with underlying lung disease.

World-leading Expertise

But the role of the Royal Brompton team does not end in patient care. It assumes global responsibility and commitment for what is a worldwide disease. Professor Gatzoulis, at Royal Brompton, has been directing one of the largest training fellowship programmes in the world, educating

Impact factor sum (1995 – 2011)



ACHD research output worldwide (1995-2011) based on impact factor; Kempny et al IJC 2013. This map depicts the worldwide impact of clinical research conducted by the Royal Brompton ACHD Team.



The ACHD Team, Royal Brompton

and enabling over 100 cardiologists to roll out improved practices for ACHD and/or PAH in their respective regions. Keen to innovate, Professor Gatzoulis has been participating in a very productive clinical research programme, publishing a range of articles in 'high impact factor' journals

Last but not least, Professor Gatzoulis has edited and co-edited a number of major reference books in the ACHD field, e.g. "The Diagnosis and

Management of Adult Congenital Heart Disease" (now in its Second Edition) and the iconic "40th Edition of Gray's Anatomy".

Treating all aspects of CHD

Whether a patient has 'simple' or complex congenital heart disease, is seeking counselling about pregnancy related risks, or is a patient with suspected pulmonary arterial hypertension, the Royal Brompton Hospital can help. Patients deserve

the very best support to ensure they fully understand their condition and the treatment options available.

We, at the Royal Brompton Hospital, have a long-standing commitment to ensure that every single patient with congenital heart disease and/or pulmonary arterial hypertension reaches his or her life potential.

For more information, or to book an appointment, call **020 3131 6859**, or email: privatepatients@rbht.nhs.uk

Thumb ECGs for arrhythmia and stroke risk

Harefield Hospital is one of two centres in the United Kingdom using thumb-ECG. Dr Wajid Hussain explains the benefits of this new method for diagnosing abnormal heart rhythms, and how it can be used to determine the risk of stroke.

Diagnosing arrhythmia

There are several methods for diagnosing abnormal heart rhythms. Although standard ECGs have their place in diagnosing heart disease and high blood pressure, the preferred method nowadays is to issue patients with digital ECG recorders, so that the electrical activity of their heart can be tracked over time. Since arrhythmias are infrequent in nature and only happen during certain activities such as sleep or exercise, digital recorders allow doctors to monitor patients' heart rhythms more accurately – usually over one or two days.

However, digital ECG recorders are not

without their problems. This method of monitoring heart activity can be long-winded, and requires the patient to be equipped with cumbersome ECG cables and electrodes. There is also a high risk that any deviation will be overlooked, as ECG recordings are only taken over a few days.

The advent of Thumb ECGs

Today, the process of diagnosing arrhythmias can be performed much more reliably and cost-effectively; using a handheld device called a 'thumb-ECG'. The method was developed by Zenicor Medical Systems, in collaboration with Swedish researchers.

Using Zenicor's thumb-ECG, patients can themselves record their ECG data using a small device that fits in their handbag or pocket. By pressing a button and then placing both thumbs on the device for around 30 seconds, an ECG reading can be sent wirelessly

via the mobile network to consultants at our hospital. The patient can register the ECG anywhere, at any time. A built-in mobile phone enables the user to initiate automatic sending of the ECG to a secure, patient-protected database.

The advantage of the thumb-ECG compared to other methods is that it allows for longer periods of investigation, providing a better opportunity to pick up abnormal heart rhythms. It is also much easier to use than previous devices – a particular benefit for young children and the elderly. Finally, research suggests that using thumb-ECGs improves detection rates of asymptomatic atrial fibrillation – a huge risk factor for stroke.

If you are interested in this device, or to book an appointment with Dr Hussain, please call: **020 3131 6858** or email: privatepatients@rbht.nhs.uk

“Smoking is the main cause of lung cancer. However, as soon as you stop smoking, the risk of developing the disease goes down.”



Lung cancer screening services

To celebrate ‘Lung Cancer Awareness Month’ this November, RB&HH is offering 10% off its Lung Cancer Risk Assessment and Screening Service.

Since symptoms of lung cancer only occur when the disease is in its late stages, the disease can be incredibly difficult to treat. Early detection is therefore crucial for effective treatment and prolonged survival.

What is lung cancer?

Lung cancer develops when cells within the lung’s airways become abnormal and grow out of control. Over time they form a clump, also known as a tumour.

Who is at risk?

People most at risk of developing lung cancer include those with:

- A regular or heavy history of smoking
- A strong family history of the disease
- Are 50 years old and over (80% of lung cancer cases are diagnosed in people aged over 60)

What are the main causes?

Smoking is the main cause of lung cancer, which can be attributed to 9 out of every 10 lung cancers diagnosed. However, as soon as you stop smoking, the risk of developing the disease goes down.

Other causes include exposure to chemicals found in the workplace, such as radon, asbestos, diesel exhaust fumes and synthetic fibres.

Facts and Figures

- Lung Cancer is the most common cancer in the world
- Over 41,000 new cases are diagnosed in the UK each year
- A rise in smoking means women are now just as affected by lung cancer than men
- Lung cancer accounts for one in five deaths in the UK
- Early detection considerably increases chances of survival

It’s never too late to get checked out. Book a Lung Cancer Risk Assessment today. (To redeem your 10% discount, simply quote this *Case Notes* offer when you book).

For more information, or to book an appointment, please call 020 3131 6859, email privatepatients@rbht.nhs.uk or visit www.rbhh-specialistcare.co.uk/lungrisk

The range of services on offer at RB&HH Outpatients’ Clinic

> Heart division

- 24-hour blood pressure monitor
- Exercise stress test
- Echocardiogram (including stress and transoesophageal)
- Electrocardiogram (ECG)
- 24-hour holter monitor (ECG tape), also 48-hour, 72-hour and 7-day
- Trans-telephonic event recorders (King of Hearts)
- Single and dual chamber pacemaker and defibrillator follow-up
- MVO₂ max

> Lung division

- Asthma clinic
- Interstitial lung disease
- Sarcoidosis
- Lung cancer
- Lung function tests

> Sleep clinic

- CPAP machines
- Home and inpatient sleep studies

> Imaging & other diagnostics

- Chest X-ray
- Computed tomography (CT) scan
- Magnetic resonance imaging (MRI)
- Ultrasound scan
- Bone density scan
- Nuclear medicine
- Cardiac magnetic resonance (CMR)

> Allergy testing

> Dietitian

> Physiotherapy

> Women’s Heart Risk Clinic

> Clinical psychology



New drug offers hope to IPF Patients

Idiopathic Pulmonary Fibrosis (IPF) is a chronic, progressive lung disease that causes scarring of the lungs. The cause of IPF is still unclear but the condition appears to be connected with injury occurring to specific cells inside the lungs known as alveolar epithelial cells (AECs).

It is thought that the AECs become damaged and then begin to die. The body tries to repair the damage by stimulating the growth of another type of cell known as a fibroblast. In individuals with IPF the production of fibroblasts is excessive and results in scarring and hardening (fibrosis) of

Pirfenidone is the first and only licensed treatment for adult patients with mild to moderate IPF.

the delicate tissues of the lungs. Levels of fibrosis increase as the IPF progresses, leading to a gradual decline in lung function which ultimately results in sufferers requiring oxygen to undertake even simple day-to-day activities.

Due to the progressive nature of the disease, the median life expectancy after diagnosis of IPF is two to three years. However, some patients can live for much longer.

A big step forward for IPF patients

In April 2013, the National Institute of Clinical Excellence (NICE) approved the use of the drug, pirfenidone, for the management of IPF. As part of

the European Named Patient Programme (NPP), clinicians at Royal Brompton have been able to prescribe this drug since September 2011 for patients with mild to moderate IPF. NICE approval means that all patients with mild to moderate IPF in England can now be prescribed pirfenidone.

Dr Toby Maher, Consultant Respiratory Physician explains: "Royal Brompton is the largest prescriber of pirfenidone in the UK. As a much needed treatment for this terrible disease, the feedback on the drug that we were able to give to NICE was very positive. This is a great step forward for patients with IPF, as pirfenidone is the first drug which has been shown to slow deterioration in lung function."

Royal Brompton hospital has the largest number of IPF and interstitial lung disease patients in Europe, and receives around 700 new referrals every year. Since pirfenidone has only

Clinical trials show that *Pirfenidone* can reduce the risk of disease progression by 30%.

been approved for use in some countries, consultants have seen a surge in demand from overseas patients, particularly those from the US, Middle East and Australia.

For more information, or to book an appointment with Dr Toby Maher, please call **020 3131 6859**, or email privatepatients@rbht.nhs.uk



Dr Toby Maher,
Consultant Respiratory
Physician

An introduction to Royal Brompton & Harefield Hospitals Charity



Royal Brompton and Harefield Hospitals have a history of charitable giving, dating back to when Brompton Hospital was first established more than 170 years ago, with names such as Charles Dickens, Benjamin Disraeli, Alexander Fleming and Queen Victoria known to be generous financial supporters of the hospital.

Nowadays, Royal Brompton & Harefield Hospitals Charity carries on that tradition by raising money for carefully selected projects that the NHS simply can't stretch to. It is because of this extra support that the hospitals can continue to provide world-class care to thousands of heart and lung patients each year, and are able to carry out pioneering work in heart and lung disease diagnosis, treatment and research.



To find out more about the Charity and their current appeals please visit www.rbhcharity.org

Royal Brompton & Harefield Hospitals Charity is a registered charity no.1053584

Christmas Carol Concert

As part of their fundraising initiatives, Royal Brompton & Harefield Hospitals Charity are organising their first ever Christmas Carol Concert, which will take place within the gothic splendour of St. Luke's Church in Chelsea on Thursday 19th December, 6.30pm – 8.30pm.

There will be carols and readings by local celebrities and dignitaries, including actress Jane Asher and former Speaker of the House of Commons, Betty Boothroyd. Tickets cost £20 for adults, £10 for children (aged 10-16), with entry being free for younger children. To book your tickets visit: www.rbhcharity.org/christmas-concert or call **020 7351 8613**.



Consultant interview...

Respiratory weaning from mechanical ventilation

In this edition of Case Notes, we interview Professor Michael Polkey, Consultant Physician and Dr Jeremy Cordingley, Consultant Intensivist at Royal Brompton Hospital. We talk about the pitfalls of mechanical ventilation and why a respiratory weaning service may be needed.

Q. Good morning Dr Polkey and Dr Cordingley, thank you for your time. Can you start by explaining what's involved in mechanical ventilation and why it is needed?

A. Mechanical ventilation is the process of connecting a patient to a machine that is able to do the patients breathing for them. Patients are usually put on a mechanical ventilator during a medical emergency or to maintain normal breathing during an operation. The ventilator is connected to the patient by a plastic tube called an 'endotracheal' tube which is placed in the upper airway through the mouth by an anaesthetist.

Q. So why is mechanical ventilation a problem?

A. Despite its life-saving benefits, mechanical ventilation carries with it many risks. First of all, the endotracheal tube in the windpipe makes it easier for bacteria to get into the lungs, increasing the risk of pneumonia. Secondly, the act of pushing air into the lungs (particularly when lungs are already diseased or damaged) can cause lung injury, or lung collapse (pneumothorax). Finally, side effects of medication to help relax the patient can build up in the system and cause patients to remain in deep sleep for hours or days.

Q. Given the risks, why not take the patient off the ventilator once the operation or medical crisis is over?

A. Since the tube is inserted through the upper airway, the patient has to be sedated with drugs. Once the patient is past the acute crisis, or their surgery is over, the doctors will try to get the patient to breathe for themselves. In most cases this process works without problems, but with a few patients it is impossible to remove the endotracheal tube at the first attempt. The reason for this is usually due to underlying medical conditions such as lung disease, heart disease, muscle weakness or retention of sputum in the airway, all of which impede independent breathing.

In the event that removal of the endotracheal tube is unsuccessful, then the patient will require 'weaning' from mechanical ventilation if they are to resume a normal life - or indeed to leave the ICU.

Q. Is there anything that you can do to prevent dependence on mechanical ventilation?

A. When local physicians identify that patients will be difficult to wean, a tracheostomy is often performed. In this procedure, a small hole is created in the main airway just below the voice box and the ventilator may then be connected to a plastic tube in the hole. We endorse this approach because it not only allows the sedating drugs to be reduced, or even stopped, but also enables the patient to sit out of bed or stand more easily.

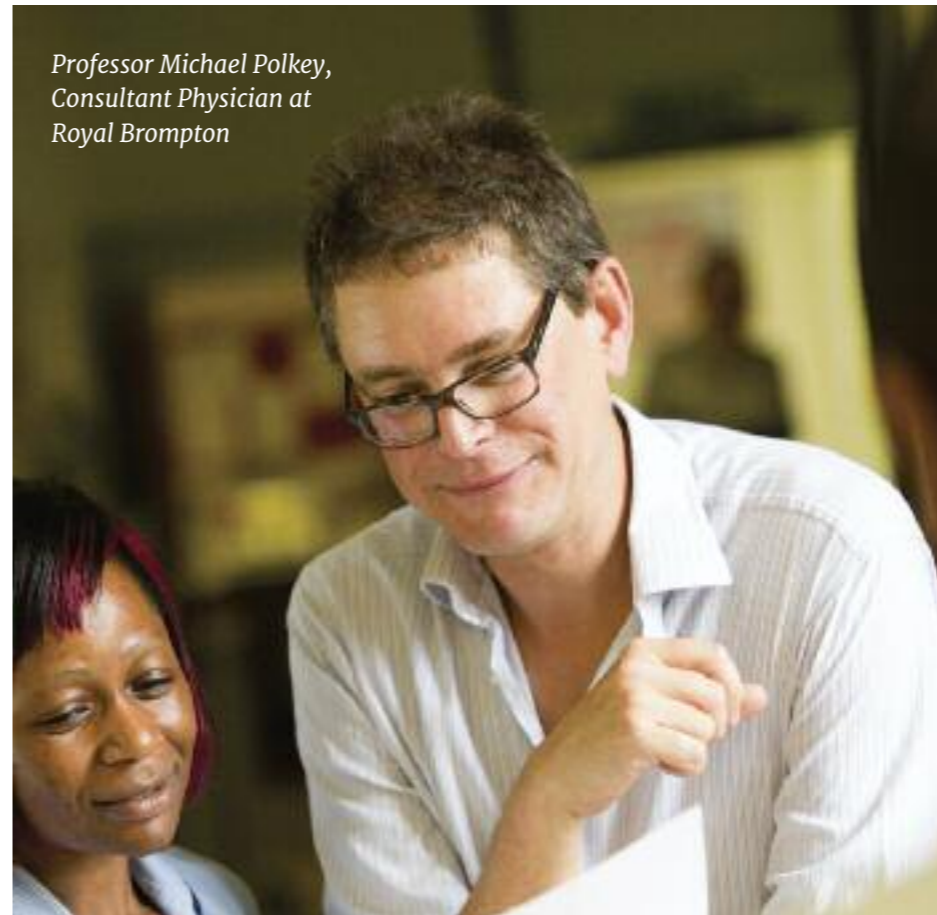
Q. Yes, this approach sounds ideal. Can you tell me more about the respiratory weaning service on offer at Royal Brompton Hospital?

A. At Royal Brompton Hospital, we provide a consultant-led multidisciplinary approach to ensure that the patient has the best chance of weaning from mechanical ventilation. We are fastidious about addressing all the factors which might limit a patient's ability to breathe. For example, improving cardiac function or the application of specialised techniques to aid sputum expectoration.

A key technique with which we have a lot of experience is the use of non-invasive ventilation to allow the patient to 'bridge' from tracheostomy ventilation. With this approach the support of the ventilator is given by a tightly fitting face mask from a 'low-tech' ventilator, suitable for use on the general ward or even at home. Once we are happy that the patient can breathe easily with this device, the tracheostomy is withdrawn.

Q. How is the weaning programme managed?

A. Typically, a consultant from our weaning service will retain overall vision of the patient's progress throughout their stay. They will visit the intensive care unit, often daily, to assess the patient's progress, liaise with the intensive care staff and consult with the patient's family. The intensive care consultants rotate on a weekly basis, but when 'on service', will review the patient twice daily and maintain regular liaison with the lung failure team.



Professor Michael Polkey,
Consultant Physician at
Royal Brompton

Although the programme is primarily consultant-led, we take pride in our strong multidisciplinary team which encompasses physiotherapy, dietetics, speech therapy and occupational therapy.

Q. What happens after weaning?

A. After patients have been weaned off mechanical ventilation, they will be transferred to the high dependency unit, and once their condition improves, onto

the general ward. Tests and further treatment may be administered to reduce the likelihood of mechanical ventilation being required in the future. We will arrange for non-invasive ventilation as an in-patient, and subsequently as an outpatient, and work with the patient to determine length of treatment using this type of ventilation.

Depending on the underlying diagnosis, the patient may require input from other

specialities. In this respect, the Royal Brompton Hospital is well positioned, boasting excellent links with other central London hospitals both in the NHS and in the private sector.

Q. What happens if the patient can't be weaned?

A. In the few cases where patients cannot be weaned from tracheostomy ventilation, the weaning team can advise on the equipment and facilities needed to create a home tracheostomy ventilation programme, which can safely maximise the patient's quality of life.

Q. How are patients referred for weaning treatment?

A. Royal Brompton Hospital is the UK national centre for heart and lung disease and therefore receives referrals from surrounding intensive care units that find their patients difficult to wean. We also welcome referrals from overseas and already have established links with intensive care units across the Middle East.

Should you have any questions about the respiratory weaning service at Royal Brompton, or to refer a patient, please email: privatepatients@rbht.nhs.uk

Our consultants are happy to address any questions you may have via telephone, and where practical, can organise for a patient visit prior to transfer.



Royal Brompton Hospital announces major investment in Chelsea

Major planned investment in Royal Brompton Hospital, which will enable expert clinicians to continue providing world-class healthcare from new state-of-the-art facilities, was announced on 7th November by Royal Brompton & Harefield NHS Foundation Trust.

This investment will secure the Hospital Trust's position as the UK's leading specialist centre for heart and lung disease. It will benefit thousands of current and future patients who receive lifelong specialist care for their complex conditions. Further integration of pioneering research and teaching, alongside clinical care, will lead to innovations in treatment that directly improve the health of patients in the UK and across the world.

An improved working environment, which supports the future growth of clinical activity and is able to respond to new technological developments, will help attract and retain the world's top clinicians specialising in heart and lung disease.

Bob Bell, CEO at Royal Brompton & Harefield NHS Foundation Trust, said:

"Matching world-class clinicians with world-class facilities will undoubtedly benefit the patients who come to Royal Brompton Hospital from the UK and around the world for lifesaving treatment."

"It will provide a hospital environment that supports innovation and cutting-edge research, to ensure continued and exciting advancements in the

treatments available for heart and lung disease."

The cost of improvements to Royal Brompton Hospital will be met through the sale of land owned by the Hospital Trust and its Charity near to the existing hospital in Chelsea. All funds generated from the sale of land will be reinvested in the new hospital to benefit patients.



Contact details for the specialist care team



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E. S.Ahmed2@rbht.nhs.uk



Mrs Mary Michael
Greek Liaison Officer
E. M.Michael@rbht.nhs.uk

**Contact us on: 020 3131 6859 (Royal Brompton Hospital)
or 020 3131 6858 (Harefield Hospital)**

Private specialist care team update

The Royal Brompton & Harefield Hospitals' private patients' team welcomes the following additions:

- Manisha Patel and Nargis Begum, Reception Administrators at the Private Consulting Rooms, Royal Brompton Hospital
- Karen Jessup, Private Patients Manager at Harefield Hospital
- Victoria Jowett, Congenital Fetal Cardiologist, Royal Brompton Hospital
- Nitha Naqui, Consultant Paediatric Cardiologist, Royal Brompton Hospital

SIGN-UP TO OUR QUARTERLY E-BULLETIN

Sign up to our quarterly e-bulletin, keeping you up-to-date with news and developments in heart and lung care, together with exclusive invites to local CPD events. Please email your details to: ebulletin@rbht.nhs.uk