

MR ANDREW WILLIAMS
MBBS BSc MS FRCS (GEN)

Consultant Colorectal and General Surgeon

Special interests: Endoscopic procedures, colorectal surgery inc. inflammatory bowel disease, cancer, benign anal conditions, incontinence and 3-dimensional anal endosonography.

MR EMIN CARAPETI
BSc MBBS MD FRCS (GEN)

Consultant Colorectal and General Surgeon

Special interests: Inflammatory bowel disease, colorectal cancer, rectal bleeding, colonoscopy/endoscopy, haemorrhoids, pilonidal sinus, ano-rectal disorders.

MR MARK GEORGE
MBBS BSc MS FRCS (GEN)

Consultant Colorectal and General Surgeon

Special interests : Rectal bleeding, colonoscopy, colorectal cancer, recurrent rectal cancer, family history of colorectal cancer.

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NHS base: St Thomas' Hospital

GP LIAISON

A service for GPs and patients who require assistance with referrals to consultants and Hospital services.

Opening hours: Monday-Friday 08.30-17.30hrs
Telephone: 020 7234 2009/2120/2094
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How to find us:

London Bridge Hospital is situated on the South Bank of the Thames. We are next to London Bridge mainline and underground stations with easy access to the city. Please note: no right hand turn from Borough High street into Duke Street Hill.

31 Old Broad Street is situated on Old Broad Street in the heart of the city and next to Tower 42 (formerly the Natwest Tower).

London Bridge Hospital

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London Bridge Hospital

COLORECTAL

Mr Emin Carapeti, Mr Mark George and Mr Andrew Williams are all specialist colorectal surgeons and form the Colorectal Unit at Guy's & St Thomas' Hospital.

Their private practice is based at London Bridge Hospital. Three years ago they formed a group practice, which covers all aspects of colorectal disease.

For further information on the procedures and the services listed below please log onto

www.londonbridgehospital.com

Endoscopy

- Upper GI endoscopy
- Flexible sigmoidoscopy
- Colonoscopy

Proctology

- Banding of haemorrhoids
- Doppler Guided Haemorrhoidal Artery Ligation (DGHAL)
- Stapled haemorrhoidectomy
- Diathermy haemorrhoidectomy
- Pilonidal sinus surgery for primary and recurrent disease
- Anal fissures
- Perianal abscess and anal fistula surgery

Inflammatory Bowel Disease

- Surgery for Crohn's disease
- Pouch surgery for ulcerative colitis

Colorectal Cancer Surgery

- Primary colorectal cancer surgery
- Recurrent rectal cancer surgery

Pelvic Floor Surgery

- Rectal prolapse surgery
- Rectocoele repair
- Anal sphincter repair

Other

- Resection of complicated diverticular disease
- Laparoscopic resections

WHAT TO EXPECT ON ARRIVAL

On your initial visit to the hospital you will be asked by our doctors about your bowel habits and toilet frequency, this is to build a picture of your circumstances and in no way should be seen as embarrassing.

You may be requested to provide or participate in one or more of the following routine initial procedures.

- A blood test
- An abdominal examination, touching, and listening to your tummy
- A rectal examination, this involves looking and feeling inside your bottom
- A proctoscopy examination to investigate the back passage with a short telescope
- Sigmoidoscopy procedure to view the last part of the large bowel

Further investigation may involve a colonoscopy or flexible sigmoidoscopy. These are flexible cameras which examine the large bowel.

COMMON BOWEL SYMPTOMS

The common bowel symptoms are those caused by the conditions listed below:

- Rectal bleeding
- Abdominal pains
- Changes in bowel habit
- Anal pain

- Anal itching (pruritus)
- Symptoms arising from prolapse of piles and rectal prolapse
- Symptoms of anaemia
- Symptoms of constipation
- Diarrhoea symptoms

The vast majority of patients with these symptoms do not have serious conditions. The symptoms listed below might indicate a more serious condition but even with these symptoms the majority of patients do not have cancer or colitis. However if these symptoms persist in spite of simple treatments on the advice of your local pharmacist then you should consult your GP who may decide they warrant investigation or may instigate further treatment. The following symptoms therefore deserve more close attention:

- a persistent change in bowel habit particularly to increased frequency of going to the toilet and or increased looseness of the stools particularly when this is associated with bleeding from the back passage.
- a similar persistent change in bowel habit without bleeding from the back passage in patients over the age of 60.
- bleeding from the back passage persistently without any symptoms of piles e.g soreness, itchiness and pain around the back passage, lumpiness in this area or prolapse of piles.