

a newsletter for private and international patients

World leaders in the treatment of heart and lung conditions

By David Shrimpton, managing director of Royal Brompton and Harefield hospitals' Private Patients' Centre.

Diseases of the heart and lung are the world's biggest killers. With an international reputation for the diagnosis, treatment and care of people with these conditions, our Private Patients' Centre takes referrals from all over the world.

From the moment patients are referred to us until the time they leave, they benefit from the unrivalled expertise, facilities and experience that our clinical teams have to offer. Being located in the largest specialist heart and lung centre in the UK, and one of the largest in Europe, has many advantages, including: access to our team of nearly 200 highly skilled consultants, many of whom are world leaders in their specialist fields (in addition to developing new treatments and procedures, our experts teach, lecture and publish articles around the world); support from specialist nurses, technicians and therapists who are leaders in their particular fields of cardiothoracic care; and access to the most comprehensive range of advanced surgical, medical and research facilities available.

Supporting our cardiovascular and respiratory teams are vital clinical support facilities – offering a one-stop, on-site service uncommon in British hospitals.

We have the benefit of:

- top-rated, state-of-the-art intensive care units at both hospitals, staffed round the clock by expert nursing and medical staff
- specialist diagnostics facilities on site including high-tech imaging, pathology, and laboratory services
- access to our Cardiovascular and Respiratory Biomedical Research Units (see page 2 of this newsletter).

State-of-the-art ICUs

The level of emergency facilities vary between different private hospitals but few have the same degree of intensive care provision enjoyed by Royal Brompton and Harefield hospitals. Undertaking some of the most complex surgery currently available, and being designated a specialist respiratory failure unit, means that intensive care facilities have to be of the highest standard.

For specialist centres such as Royal Brompton and Harefield, everyday experience frequently challenges the boundaries of medicine. Nowhere is this more apparent than in our intensive care units (ICUs), where those who need the most sophisticated care available benefit from a dedicated team of specialists delivering round-the-clock care.

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Revenue from private patients benefits all patients

The income generated from treating private patients at both Royal Brompton and Harefield Hospitals, makes a significant contribution to the NHS Trust's funds. Revenue generated from private business is accounted for as part of the Trust's accounts and all profits are reinvested back into the Trust to support clinical, operational and capital schemes.

Welcome to this special issue of Case Notes focusing on clinical support

At Royal Brompton and Harefield hospitals our experts provide 24-hour care, including all areas of clinical support such as diagnostics, pathology, intensive care and nursing.

The international success of our hospitals centres around the expertise of our staff – highly qualified experts in every area of the organisation.

During their visit, many patients only get to meet their consultant and immediate team of nurses and other clinicians. They may not be aware of the level of involvement and expertise from other professionals, who play a key part in their diagnosis, treatment and recovery. In this issue of *Case Notes* I am very pleased to introduce you to a number of these teams.

The Private Patients' Centre will be holding a number of events for medical insurers and embassy staff during the next 12 months and I hope they will be of interest to those of you in such roles. In the meantime I can be reached on 020 7351 8138 or at d.shrimpton@rbht.nhs.uk. If you have any queries about referrals please do not hesitate to get in touch.



New Biomedical Research Unit offers major benefits to patients

As the UK's largest heart and lung centre, Royal Brompton and Harefield hospitals are heavily involved in medical research, resulting in new discoveries that improve the treatment and care for people with heart and lung disease. On 15 November last year, guests from all over the world came to London for the opening of Royal Brompton Hospital's new Cardiovascular Biomedical Research Unit (CBRU).

Much of the BRU's research will focus on heart regeneration, aiming to increase understanding of poor heart function in people living with cardiomyopathy, arrhythmia, coronary heart disease and heart failure. It is hoped this will help provide better treatment options, giving patients a better quality of life. The research will centre around new heart treatments using genes, imaging techniques, stem cells, tissue engineering and devices.

As part of the opening ceremony, Professor Dudley Pennell, director of the Cardiovascular BRU, gave an introduction to the new unit and its capabilities: "Through our collaboration with the NIHR, we have created state-of-the-art facilities to advance our research. The BRU has five key pieces of equipment, each working to help us tap into a rich vein of genetic and cardiac research into many life-threatening and debilitating conditions."

This BRU facility and its state-of-the-art medical equipment is also available to cardiologists for the benefit of private patients. Facilities include:

- Cardiovascular magnetic resonance (CMR) scanner, which uses magnetic fields and radio frequencies to look at the structure and function of the heart and circulation system.
- Echocardiography suite, which houses a scanner that uses sound waves to display an image of the heart in motion.

CMR and echo are used to detect and study problems with the heart's structure and function.

■ Catheter lab, where procedures are carried out to access the heart's circulation using fine tubes called catheters – this helps with both diagnosis and treatment.

Such facilities will be of great benefit to patients. For example, a patient referred for a routine angiogram as a day case will now be using the new catheter lab.

Royal Brompton and Harefield hospitals are planing to hold various seminars and open days for embassy staff and medical insurers at the BRU. If this would interest you, please call 020 7351 8830 or email: privatepatients@rbht.nhs.uk.

Through our collaboration with the NIHR, we have created state-of-the-art facilities to advance our research.



The new catheter lab in use

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Our state-of-the-art ICUs are fully equipped and staffed 24 hours a day by our specialist nursing and medical staff. The expertise of these units is recognised throughout Europe.

The adult ICU at Royal Brompton currently has 20 beds, with a further 18 beds at Harefield Hospital. They are staffed on a 1:1 ratio by a complement of more than 200 experienced ICU nurses. The units are run by expert intensivists supported by a comprehensive team of therapists with specific interests in the care and rehabilitation of patients with cardio and respiratory illnesses. High-dependency beds, suitable for patients who require some organ-specific support, are also available across the two hospitals. We are one of a very small number of units to have its own professor of intensive care medicine.

Breakthroughs in treating severe acute respiratory failure at Royal Brompton ICU

Over the past five years, the adult ICU at Royal Brompton Hospital has admitted more than 100 patients with the severest forms of acute respiratory failure. These have included problems such as acute respiratory distress syndrome, difficulty weaning from mechanical ventilation, severe acute asthma, pulmonary hypertension and persistent bronchopulmonary air leaks. Typically such patients have failed conventional management at their referring hospitals and are transferred for "supra" – specialist care at Royal Brompton.

The adult ICU was one of only three centres in the UK assessed and designated by England's Department of Health to provide extracorporeal membrane oxygenation (ECMO) for patients with the most severe respiratory failure during the 2009 winter H1N1 influenza pandemic wave.

Advanced imaging on site

Unlike many private hospitals, the work of our clinicians is supported by the most advanced diagnostic and research imaging services on site.

We have a track record of significant investment in imaging technology, including the recent installation of the most sophisticated CT scanner in Europe which can scan a chest in 0.6 seconds and the heart in just two heartbeats. In many cases, such technology allows diagnosis without the need for invasive procedures. In general,

our imaging facilities include:

- General radiology
- Fluoroscopy (screening)
- Ultrasound
- Nuclear medicine
- Computerised tomography (CT)
- Bone densitometry (DEXA)
- Cardiac magnetic resonance (CMR)

The latest computed radiography (CR) and PACS systems were installed in 2009. The imaging departments at both hospitals operate in a filmless environment. This means that images can immediately be accessed in various areas including the wards, ITU, surgical theatres and outpatients.

Royal Brompton's new CBRU contains the latest world-class imaging equipment in its cardiac catheter laboratory (digital Siemens Artis Zee fluoroscopy system), 3T CMR room (3Tesla CMR scanner and integrated 3T Siemens Skyra magnet capable of assessing cardiac function, perfusion and myocardial fibrosis at high resolution), and echocardiography suite (state-of-the-art echocardiography equipment, off-line quantification tool, the latest 3D transducer, vascular probe, micro-transesophageal probe and the latest Q-Lab system).

Thalassaemia treatment breakthrough saves lives

In 2009, experts from Royal Brompton Hospital and Imperial College London made a major breakthrough in the treatment of thalassaemia, a serious genetic disease that can cause organ damage, restricted growth, liver disease, heart failure and ultimately death.

Patients with thalassaemia need extensive medical care, including frequent blood transfusions. These can cause a build-up of potentially life-threatening iron levels in the heart. If iron levels are measured accurately, consultants can better predict and, therefore, treat early the development of heart failure in those patients.

Traditional measurement methods are either invasive (biopsies) or not as informative (blood tests). In Royal Brompton's study, CMR scanning proved very precise. Since CMR is non-invasive and has no known side effects, it changes dramatically the way the disease is managed.

President of the UK Thalassaemia Society, Mike Michael, said: "CMR has changed the life of many thalassaemics, myself included.

Continued overleaf...



Dr Andrew Kelion, consultant cardiologist

Consultant cardiologist Dr Andrew Kelion comments on the critical importance of imaging

Dr Andrew Kelion is an expert in cardiology with a particular interest in imaging, nuclear cardiology, echocardiography and cardiac CT (computed tomography). His research interests focus on the use of radionuclide imaging techniques to treat patients with coronary disease and heart failure.

and Harefield hospitals employ consultants who are national and international authorities and opinion formers in all clinical and imaging specialties. Consultants are active in research and occupy leadership positions in national and international societies. Royal Brompton and Harefield therefore offer a unique concentration of talent.

"Imaging is central to the management of cardiac and respiratory patients. Modern cardiac surgery is impossible without access to the anatomical and functional information provided by echo, radionuclide imaging, cardiac CT and cardiac MRI. Modalities are evolving at an enormous rate, and we aim to be at the cutting edge of developments."



Dr James Hooper in the new blood sciences laboratory at Royal Brompton Hospital

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For the first time it has allowed clinicians to have a true and accurate picture of iron damage within the heart, rather than a guesstimate. In many cases this has allowed for timely intervention and appropriate treatment saving the lives of many thalassaemic patients."

In a recent breakthrough, researchers at Royal Brompton's CBRU have used CMR scanning to measure the build-up of iron in the heart and reveal the levels of iron causing heart failure in patients with thalassaemia. Professor Dudley Pennell, director of the CBRU and the CMR unit, said: "This is a major breakthrough for thalassaemia patients, as it validates the essential building block for developing new drugs. We can now pinpoint exact levels of iron in the heart, relate this to heart failure and develop drugs that will eradicate this dangerous side effect of frequent blood transfusions."

Nuclear medicine for outpatients and echocardiography

The nuclear medicine department at Royal Brompton forms part of our clinical support services and performs around 9,500 studies per year. The department comprises a multidisciplinary team including doctors, nurses, radiographers, technicians, physicists and administrators. Patients can benefit from a wide range of radionuclide tests, all of which can be done on an outpatient basis. The length of the test can vary, depending on type, from one to four hours.

The echocardiography departments at Royal Brompton and Harefield provide cardiac ultrasound imaging for patients from all specialties at the hospitals. In addition to transthoracic echocardiography, we also provide transoesophageal echo and stress echo. Three full-time echocardiographers and three echo machines together perform nearly 10,000 studies per year.

Laboratory medicine

Our laboratory medicine teams provide an expert service to support the specific requirements of a specialised Trust for diseases of the heart and lung, including clinical biochemistry, haematology, microbiology, histopathology and phlebotomy.

Blood sciences lab offers rapid test results 24-hours a day

The blood sciences laboratory at Royal Brompton Hospital, the most advanced of its kind in Europe, offers faster and more accurate results through a streamlined, contamination-free testing process.

The new laboratory offers a unique showcase for a number of innovations that have not been available before in a single facility. It offers:

- 24-hour access to test results allowing quicker diagnosis and treatment for patients
- improved use of instruments
- more efficient use of staff time, space and revenue
- enhanced record keeping as new systems eliminate paper requests

Blood tests are vital to determining a patient's treatment plan as over 70 per cent of conditions are diagnosed using them. With our laboratory and electronic advances, more tests can be done more quickly and efficiently in one location, around the clock.

David Hansell, professor of thoracic imaging, leads a major UK lung cancer study

Royal Brompton Hospital has been nominated as the central reading site for CT scans gathered in Liverpool and Papworth Hospitals, a part of a pilot study to test the feasibility of screening for lung cancer with low dose CT (the UK lung cancer screening study: UKLS).

This study, of which Professor David Hansell is the lead radiologist, has taken on especial relevance with the breaking news from a large lung cancer screening trial in the USA. In November 2010, the director of the National Cancer Institute reported that the National Lung Screening Trial (NLST) showed that CT screening, compared to chest X-ray evaluation, resulted in a 20% reduction in lung cancer-related mortality. This trial followed 53,000 participants, including both current and former heavy smokers from ages 55 to 74 years.

The NLST is the first randomised controlled trial for lung cancer screening to ever show a significant reduction in lung cancer mortality. A newly appointed consultant radiologist to the UKLS study, based at Royal Brompton, will be undertaking research to determine the optimal way of reading CT scans which seek to identify tiny nodules, some of which represent early stage, and curable, lung cancer.



Two consultants discuss test result

Pathology on hand

With on-site pathology departments at both Royal Brompton and Harefield hospitals, private patients benefit from expert analysis, often while procedures are taking place.

The pathology department has an international reputation in cardiac and lung disease. In summary, our pathology services include:

Surgical reporting service

We specialise in the diagnosis of tumour and interstitial lung diseases, heart and lung transplant rejection, vascular and cardiac disease identification by light and electron microscopy, EDAX, immunocytochemistry and molecular biology.

Biopsy service

We operate a same-day/on-call biopsy service.

Cytology

The service offers assessment of sputum, urine, fine-needle aspirates, pleural effusion and lavage specimens.

Immunocytochemistry

We utilise a wide range of antibodies in the diagnosis of carcinomas, lymphocyte markers, epithelial markers, mesotheliomas, germ cell tumours, sarcomas and neuroendocrine markers.

Histopathology

The department of histopathology has several roles – some of the most significant are in the treatment of lung cancer. Firstly, we look at biopsies taken as part of initial investigations. Then, when a diagnosis of cancer has been confirmed, those patients who are suitable for surgery will typically have tissue taken during the operation for analysis. This means we can tell the surgeon how far the cancer has spread as he/she proceeds. Therefore, helping to guide the operation, ensuring that the extent of the lung removed is minimised. Subsequently, we analyse the specimens after operation to identify the exact tumour type and the extent of disease spread. This helps make up the 'stage' of the tumour, which guides both surgeons and other cancer specialists, such as radiotherapists and oncologists, in planning further treatment if necessary.

Research and medical advances

Our extensive research projects enable our patients to gain access to the latest diagnostic and treatment techniques, as well as a wide range of clinical trials. We are able to bring breakthroughs in the laboratory to patients quickly and make a real difference to outcomes. Our research projects bring benefits to our private patients in the form of new, more effective and efficient treatments for heart and lung conditions.

We are Europe's top-ranked respiratory research centre and our cardiac, cardiovascular and critical care teams are rated in the top three most highly cited health research teams in Europe.

Over the years our experts have been responsible for several major medical breakthroughs – implanting the first coronary stent, founding the largest centre for cystic fibrosis in the UK and pioneering intricate heart surgery for new-born infants.

We are often responsible for medical advances that are taken up across the NHS and beyond. Each year between 500 and 600 papers by researchers associated with Royal Brompton and Harefield hospitals are published in peer-reviewed scientific journals, such as The Lancet and New England Journal of Medicine. Recent work pushing forward major advances in patient treatment and care include:

Cardiovascular imaging – our experts announced a major breakthrough in 2009 in the treatment of thalassaemia – one of the most common genetic diseases worldwide. The team reported that CMR scanning has shown the potential to dramatically cut the mortality rate for the disease by 71 per cent.

COPD – over 2,800 citations for Royal Brompton Hospital's research teams were identified in Thomson Reuters' 'Essential Science Indicators' database for chronic obstructive pulmonary disease (COPD) in January 2010. Royal Brompton was the only hospital in Europe to feature in the analysis, which looked at publications over a period of 10 years and included papers published by nearly 10,000 institutions across 113 nations.

Congenital heart disease – Trust specialists have transformed the medium to longer term prospects of patients with congenital heart disease and pulmonary arterial hypertension. The Royal Brompton Hospital clinical research group, led by Professor Michael Gatzoulis, has shown survival benefits for patients with Eisenmenger syndrome on advanced therapy in a recent study published in the flagship journal of the American Heart Association.

CHECKLIST OF WHAT WE MIGHT TREAT YOU FOR

HEART DIVISION CARE GROUPS

- Arrhythmias (electrophysiology)
- Congenital heart disease
- Heart failure
- Pulmonary hypertension
- Revascularisation (coronary artery disease)
- Structural heart disease
- Heart assessment including echocardiography

LUNG DIVISION CARE GROUPS

- Asthma and allergy
- Lung failure including transplant, COPD and sleep & ventilation
- Lung infection and immunity
- Lung inflammation and cystic fibrosis
- Surgical oncology
- Lung assessment including sleep studies, lung function and physiology

HOW TO MAKE AN APPOINTMENT

Above is an outline list of the conditions that we treat at Royal Brompton and Harefield hospitals, for both inpatients and outpatients.

To book an appointment with a consultant at our private consulting rooms or one of our diagnostic centres, please telephone 020 7351 8830 or email privatepatients@rbht.nhs.uk.

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Welcome to the Royal Brompton Outpatients Clinic for diagnostics, screening, tests and treatment

The Royal Brompton Outpatients Clinic i London's leading private outpatient diagnostic and treatment facility for patients with heart- and lung-related conditions. As part of Royal Brompton Hospital's Private Patients' Centre, the clinic benefits from all the expertise, experience and equipment that come with being an integral part of the UK's largest specialist heart and lung centre. The clinic gives private patients quick and convenient access to world-class specialist diagnostics and healthcare.

Visitors to the clinic are seen by our team of experts who are able to call upon all of the hospital's resident teams and use their unrivalled lab and imaging facilties to give a rapid diagnosis, allowing patients to begin their treatment as quickly as possible.

Once a patient has been diagnosed and the appropriate treatment plan agreed, patients of Royal Brompton Outpatients Clinic will have priority at the Private Patients' Centre, providing them with quick and dedicated access to world-leading private medical care.

Patients are seen in our bespoke outpatient suite, which includes five consulting rooms, a treatment room, X-ray facilities and a relaxing patient lounge.

The Royal Brompton Outpatients Clinic is
London's leading private outpatient
diagnostic and treatment facility for
patients with heart- and lung-related
conditions. As part of Royal Brompton
Hospital's Private Patients' Centre, the

Our highly skilled consultants provide
consultations, investigations and treatment
in this comfortable and friendly setting.
For younger patients we have a designated
play area together with baby changing
facilities.

The consulting rooms are managed on a day-to-day basis by a nursing sister, trained in cardiothoracic care. In addition, a dedicated private patient radiographer, support nurse and clinical support worker are all based at the clinic to provide support. As a result, all our patients can be sure of the most dedicated private care at all times.

The cost of an outpatient visit for many patients may be covered by their private medical cover. Royal Brompton Hospital's Private Patients' Centre has agreements with most UK medical insurance schemes, but patients should always check with their insurer before starting any treatment.

Recognising that the service we provide is for the convenience of our private patients, most diagnostic appointments can be made for the same day, and always within 24 hours. The clinic is open 9am to 8pm Monday to Thursday and 9am to 5pm on Fridays. To make an appointment, please call 020 7351 8830 or email us at privatepatients@rbht.nhs.uk.



The newly extended reception and waiting area for Royal Brompton's Private Patients' Centre

Services on offer at the Royal Brompton Outpatients Clinic

Heart division

- 24-hour blood pressure monitor
- **■** Exercise stress test
- Echocardiogram
- Stress echocardiogram
- Transoesophageal echocardiogram (TOE)
- 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 (pacing check)
- MVO2 max

Lung division

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

Sleep clinic

- CPAP machines
- Home sleep studies (inpatients studies also available)

Imaging and other diagnostics

- Chest X-ray
- Computed tomography (CT) scan (chest computed tomography and CT-quided biopsy)
- Magnetic resonance imaging (MRI)
- Ultrasound scan
- Bone density scan
- Nuclear medicine (various scans including myocardial perfusion scan)
- Cardiac magnetic resonance (CMR)

Allergy testing

Dietitian (see page 7)

Physiotherapy

Women's Heart Risk Clinic (see back page)
Clinical psychology

New nutrition and dietetic service for private patients at Royal Brompton

As we are all increasingly aware, eating well is an important way of keeping the heart healthy. Following a healthy diet and lifestyle can reduce the risk of developing coronary heart disease, and can increase a patient's chance of survival following a heart attack. We are delighted to announce that our nutrition and dietetic department has just launched a new private outpatient service for adults.

The new service is provided by lone de Brito-Ashurst, an experienced dietitian, qualified to MSc level and currently concluding a PhD in lifestyle intervention for heart disease prevention. She offers expert assessment and management of a wide range of nutritional and dietary issues, including:

- Nutritional support to improve respiratory and peripheral skeletal muscle function, exercise performance and clinical outcomes.
- Weight loss individualised care plan to minimise loss of muscle mass while reducing fat tissue.
- Diabetic management tailored low glycaemic index (GI) diet for individuals.

Low GI diets are known for their benefit in lowering HbA(1c), blood pressure and CHD risk in the management of type 2 diabetes.

■ Lipid disorders – cardio-protective advice and dietary management of lipid disorders.

Following an initial assessment, the service provides the patient with nutritional, dietary and lifestyle recommendations, with the option of a fully computerised dietary assessment if desired or necessary. Subsequent follow-up appointments will be arranged in accordance with the consultant's opinion and the wishes of the patient.

A meticulous approach to nutritional management ensures that all patients receive optimal treatment. The dietitian works closely with referring physicians, keeping them informed of their patient's progress at all times. The service is also fully supported by an administrator so that good communication and a speedy response can be guaranteed for all our patients.

To be referred to this service or make an appointment, please either write to:



Nutrition & dietetics Royal Brompton Outpatients Clinic Sydney Street London SW3 6NP

or email: J.Phillips2@rbht.nhs.uk or fax: 0207 351 8061

For further information, please call our administrator, Julienne Phillips, on: +44 (0)20 7351 8830.

A hat-trick of professors

Three professors from Royal Brompton Hospital, namely Athol Wells, David Hansell and Andrew Nicholson, have been appointed as co-chairs of the respiratory, radiology and pathology groups of the American Thoracic and European Respiratory Societies' committee, which is developing a new Classification of Idiopathic Interstitial Pneumonias.

The trio are world renowned in diffuse lung disease and they will help to develop a more unified approach to the treatment of patients with these difficult diseases. They are also co-authors of a new set of recommendations on the management of patients with idiopathic pulmonary fibrosis, just published in the American Journal of Respiratory and Critical Care Medicine.

Newly refurbished rooms



A recently refurbished private room on the Sir Reginald Wilson ward at Royal Brompton Hospital

Four rooms on Royal Brompton's private Sir Reginald Wilson ward have recently been completely refurnished and reequipped, bringing them up to the highest of modern standards.

All private patients at Royal Brompton and Harefield hospitals benefit from

comfortable single rooms with en-suite bathrooms. They come equipped with a telephone, room safe and television showing both domestic and satellite channels. Patients can select from our à la carte menu or from meals suitable for diabetic, vegetarian, Halal or Kosher diets.

Initial results from Royal Brompton's lung laser theatre receive international recognition

After more than two years of research, training and preparation, Royal Brompton Hospital opened its new specialist lung laser theatre in 2010, which incorporates the latest technology in lung surgery and the first surgical laser of its kind in the UK. It uses a special wavelength laser beam to remove tumours from patients' lungs, with minimal damage to neighbouring healthy lung tissue.

The lung laser can be used in tumours of all kinds, including colonic cancers and sarcomas, enabling surgeons to perform complicated lung surgery with greater benefits for patients, by:

- targeting and removing individual tumours, significantly improving the patient's chances of survival.
- enabling the eradication of deep-seated and multiple tumours without the need to remove a major section of the lung,

preserving lung function and preventing post-operative breathlessness, which improves the patient's quality of life.

- removing multiple tumours faster, therefore reducing the time that the patient spends under a general anaesthetic.
- eradicating cancer tissue while at the same time sealing surrounding lung tissue, reducing the risk of internal bleeding or air leak from the lung, which can lead to a prolonged postoperative stay.

Mr George Ladas, senior consultant thoracic surgeon at Royal Brompton Hospital, who is leading the project, said: "We perform some of the most complex lung surgery in the country. The lung laser system allows us to significantly improve the quality of care we offer to our patients and also improve their quality of life after

surgery."

Life before and after the lung laser

Before the lung laser was introduced at Royal Brompton the operating method was slower, involving painstakingly cutting away the tumour while, at the same time, sealing the surrounding tissue to prevent bleeding and infection. "It was a marathon," said Mr Ladas, who often spent up to eight hours in theatre completing the process.

The deeper the tumour the more complicated, delicate and time consuming the operation would be, leading to one 12-hour procedure where 38 tumours were removed from a single lung.

Lung cancer remains the most common cancer in the world with around 1.3 million new people diagnosed with it annually. In the UK, it is responsible for the most deaths due to

cancer in both men and women.

Many of Mr Ladas's patients have developed secondary lung tumours after having primary cancer somewhere else in the body, such as the bowel or kidney, or in muscles or bones. Although the laser can be used on selected primary tumours, it is more commonly used on secondaries as surgery on primary lung tumours often requires removing a larger part of the lung.

"When you deal with secondary tumours it is usual for a patient to have 10 or more in each lung. The task is to remove them while saving as much of the healthy lung as possible."

The laser makes the operation much quicker which means patients are under general anaesthetic for about half the time, on average two to three hours, and chest drains are removed much faster with patients discharged sooner.

Mr Ladas has already performed more than 65 lung laser procedures, many of these in patients who were previously declared inoperable in the UK and abroad, with excellent results.

International recognition for lung laser results

Royal Brompton's leadership in lung laser surgery has led to considerable international recognition. In March this year the team presented the excellent results from the first 45 lung laser operations performed at Royal Brompton to the Annual Meeting of Society of Cardiothoracic Surgeons of Great Britain and Ireland.

A few days later George Ladas was invited to teach lung laser surgery at the Expert Course on Laser Applications in Lung Oncological Surgery at the University Hospital of Valencia, Spain. The organiser was Professor Galán Gil Genaro, head of the thoracic surgical unit, University Clinic Hospital Valencia. Mr Ladas's contribution included lecturing on the 'Techniques in Pulmonary Metastasectomy' followed by a hands-on workshop, demonstrating lung laser metastasectomy techniques. The meeting was over-subscribed and attended by around 35 thoracic surgeons from Spain, Portugal, Greece, Brazil and Serbia.

Treating the psychological problems associated with physical illness can improve outcomes after surgery

There are many psychological problems associated with the symptoms and treatment of physical illness. Our clinical psychologists offer an assessment and treatment service for both inpatients and outpatients.

Psychological difficulties related to respiratory and cardiac conditions

The clinical psychology service aims to meet the unique psychological needs of individuals with cardiac and respiratory conditions and to address common psychological problems related to, for example, diagnosis, surgery, hospitalisation, medical decision-making and treatment.

It is recognised that living with a respiratory or cardiac condition can have a significant impact on many areas of a patient's life including relationships, family, work, sense of identity and self-esteem. Common psychological problems related to living with the symptoms and treatment of these conditions include: anxiety, panic attacks, phobic reactions, acute and post-traumatic stress disorders and depression.

It is recognised that these psychological difficulties can negatively impact on the physical health condition itself, so that in essence there is a bi-directional and exacerbatory relationship between physical health and mental health.

Psychological preparation for surgery improves outcomes

Psychological preparation for surgery has been demonstrated to improve outcomes and incorporates a range of strategies designed to influence how a person feels, thinks and acts. These strategies include:

- cognitive interventions (cognitive reframing, distraction, identification of negative thoughts and development of positive thoughts)
- relaxation (systematic instruction to reduce sympathetic arousal, increase muscle relaxation and induce calm)
- emotion-focused interventions (expression and emotional processing of thoughts and feelings).

Appointments and referrals

At the Royal Brompton Outpatients Clinic we offer private patients an initial appointment for psychological assessment and subsequently provide a range of treatments and interventions including individual cognitive-behavioural therapy, couple and family therapy. The service is also available to inpatients.

You can make an appointment for the clinical psychology service at the Outpatients Clinic in a number of ways:



Dr Anne-Marie Doyle, consultant clinical psychologist

write to:

Dr Anne-Marie Doyle Consultant clinical psychologist Royal Brompton Outpatients Clinic Sydney Street London SW3 6NP

■ tel: 020 7351 8830■ fax: 020 7351 8061■ email: a.doyle2@rbht.nhs.uk

Please help yourself...

Royal Brompton and Harefield hospitals' Private Patients'
Centre publishes a range of booklets that you might find useful sources of information.

If you would like to receive copies of our *Private Patients'*Centre brochure, Women's Heart Risk Clinic booklet or Healthy Eating for a Healthy Heart booklet, please telephone 020 7351 8830 or email privatepatients@rbht.nhs.uk





Senior consultant thoracic surgeon George Ladas standing with the new lung laser equipment

RB&H in the media

Royal Brompton and Harefield hospitals are often cited in the media for their expertise in heart and lung research and treatment.

Daily at Mail

Last December, the Daily Mail featured comments from professor of clinical cardiology at Royal Brompton, Peter Collins, in an article about heart disease in women. There are more than a million women registered as living with heart disease, but many go undiagnosed, with one survey reporting one in 10 women aged 50 or older claiming their doctor had never discussed heart disease with them.

Prof Collins pointed out that for most women, breast cancer remains their "number one health fear." He added: "In fact, they are 10 times more likely to die of heart disease." Heart disease kills three times more women each year than breast cancer. "Their misconceptions are partly due to women developing heart disease later than men." The female sex hormone oestrogen is thought to protect women's hearts until the menopause. "A 65-year-old woman has the same risk of cardiovascular disease as a 50-year-old man — but that doesn't mean they are at no risk," added Prof Collins.



BBC's lunchtime news featured Royal Brompton's programme for children's long-term ventilation at home. Systems to manage a child's discharge from hospital to home have historically involved many different agencies and it can take many months to organise a home care package. Royal Brompton has introduced e-VENT, a web-based patient pathway designed to improve communication between hospital and community services and to support the clinical team in an outreach service that aims to allow children on long-term ventilation to be cared for safely at home.

Dr Gillian Halley, a paediatric intensive

care consultant at Royal Brompton, said:
"What the child really needs is to be out of hospital, to be in a home environment where they can be picked up and cuddled and played with, and have normal bedtimes and bathtimes and playtimes with the family and have their brothers and sisters around them."



Royal Brompton's ECMO unit in adult intensive care featured in The Independent, Channel 4 and BBC's Newsnight programme for its work in treating

patients with swine flu. Royal Brompton is one of the country's five ECMO units, using an artificial lung to oxygenate the blood outside the body, preventing further damage while the lungs recover. Some patients with swine flu or other conditions can develop acute respiratory problems and may benefit from being treated on ECMO.

Dr Simon Finney said: "Since stepping up our ECMO service, swine flu patients from around the country have been transferred to the hospital's intensive care unit. ECMO has been a co-ordinated effort and has involved training critical care staff to provide this highly complex treatment. Staff have had to adapt their skills and take on extra work, while still providing critical care to our respiratory patients and patients who may have had complex heart or lung surgery." He added: "Nurses in particular have had to tailor their skills and work flexibly to meet the demands of delivering ECMO on the unit. They must be congratulated on the continuous seamless care and treatment that they are providing to all our patients."



A double page spread in the March issue of Red Magazine featured one of Royal Brompton's cystic fibrosis patients, talking about the specialist care

provided by our cystic fibrosis team.

Ashley Harris talked about her daily drug

and physiotherapy treatment which often requires stays at the hospital, where she is seen by a specialist team, including Dr Susan Madge, consultant nurse, Kamilla Dack, clinical nurse specialist and Dr Nick Simmonds, consultant respiratory physician.

Ashley said: "My day can feel like a succession of treatments, so I'm extremely lucky to be under the care of an amazing specialist team at London's Royal Brompton Hospital... It really is a brutal disease and never gives you a break. I know I am incredibly lucky in lots of other ways, though. I have a wonderful husband, an amazing family, great friends and all the support I need."

DAILY EXPRESS

The Daily Express featured Royal
Brompton's clinical trial into whether
singing can improve breathing control for
people with serious respiratory diseases.
The article looked at how scientists believe
music can soothe pain, and described the
ground breaking work of the Trust's
'Singing for Breathing' programme. "We
can't claim music will cure their conditions
but we have strong evidence that it's
helped them maintain a standard of living
they thought was lost to them," said
Victoria Hume, arts manager for the
hospital.

EasyLiving

Easy Living Magazine spoke to 'sleep-spert' Professor Michael Polkey, consultant respiratory physician at Royal Brompton. He described what happens at the hospital's sleep clinic and how our teams are supporting patients with sleep problems: "Our sleep clinic is one of the largest centres in Europe and treats more than 1,500 patients a year. We provide treatment for all types of sleep disorder, including snoring, obstructive sleep apnoea, narcolepsy and restless leg syndrome."

Strengthening the private patients' team

At Royal Brompton and Harefield hospitals we are constantly trying to improve the service we offer to our private patients, from the moment we receive a referral through to the conclusion of their treatment. With this is mind, we have recently strengthened the private patients' team by adding two highly experienced members of staff.

Ayda Alabasi recently joined us as arabic liaison officer. She has worked for over 13 years in the private health sector, including being liaison officer at HCA International,

working as a practice manager in Harley Street, and many other relevant positions both in the UK and abroad.

She has experience ranking from direct liaison with Middle Eastern embassies to working as part of a team providing the best care for Middle Eastern patients travelling to the UK to receive treatment, making the process as smooth as possible for both the patient and hospital.

Ayda has a business administration degree, is a postgraduate in management and is fluent in arabic.

Lindsey Condron has strengthened the private patients' team, joining us as operations manager. Lindsey arrived at the Trust in March 2010 as heart assessment manager and will continue in this role, but will also take on extra responsibility for the operational management of our Private Patients' Centre.

Lindsey began her career at Imperial College Healthcare NHS Trust and went on to manage a number of private healthcare businesses and private medical polyclinics in the UK and Europe.

Contacting the private patients' team

Royal Brompton Hospital Private Patients' Office Sydney Street London SW3 6NP

Tel. +44 (0)20 7351 8830 Textphone (18001) 020 7351 8830 Harefield Hospital Private Patients' Office Hill End Road Harefield Middlesex UB9 6JH

Tel. +44 (0)1895 828 857 Textphone (18001) 01895 828 857

Meet your private patients' team



Mr David Shrimpton Private patients' managing director

T. +44 (0)20 7351 8138 E. D.Shrimpton@rbht.nhs.uk



Mrs Linsee Richards Customer service & business development manager

T. +44 (0)20 7351 8475 E. L.Richards@rbht.nhs.uk



Ms Gail Lyons Private inpatient supervisor

T. +44 (0)20 7351 8466 E. G.Lyons@rbht.nhs.uk



Ms Lindsey Condron Operations manager

T. +44 (0)20 7351 8219 E. L.Condron@rbht.nhs.uk



Ms Charmain Wells Private patients' administrator

T. +44 (0)1895 828 318 E. C.Wells@rbht.nhs.uk



Mr Chrysostomos Roukas Private patients' administrator

T. +44 (0)20 7351 8830 E. C.Roukas@rbht.nhs.uk



Mrs Mary Michael Greek liaison officer

T. +44 (0)20 7351 8796
E. M.Michael@rbht.nhs.uk



Ms Zeinab El-Saadany Liaison officer

T. +44 (0)20 7351 8471 E. Z.El-Saadany@rbht.nhs.uk



Ms Ayda Alabasi Arabic liaison officer

51 8471 T. +44 (0)20 7351 8471 @rbht.nhs.uk E. A.Alabasi@rbht.nhs.uk

www.rbht.nhs.uk/private-patients

women are 4 times more likely to die of heart disease than of breast cancer*...

...but when did you last have a heart check up?

For many people, the first 'symptom' of cardiac disease is a heart attack, but by then it's far too late: a third of heart attacks result in sudden death.

Royal Brompton Hospital's detailed screening includes state-of-the-art specialist tests to detect the early stages of heart disease. Make an appointment now for total peace of mind.

* England and Wales, Office for National Statistics (2010)

For more information please call 020 7351 8830 or email: privatepatients@rbht.nhs.uk www.rbht.nhs.uk/private-patients

Women's Heart Risk Clinic, Private Patients' Centre, Royal Brompton Hospital, Sydney Street, London SW3 6NP