INSIDE:

Information  Services  Prevention  Treatment

Oncology  •  Aortic Valve Replacement  •  Orthopaedics  •  New Ski Injury Clinics
Hernia Repair  •  New Hydrogen Breath Testing Service  •  Hughes Syndrome
London Spinal Centre  •  Docklands Healthcare  •  Heart Health  •  3 Tesla (3T) MRI
A message from the CEO

Welcome to the latest edition of Health Matters – our opportunity to present you with an update on the specialties and Consultants available at London Bridge Hospital, and outline the services that we offer to support you and your patients.

Here at London Bridge Hospital, we are dedicated to providing innovative and high-quality care by investing in new medical equipment, as well as refurbishing our existing facilities to ensure we continue to provide you and your patients with the best possible service.

One such service is our purpose-built, state-of-the-art Critical Care Unit, which has been fully functional since 2012 and allows us to offer expert intensive care support to patients. This specialist service makes London Bridge Hospital the largest critical care provider in the private sector between the South Bank of the Thames and the South East of England.

This year, we launched our partnership with LOC (Leaders in Oncology Care). This followed considerable refurbishment to our facilities and the re-opening of our Cancer Treatment Suite – now in a purpose-built location on the main hospital site. This latest development means London Bridge Hospital has become one of the only private hospitals in the UK with the ability to offer extensive Oncology Services all together in one central location.

We also continue to offer the expertise of our world-renowned Consultants outside of London, at Sevenoaks Medical Centre in Kent. This allows patients living in the Home Counties access to on-site imaging and diagnostic treatment, as well as high-quality care from London’s top clinical specialists.

At London Bridge Hospital, we want to ensure that we can provide the most relevant expertise for your patients. We are pleased to announce that we now offer the very latest in MRI technology, with the addition of a Siemens 3 Tesla (3T) Magnetom Skyra Scanner to our extensive imaging facilities. The scanner is based at 31 Old Broad Street, one of our diagnostic and treatment centres located in the heart of the City. The scanner will mainly be used for brain imaging; however, it also allows improved MR-spectroscopy, aiding in the diagnosis of breast and prostate cancers. In addition, it is extremely beneficial for musculoskeletal studies, to map the early indications of cartilage degeneration.

As always, I would like to thank you for your ongoing support of London Bridge Hospital. We want to ensure that we carry on working with you in planning and implementing your patients’ care, and as such, our GP Liaison Team welcomes your feedback, so that our relationship with you can continue.

With kind regards and best wishes.

Yours sincerely

John Reay
Chief Executive Officer
Leaders in Oncology Care (LOC)

London Bridge Hospital Launches Partnership With LOC (Leaders in Oncology Care)

This new facility means that London Bridge Hospital is one of the only hospitals in the UK private sector to provide a complete Oncology Service offering from diagnostic services to treatment and support in one location.

The new treatment suite is situated at 29 Tooley Street and includes 12 chairs, each situated within their own private pod, and a single patient room. This purpose-built space allows patients to receive their treatment in privacy and comfort. All nursing staff are qualified specialists, ensuring they can administer any required treatment. A brand new pharmacy is also available within the unit to ensure patients have everything they need in one place.

The Oncology Service at London Bridge Hospital provides patients with rapid access to Consultants and oncologists from some of London’s top teaching hospitals, specialising in over ten cancer types each working within a well-established, multidisciplinary team of Clinical Nurse Specialists, dietitians, clinical psychologists and physiotherapists, to provide a bespoke plan of care.

Patients can attend appointments and treatments at times best suited to them. On-site pathology ensures that most blood results can be obtained within the hour, allowing treatment to commence promptly. All of our Consultants hold regular clinic sessions in the Oncology Department to coincide with chemotherapy treatment times.

Whether they are receiving treatment on an inpatient or outpatient basis, patients can benefit from a comfortable and friendly environment, with a personalised service tailored to their needs. The inpatient ward at London Bridge Hospital comprises 17 single rooms, some with river views. Two of the treatment rooms are isolation rooms for patients undergoing Autologous Stem Cell Transplantation, following high-dose chemotherapy.

London Bridge Hospital is dedicated to investing in the latest medical technology and houses one of the UK’s first Hybrid Laboratories for complex procedures. If patients require interventional radiological procedures, they can be performed on-site using our state-of-the-art Siemens technology. This allows for simultaneous display of live imaging and matching 3D reconstruction to facilitate guidance during complex interventions.

London Bridge Hospital provides external support throughout the patient journey, whether at one of our diagnostic and treatment centres, during an inpatient stay at an outpatient clinic or following a procedure. Our support services extend to a support group for women who have undergone treatment for breast cancer at the hospital. The Pink Bubbles are run by our Breast Care Clinical Nurse Specialists, and meet on a regular basis to support and inspire women who have been diagnosed with breast cancer.

HEAD OFFICE:

London Bridge Hospital

101 Tooley Street

London Bridge Hospital, St Thomas’ Hospital

For more information on our Oncology Service, call: T: 020 7234 2422 or visit www.londoncancercentre.co.uk

CASE STUDY

A 93-year-old male presented with shortness of breath. Initially diagnosed with a chest infection and prescribed antibiotics, he was sent home. Upon waking in the night, he found that he was unable to breathe as a result of his heart going into an irregular rhythm, causing fluid build-up in the lungs. Having previously been fit and well, his shortness of breath continued even when carrying out day-to-day tasks in the home. This sudden deterioration led him to be referred to London Bridge Hospital, where he was diagnosed as having degenerative aortic stenosis.

Given the nature of the patient’s health, including his age, frailty and a degree of kidney function impairment, he was deemed too high risk for open-heart surgery – however, he was a strong candidate for the TAVI procedure.

The procedure ensured the valve was able to be replaced in a minimally-invasive way, restoring function to the heart, thus eradicating fluid build-up in the lungs and eliminating shortness of breath.

By far the best option for this patient, TAVI has meant a faster recovery and fewer post-operative problems. Within a month, the patient was able to return to his active daily life. Commenting on the treatment, the patient remarked, “TAVI is an extraordinary operation, in its efficiency, its simplicity and the speed at which it achieves its objective.”

Professor Simon Redwood

Consultant Cardiologist

London Bridge Hospital

For patients suffering with degenerative aortic stenosis, the traditional treatment has long been open-heart surgery. However, given the invasive nature of this surgery, treatment options can be limited.

London Bridge Hospital is offering a lifetime to those high-risk patients by providing Transcatheter Aortic Valve Implantation (TAVI) as an alternative to standard surgical valve replacement.

In contrast to invasive open-heart surgical treatment, TAVI is a catheter-based procedure, involving a balloon-expandable valve mounted on a stent, which is inserted into the body either via a large blood vessel (usually found in the groin) or directly into the heart through a small incision in the chest whilst the patient is under general anaesthetic. The stent is compressed on a deflated balloon to allow it to be introduced through a 6-7mm sheath; it is then placed across the aortic valve and inflated in position.

For patients who have undergone treatment for breast cancer at the hospital, the Pink Bubbles group has become an extraordinary operation, in its efficiency, its simplicity and the speed at which it achieves its objective.”
London Bridge Hospital Breast Care Services

IN SAFE HANDS

As part of London Bridge Hospital’s commitment to breast care, we offer a wide range of breast care services and surgical procedures to meet your individual needs.

With an experienced team of Consultant surgeons, pathologists, oncologists and specialist breast care nurses, we provide a multidisciplinary approach to all things breast-related.

We are proud to provide the highest standard of clinical skills and nursing care. Any patient attending the hospital with signs of possible breast problems will receive a rapid assessment.

After an initial consultation with one of our breast care Consultants, any tests necessary can be carried out quickly and efficiently after an initial consultation with one of our breast care Consultants, and nursing care. Any patient attending the hospital with signs of possible breast problems will receive a rapid assessment.

A 62-year-old female former Olympic fencer had presented with pain in the hip, causing frequent seizing in the affected area. After investigation, the patient was diagnosed with an arthritic hip joint, linked to a worn-out cartilage lining on the top of her right thigh bone – most likely a result of her athletic career.

Upon referral, the patient was informed she would need a hip replacement. However, having been called upon to volunteer at the 2012 Olympic Games, the prospect of such invasive surgery was daunting, given that the games were just six weeks away.

In need of a fast recovery, the patient visited Mr Venu Kavarthapu, an orthopaedic surgeon working within the London Bridge Orthopaedics group. The patient was recommended to undergo an innovative new hip replacement treatment, with the aim of halving the recovery time.

Traditional hip replacement is not only invasive; the need for general anaesthetic reduces patient mobility, requiring a long period of recovery. However, new non-invasive techniques, including a combination of computer software and specialist X-rays means that the shape and size of the prosthesis hip needed for the replacement can now be pre-determined before surgery, resulting in a much smaller incision in the hip. This not only reduces tissue damage and blood loss, it also reduces pain afterwards, meaning that patients can be discharged directly from the wards.

In this integrated offering at London Bridge Hospital means that the transfer to skilled physiotherapists is quick and efficient, with the aim of getting the patient moving again between two and four hours after the operation.

With this patient, surgery took just 45 minutes and a physiotherapist was able to visit her just a few hours later to begin gentle rehabilitation. Within three days (instead of the usual seven or eight), the patient was fit enough to climb up and down stairs and was discharged from hospital. Two weeks later the patient was able to walk without the assistance of crutches and, vitally, the patient was able to take her position looking after the platforms where the Olympic fencers competed.

Mr James Bliss
Consultant Orthopaedic Surgeon
BSc MB FRCS (Eng) FRCS (Tr&Orth)

Mr James Bliss explains, “The launch of this group marks a significant stage in the development of our services, enabling a new, higher standard of care and outcome for our patients, and the development of a personalised care programme for every individual depending on their needs, using the latest non-surgical and surgical techniques. Whenever possible, we use minimally-invasive surgery to speed up recovery and to ease our patients’ treatment. Consultations, investigations and treatments can often be carried out on the same day at the same location.”

Mr Venu Kavarthapu
Consultant Orthopaedic Surgeon
MBBS FRCS FRCS (Tr&Orth)

Mr Venu Kavarthapu qualified at the AP University of Health Sciences, India, in 1993. He obtained fellowship training at the Arthritis Institute, Los Angeles, the Good Samaritan Hospital, Los Angeles, Guy’s Hospital, London and the Royal Surrey County and Frimley Park Hospitals, Surrey.

Mr Kavarthapu was appointed as a Consultant Orthopaedic Surgeon at King’s College Hospital, London in 2006. Mr Kavarthapu’s special interests are in lower limb surgery, hip arthroscopy, foot and ankle surgery and diabetic foot surgery.

Mr Bliss graduated from The University of London in 1990. After gaining the general FRCS in 1995, he undertook specialist orthopaedic and trauma surgery training at St Mary’s Hospital, Paddington.

After obtaining the gold medal in the Part III FRCS exam in Orthopaedics and Trauma in 2000, he spent a year in fellowship training at The University of New South Wales, Sydney. Mr Bliss was appointed as a Consultant to Guy’s and St Thomas’ Hospital in 2002. His practice involves the management of knee injuries, including ligament reconstruction and revision replacement.

CASE STUDY

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Hernia Repair

The General Surgery Department at London Bridge Hospital is pleased to be able to offer patients an extensive range of options for hernia repair.

Hernia repair must be tension-free, to limit the possibility of a recurrence. In order to achieve this, the general surgeons at London Bridge Hospital use a strong, flexible and durable technique which bridges the gap between the edges of the rupture with a plastic mesh. This method can be used to treat all types of hernias, including Inguinal, Femoral, Hiatal and Incisional Hernia.

Consultant General Surgeon, Mr James Gossage, recently performed a Laparoscopic Bilateral Inguinal Hernia Repair procedure on one of his patients, a 54-year-old male.

**CASE STUDY**

A 54-year-old male had been suffering from a strange feeling in his abdomen, following sneezing. He then noticed that the skin was slightly puffy on both the left and right side at the top of his contour. He didn’t feel any pain, but checked out his symptoms online. From this, he concluded that it was most likely he was suffering with a hernia. As he has private health insurance, he contacted his insurer to get referred for a specialist opinion.

The patient was already familiar with London Bridge Hospital, as his partner had previously been treated at the hospital and had been impressed with the standard of treatment. He contacted Mr Gossage, after finding out he specialised in hernia repair. Mr Gossage decided to use a Laparoscopic Bilateral Inguinal Hernia Repair procedure, as it allows for a quick recovery and minimal disruption to the body. The procedure takes approximately one hour and post-operation, the patient is left with minimal scarring.

The Laparoscopic Bilateral Inguinal Hernia Repair procedure is a keyhole procedure, where the laparoscope is inserted through a small incision made just beneath the belly button with a further two additional ports (small incisions about 5mm in size) made on either side for the surgical instruments. Guided by the laparoscope, Mr Gossage was able to repair both hernias by using a mesh to secure them in place.

Post-operation, the patient felt well. He was given some basic exercises by the London Bridge Hospital Physiotherapy Department to aid his recovery. He suffered from a moderate amount of swelling and bruising and noted that his abdomen felt funny. However, this was due to his body healing over the mesh that Mr Gossage had inserted to keep the hernia in place.

Mr Gossage recommended that the patient avoided contact sports for a short time following the operation, but advised that he was able to continue swimming. One week after his operation, the patient began to return to his normal routine. He is now back at work and is able to walk the two-mile route to his office as normal.

The patient found the procedure straightforward and as it caused little disruption to the body, he didn’t require any antibiotics post-operation. He said, “I cannot rate Mr Gossage and London Bridge Hospital highly enough.”

Mr James Gossage
Consultant Upper GI Surgeon

Mr James Gossage is a Consultant Upper GI Surgeon at Guy’s and St Thomas’ Hospital, specialising in oesophageal-gastric cancer and benign disease of the upper digestive tract. The unit is a tertiary referral centre for oesophageal-gastric cancer and complex benign disorders. He has expertise in advanced laparoscopic surgery, including laparoscopic oesophagectomy, para-oesophageal hernia repair, GIST resection, gastric bypass and both revisional and primary anti-reflux surgery. He performs both diagnostic and therapeutic upper GI endoscopy.

Mr Gossage offers a wide range of general surgical and day case procedures, including open/laparoscopic hernia repair, complex incisional hernia repairs and laparoscopic hernia repairs. He has a strong academic background working in an Academic Health Sciences Centre and is an affiliated researcher with the Upper Gastrointestinal Research Unit (UGIR) at the Karolinska Institute, Sweden.


definition
for an endoscopy They will also be able to download an information booklet detailing all the relevant information on how they should prepare for treatment, what to expect during their time at London Bridge Hospital, discharge information and additional advice for centers.

London Bridge Hospital offers more complex procedures than any other UK private hospital. It was the first hospital in the private sector to offer an Endobronchial Ultrasound Service (EBUS), as well as the first hospital in the UK to use Carina Helix technology exclusively for clinical purposes.

To find out more, please visit: www.londonbridgeendoscopy.co.uk or call 020 7234 2632
Ski Injury Clinics

At London Bridge Hospital

London Bridge Hospital is pleased to announce the launch of our new Ski Injury Clinics. The hospital is equipped to deal with any injury sustained on the slopes and offers two unique clinics – one designed specifically for patients before their skiing holiday, the other for injured patients when they return.

**Ski Injury Prevention Clinic**

Skiing and snowboarding demand a very high level of physical activity, using muscle groups that are not utilised much in everyday life. Most people know that the fitter they are, the better their skiing/snowboarding technique will be; but many aren’t aware that this will also help to prevent injury. London Bridge Hospital Physiotherapy Department designs ski-specific programmes, focusing on preparing the body for skiing, and aren’t aware that this will also help to prevent injury. London Bridge Hospital Physiotherapy Department designs ski-specific programmes, focusing on preparing the body for skiing, and post-surgery rehabilitation from our in-house Physiotherapy Team, treating a wide range of injuries working with both pre and post-operative patients.

**Snow Sports Injury Service**

Patients injured on the slopes will often be assessed at their resort by a local doctor without a definitive diagnosis. Many will then return to the UK with little information on where they can receive further treatment.

At London Bridge Hospital, we are able to provide rapid access to assessment, investigation and diagnosis, all at one convenient location.

Our GP Liaison Team can arrange same or next-day consultations with leading Consultants for an initial assessment. Our current diagnostic imaging includes X-ray and MRI, and results can be reported within 24-48 hours of scanning. We also offer on-site post-injury rehabilitation and post-surgery rehabilitation from our in-house Physiotherapy Team, who provide supervised gym-based programmes.

**Case Study**

In January 2013, a 35-year-old female injured her knee on the second day of her skiing holiday. She was taken to the medical centre at the resort, where they carried out an X-ray and informed her that it was most likely that she had torn her ACL and MCL. They sent her away with crutches and a cricket pad knee brace and told her to seek further medical advice on her return home.

On her return to London, the patient contacted Lucie Noble, Senior Physiotherapist at London Bridge Hospital, as they played hockey together. Lucie referred her to Mr Ian McDermott and the patient made an appointment to see him through her private health insurer. An MRI confirmed that the patient had, in fact, ruptured her ACL and MCL. Mr McDermott advised an initial period of relative rest to allow the swelling in Lucy’s knee to settle down and for her MCL to heal, followed by progressively increasing physiotherapy treatments.

The patient commenced physiotherapy with Lucie Noble at London Bridge Hospital Physiotherapy Department on a regular basis, until April, when work commitments required her to travel to South Africa for a few months. Mr McDermott advised that during this time, she needed to keep up with her physiotherapy exercises.

At her follow-up consultation with Mr McDermott, the patient’s knee swelling had gone down, her range of motion had returned, she was walking comfortably, and was able to exercise in the gym without any difficulties. She was not suffering any symptoms of any actual instability in her knee. Mr McDermott discussed the option of surgery with the patient along with the various pros and cons (including the potential risks), and he advised her not to have an ACL reconstruction, as physiotherapy was working so well for her. Her physiotherapy programme included strength work to help build up the muscles around her knee and balance work, gradually reintroducing cutting and pivoting exercises, followed by a supervised return to sport-specific training.

The patient has now returned to playing County League Hockey and is currently in pre-season training with her team. She is also now able to cycle to work again, which she enjoyed doing before her accident. She had signed up for the London Marathon in April 2013, however, because of her injury she has deferred her place to 2014; she has also applied for a place in the Prudential 100 Mile Bike Ride in 2014.

The patient was pleased with the treatment she received, and was especially impressed with the level of communication between Lucie Noble and Mr McDermott, who updated each other frequently on her treatment.

**Mr Ian McDermott, Consultant Orthopaedic Surgeon**

Mr Ian McDermott specialises in knee conditions, and is the founder and the Managing Partner of the London Sports Orthopaedics Group. Mr McDermott was the youngest ever surgeon to be elected on to the Council of the Royal College of Surgeons, and is an Honorary Professor Associate at Brunel University in the School of Sport and Education. He was awarded the President’s Medal of the British Association for Surgery of the Knee for his research into meniscal repair, and awarded a Master of Surgery Higher Degree by Imperial College for his research into meniscal transplantation in the knee. Mr McDermott is on the editorial board of two major orthopaedic journals, has been published extensively, and has presented at numerous national and international meetings. He specialises in the diagnosis and surgical management of sports injuries of the knee, as well as the management of knee arthritis.

He is also one of the UK’s leading experts in the field of biological knee replacements and custom-made partial and total knee replacements.

**Lucie Noble, Senior Physiotherapist**

Lucie Noble qualified in 2002 from Sheffield Hallam University with a BSc (Hons) Degree in Physiotherapy and spent five years in the NHS working in trauma and orthopaedics. From here she went on to work in a Physiotherapy Clinic in the French Alps.

Lucie has been at London Bridge Hospital for over three years and is part of the Musculoskeletal Physiotherapy Team, treating a wide range of injuries working with both pre and post-operative patients. Over the last 12 months, she has developed a dedicated sports rehabilitation service, as well as the Ski Injury Service.

For more information or to book an appointment with a physiotherapist, please call 020 7234 2500, email lbh.physiotherapy@hcahealthcare.co.uk or visit www.londonbridgephysiotherapy.co.uk
Hydrogen Breath Test (HBT)

London Bridge Hospital’s Dietetics Department is launching a new service for patients diagnosed with Irritable Bowel Syndrome (IBS). The new service is a Hydrogen Breath Test (HBT) Clinic, which will offer referred patients the option of completing all of the recommended breath tests by collecting a HBT kit, which will allow for completion of some tests in the comfort of their own home.

HBTs are non-invasive tests, completed over a two-hour to three-hour period, depending on the testing substrate. HBTs are conducted to help identify possible contributing factors affecting bowel symptoms, such as small bowel bacteria overgrowth, or sugar intolerances.

The outcome of HBTs may mean patients require medical treatment from their Consultant (medication being prescribed); in addition, their dietitian may wish to develop their low FODMAP diet (dietary restrictions. These tests will enable our IBS patients to complete their exploratory tests and therapies for the management of their IBS in one convenient location.

CASE STUDY

A 37-year-old male patient was treated by Professor Graham Hughes at London Bridge Hospital. He explains, “I was a very healthy individual who played tennis, cycled, walked lots, didn’t smoke and had an excellent BMI with no previous health issues. I flew to Chile, in October 2011 and had a DVT that was treated locally with Fragmin. A Doppler scan revealed a previously unknown DVT in my right leg – probably also due to long haul flying. On my return, my blood was tested at St Thomas’ Hospital and within three months I was diagnosed with APS and treated with anticoagulants – initially clopidogrel, then warfarin.”

At first, this had no real impact on my life and I continued to play tennis and be extremely active, until one morning, after a game of tennis in May 2012, I suffered from a sudden overpowering fatigue which has prevented me from returning to work on a full-time basis. I don’t suffer from the other low-level symptoms of APS such as arthralgia or migraines but the fatigue has been difficult to shake off. I am slowly improving since my all-time severe fatigue low in June 2012, but have a long way to go to approach anything close to my prior fitness level.”

Professor Graham Hughes commented, “Fortunately, this patient’s diagnosis following his DVT was made fairly quickly; independent research has found that, on average, patients with APS will wait three years until they receive the correct diagnosis and the Hughes Syndrome Foundation Charity’s own empirical research indicates that testing for aPL is not automatically included in a thrombophilia screen in a number of hospitals throughout the UK.

Interestingly, the patient’s mother has a history of other autoimmune diseases, such as Sjogrens Syndrome, MS, lupus, thyroid disease, etc., in their families. Fatigue is a less widely-recognised feature of APS, although it is a common symptom of all autoimmune diseases and is often seen in situations where there is inflammation.”

For more information on The London Lupus Centre, please visit www.londonlupuscentre.co.uk or call 020 7234 2155. To find out more about Hughes Syndrome, please visit www.hughes-syndrome.org.
Docklands Healthcare

Docklands and Canary Wharf

Docklands Healthcare provides exceptional healthcare services to Docklands Healthcare is one of London Bridge Hospital’s diagnostic and treatment centres in the City, offering an unparalleled range of healthcare and diagnostic imaging services. Consultants at the centre specialise in orthopaedics and sports medicine, providing rapid and convenient access to these services for people living and working in Canary Wharf and Docklands. Patients wishing to see a Consultant can usually do so on a same-day or next-day appointment basis.

Our team of Orthopaedic Consultants at the centre are from some of London’s top teaching hospitals and offer a range of services, including the management of all aspects of knee and hip pain injuries, including arthroscopies, ligament tears and surgical ligament reconstructions, high-performance replacement joints, arthritis and cartilage repair.

Our sports physicians specialise in sports and exercise medicine for both chronic and acute conditions. Particular areas of expertise include marathon, triathlon and adventure sports-related conditions, problems involving the groin, hip, knee, ankle and spine and tendinopathies including autologous blood injections.

Docklands Healthcare also offers an extensive diagnostic imaging service. The centre’s state-of-the-art equipment includes X-ray, MRI and ultrasound scanning. Our team of highly-qualified radiographers undertake the scans, which are subsequently assessed by leading Consultants from some of London’s top teaching hospitals, including Guy’s and St Thomas’, King’s College. In each case, results are sent to the referring GP or Consultant within 48 hours, and the patient will be supplied with a copy of their scans on CD.

For more information on Docklands Healthcare, please contact the GP Liaison Team on:
T: 020 7234 2009
Coronary heart disease kills 117,000 men and women in the UK each year—a 320 people each day. With this in mind, it is surprising to learn that 90% of heart attacks are caused by risk factors that can be changed. Leading Consultant Cardiologist at London Bridge Hospital, Dr Graham Jackson, is currently preparing the fifth edition of his acclaimed book, *Heart Health at Your Fingertips*. Easy-to-read and clearly written, this book is specifically for patients, aiming to educate and increase awareness about heart health. The popular book, translated into numerous languages around the world, includes advice on anatomy, coronary heart disease, angina, heart attack, heart failure, palpitations, valve disease, sex and the heart diet and exercise, lifestyle planning and a comprehensive medical glossary.

Dr Graham Jackson is a respected cardiologist, well-known for his continued research into the link between Erectile Dysfunction (ED) and cardiac disease. He has compiled this comprehensive bible of 420 questions that anyone who has an interest in heart health might have, using subject matter gathered from his patients and medical colleagues. Feedback over the years has been consistently positive and patients report feeling reassured that they have a copy of the book under their arm.

Many GPs will be familiar with self-diagnosing patients, who have researched their suspected condition online, turning up to appointments armed with the information they have found. While the internet is an excellent source of information, the information found online can often be highly-detailed and scary—particularly in relation to heart health. Dr Jackson’s aim was to create a “patient-friendly book that is not scary”. Dr Thomas Stuttaford’s review for The Times explains, “Busy doctors or disabled heart patients couldn’t do better than to invest in Dr Jackson’s latest book...devoted to questions that patients ask and answers the doctor wishes he had given, if only he had time.”

Dr Jackson began his career at Guy’s and St Thomas’ NHS Trust. After a spell at King’s College Hospital, he was headhunted by the Crammell Hospital to set up their Cardiac Department. He came to London Bridge Hospital 25 years ago, and has been instrumental in developing the world-class Cardiac Services that we offer. An active charity ambassador, Dr Jackson is Chairman of the Sexual Advice Association, and for many years was the Chairman of Coronary Research—helping fundraise over £3 million during his time there, supporting upcoming Consultants and trainees in their work.

His most recent achievement is international recognition for the link between Erectile Dysfunction (ED) and cardiac disease. Since he first wrote about the subject in 1999, Dr Jackson has been dedicated to raising awareness of this important issue and recently gained recognition at the World Congress for Sexual Medicine in Chicago. The window of opportunity—a term coined by Dr Jackson and his peers—describes the three to five-year time period between a man experiencing ED and a cardiac event. The most important demographic concerned are men in their 30s, 40s and 50s. Young men in their 40s with ED are 50 times more at risk of a cardiac event in the next ten years than those who don’t suffer with the condition. Dr Jackson advocates using the CT companies as a more effective treatment for men with ED than exercise tests. Early screening for patients with ED can reduce sudden death and cardiac events.

Dr Jackson’s latest advice for those who are worried about, or have been affected by heart disease, is to know your family history and remember the following:

- Don’t be afraid of heart disease.
- It is important to learn about it to understand it.
- There are many changes you can make to prevent it.
- There are ways of learning to cope with it.
- Despite suffering heart problems, many people are still able to lead full and active lives thanks to modern treatments.

Prior to seeing Dr Jackson, the patient was at his diabetes clinic when a nurse asked him if he had any difficulty getting/maintaining an erection. Having admitted that he had been suffering with erectile difficulties, he was told that this was worth investigating further due to evidence relating to diabetes, Erectile Dysfunction and cardiac problems. The strong family history of heart disease encouraged the patient to make an appointment with a doctor.

After his initial consultation with Dr Jackson, the patient underwent a CT scan, which showed that further investigation was needed. After having an angiogram, it was discovered that he needed a quadruple bypass, and that one of his arteries was almost completely blocked. Dr Jackson said he was amazed that the patient hadn’t suffered a heart attack prior to this point, and that he urgently needed bypass surgery.

The patient underwent the bypass procedure on 26 June 2013, spent a week in hospital post-operation and is recovering very well. As the patient is one of ten siblings, he suggested that his other brothers should get their hearts checked. One brother, who also suffers from high cholesterol, has said that he is now going to speak to his GP.

For more information on our Cardiac Services, contact the GP Liaison Team on: T: 020 7234 2009

www.class.co.uk.

Dr Jackson’s book is available from Class Health Publishing – visit www.class.co.uk. (RRP £19.99)
World-Class Healthcare
In the Heart of Kent

Sevenoaks Medical Centre is a unique private outpatient facility that has been developed and supported by London Bridge Hospital, offering high-quality diagnosis and treatment for patients in Kent. The Centre is conveniently located, with an expert team of Consultants from London’s top teaching hospitals, providing an unparalleled level of medical expertise for patients in Sevenoaks and the local area. Nine state-of-the-art consulting rooms and two treatment rooms offer patients comfort and privacy for examinations and assessments and also allow Consultants and nurses to perform minor procedures onsite. The centre offers a full range of diagnostic imaging services, including X-ray, MRI, CT and ultrasound, enabling a rapid diagnosis without a referral to the main hospital being required. Where further investigations, treatments or admissions are necessary, the Centre can easily arrange for referral to the main site at London Bridge Hospital.

At Sevenoaks Medical Centre, we aim to create a smooth patient journey, with same or next-day appointments available. The Centre accepts referrals from GPs, Consultants and other healthcare professionals, as well as self-paying patients, and is recognised by major UK health insurance companies and policies.

The comprehensive range of clinical services offered at Sevenoaks Medical Centre include:

- Acupuncture
- Cardiology
- Dermatology
- ENT surgery
- Gastroenterology
- Gynaecology
- Ophthalmology
- Oral and maxillofacial surgery
- Orthopaedics
- Paediatrics
- Physiotherapy
- Psychiatry
- Rheumatology
- Sports medicine
- Urology
- Vascular
- Women’s health

London Bridge Hospital is proud to offer the latest in MRI technology, with the Skyra. The new 3T MRI scanner offers a higher resolution than the 1.5T magnet, providing a sharper image quality.

Patrick Ferreira
Business Development Officer

Patrick Ferreira gathered a wealth of experience at London Bridge Hospital, working as a GP Liaison Officer for the past three years, in South East London, Kent, Surrey and Sussex. Patrick’s current remit is to ensure that Sevenoaks Medical Centre remains closely in touch with the local community, to act as a facilitator between local community organisations, GP practices, centre staff and Sevenoaks Consultants, making the centre the preferred choice of practitioners for their patients. In addition, he will be liaising with local community groups and London Bridge Hospital Consultants.

Patrick can be contacted on:
T: 01732 775 800
or via email:
E: patrick.ferreira@hcahealthcare.co.uk.

For more information on Sevenoaks Medical Centre, call:
T: 01732 775 800

3T MRI Scanner Available at London Bridge Hospital

London Bridge Hospital is proud to offer the latest in MRI technology, with the Skyra. The 3T MRI offers a higher resolution than the 1.5T magnet, aiding in delineating small structures that cannot be seen at lower resolutions.

The scanner is available at 31 Old Broad Street, one of London Bridge Hospital’s diagnostic and treatment centres in the City, and has already been used on over 100 patients.

Most commonly used in brain imaging, the image quality provides a choice between thinner slices or increased in-plane resolution, resulting in improvements in both spatial and temporal resolution. Dr Ben Turner, Consultant Neurologist at London Bridge Hospital, says: “The 3T MRI will enhance the service for anyone concerned about prostate cancer. The faster acquisition sequences should better determine who needs prostate biopsies and how best they should be done. The ability to fuse the 3T MRI images with ‘live’ ultrasound provides the most precise method to target specific areas within the prostate. The new 3T offering will help London Bridge Hospital deliver precision prostate diagnostics, resolve uncertainty and provide better individual treatments for prostate cancer.”

The 3T’s improved fat suppression techniques are also especially beneficial for musculoskeletal studies, whilst improved visualisation of cartilage enables imaging specialists to map the water content within cartilage, facilitating early detection of cartilage degeneration.

Mr Ian McDermott, Specialist Knee Surgeon at London Sports Orthopaedics, says, “This scanner will allow more modern forms of imaging such as dGEMRIC, scanning which shows not just the structure, but also the actual quality of cartilage in the knee. It is a very exciting new tool.”

Patients are already expressing extremely positive feedback since the installation of the scanner, saying that the shorter and wider bore is much more comfortable, whilst mood lighting on the front of the scanner provides a relaxing atmosphere that is beneficial for nervous patients.

For more information on the 3T MRI scanner, contact 31 Old Broad Street on:
T: 020 7496 3522

3 Tesla (3T) MRI Now Available
Central Stress Management

Medically Unexplained Symptoms (MUS)

London Bridge Hospital is pleased to provide a Central Stress Management Service, providing assessment, treatment and care for psychological and stress-related illness.

Medically Unexplained Symptoms (MUS) can be defined as physical symptoms that are unexplained by physical pathology causing distress and/or impaired functioning to the patient.

Characteristics presentations include:
- Atypical chest pain, temporo-mandibular joint pain, IBS, chronic pelvic pain, chronic fatigue and fibromyalgia.
- There is little evidence that these are, in fact, discrete conditions and it appears that prevailing health beliefs influence the mode of presentation. Currently, viral illnesses (e.g. CFS) or trauma (e.g. whiplash) are commonly implicated.
- Historically, however, presentations and explanatory models have changed and are likely to change again over time.

Terms such as hysterical shill shock and railway spine have fallen in and out of fashion over the years, indicating a primarily socially constructed illness model overlapping with chronic somatisation and factitious problems.

Patient surveys indicate that mood and anxiety disorders often co-exist with these conditions and that alcohol misuse is common in younger patients.

Although usually resistant to formal psychiatric or counselling involvement at an early stage, patients are often willing to acknowledge the potential effects of stress and lifestyle on their symptoms. Patients do also, however, have extensive and detailed health beliefs acquired from many sources – this, together with their direct experience of symptoms, may make them feel ‘expert’ in the face of a doctor – who, from their point of view, is simply glossing over their symptoms with psychological explanations.

The good news is that spontaneous recovery is common (50-75% within one year), however, MUS remains the most common reason for repeated GP attendance and is responsible for up to 20% of total consultations in international comparisons.

Guidelines for treating Medically Unexplained Symptoms are notoriously difficult to find, but there are some core principles that evidence indicates.

There are some general barriers to effective care, which include:
1. The patient and GP lack a ‘shared agenda’, or their concept of problems seems mismatched.
2. The doctor feels powerless and feels unable to address the patient’s needs.
3. The patient’s previous experiences give rise to mistrust.
4. Seeing different doctors (common in primary care) provides less opportunity for consistency of treatment approach.

For further information on Central Stress Management at London Bridge Hospital, please contact the GP Liaison Team on:
T: 020 7234 2009

There are also some tips for best practice:

TRY TO...

1. Provide a series of consultations with the same doctor to establish a shared understanding of the problem – a clear model for the development of the symptoms (if possible) and a consistent approach.
2. Provide regular, brief appointments, with clinically-indicated investigations and specialist referral. It is, however, important to appreciate that although this saves time, costs and medical resources, it offers no additional clinical benefit.
3. Consider antidepressants – surprisingly, these can be effective in the absence of depression. Their use is best-supported by the evidence base in pain and gastrointestinal symptoms. Low doses are best used initially, as patients can typically be very sensitive to side effects.
4. Consider Cognitive Behavioural Therapy (CBT) – particularly in the form of graded activity to improve functioning and cognitive therapy to address illness beliefs. This can be particularly useful in musculoskeletal problems and fatigue.
5. Focus on the functional aspects of the patient’s life, concentrating on what the patient can do and wants to do, rather than symptoms.
6. Ensure any members of the primary care team involved in the treatment plan know to follow the ‘dos’ and ‘don’ts’. The GP will need to define an overarching treatment approach and communicate this with the team to maintain consistency.

Try not to...

1. Pressure the patient – this will last less than 24 hours. Although it works better when the patient’s perspective is acknowledged, this will lead to persistent repeated consultations.
2. Give a double message – e.g., ‘you’re fine, but we’ll do some tests’. Poor communication of results and vague explanations compound the problem.
3. Embark on extensive screening investigations – these will throw up false positives that will require further (and potentially more invasive) action.
4. Expect a cure.

Involve the patient and their family to enable best use of limited resources.

For more information on our Physiotherapy Services, call:
T: 020 7234 2500

London Bridge Hospital Physiotherapy Department

Upgrades
State-Of-The-Art Gym

The new equipment consists of:
- Treadmill
- Elliptical cross trainer
- Ercolina cable machine
- Leg press machine
- Leg curl machine
- Leg extension machine
- Recline and upright static bike
- Lat pulldown machine
- Upgraded plyometric and balance equipment

London Bridge Hospital has continued its dedication to providing the latest equipment for patients by investing £40,000 in brand new equipment for the physiotherapy gymnasium. This new equipment, from the Technogym range of high-specialist equipment, will facilitate patient rehabilitation and accelerate patient recovery.

The Physiotherapy Department treats multiple conditions and injuries ranging from ACL reconstruction and highly-complex spinal surgery, to a common sprained ankle and work-related aches and pains.

The gym space provides the ideal environment for the progressive rehabilitation of sport-specific injuries and the new equipment ensures our therapists can push more physically active patients to return to their previously high level of competitive fitness.

Following this latest investment, the gym can now be fully utilised for cardiac rehabilitation, as well as for patients with breathing pattern dysfunction.

London Bridge Hospital

New State-Of-The-Art Gym

For further information on Central Stress Management at London Bridge Hospital, please contact the GP Liaison Team on:
T: 020 7234 2009

For more information on our Physiotherapy Services, call:
T: 020 7234 2500
10 Minutes With... TWENTY

Farida Edzla and Claire Chitty
Clinical Nurse Specialists

Farida Edzla is a Cardiology Clinical Nurse Specialist, and Claire Chitty is an Arrhythmia Clinical Nurse Specialist.

1. What made you pursue your specialty?
   Farida: I come from the Philippines, which is an island nation that produces more nurses than it needs. The nursing profession is very popular and revered back home, purely because of its high prestige at school and the opportunity to practice at home and abroad. I have been practicing as a nurse since 1988 and have specialized in cardiac care for 17 years. Before coming to the UK, I worked in Saudi Arabia and Kuwait. Pursuing a cardiac specialty was inspired by my early interest in ECG rhythm analysis. I used to watch whilst Cardiologists and colleagues discussed ECGs and heart attacks and the treatment required, and was fascinated by how a piece of paper with the hidden code PQRST could save lives.
   Claire: My wonderful patients. Sometimes I get emails from people even years later, just to tell me they are ok and thank me again for all the support they were given. I get lots of lovely Christmas cards each year too.

2. Where is your favourite place in the world?
   Farida: Like most people, I have visited many places in Europe and America. Everyone talks about the beauty of the French Riviera and New York, but I was pleasantly surprised to discover the hidden beauty of the Ligurian Italian Riviera (Portofino, Santa Margherita, Rapallo and Cinque Terre, which is a UNESCO world heritage site). However, closer to home, the old village of Lacock, in Wiltshire, is my new favourite place in England!
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3. Where is your favourite place to travel to?
   Farida: I was pleasantly surprised to discover the hidden beauty of the Ligurian Italian Riviera (Portofino, Santa Margherita, Rapallo and Cinque Terre, which is a UNESCO world heritage site). However, closer to home, the old village of Lacock, in Wiltshire, is my new favourite place in England!
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4. What is the title of your ‘best read’ so far?
   Claire: I can’t possibly just name one, but I absolutely love Jude the Obscure by Thomas Hardy because it is so descriptive about how the colleges of Oxford were built. I also love Coma by Robin Cook, as that was the first in the genre of medical thrillers and was turned into an amazing ‘arty’ film by Michael Crichton. My most recent read was a book called The Rocketeer by John Grisham, which, although complete fantasy, made for a brilliant train read.

5. What is special about where you grew up?
   Farida: Its history, dating back to the 13th century. I grew up in The Sultanate of Rajah Buayan in Mindanao. Mindanao is the second-largest island in the Philippines. During the colonial years, the island had been invaded repeatedly by outsiders, but never been conquered. As a result, it retains its Royal bloodline, culture and tradition, which is a blend of Malay, Arab, Indonesian and Chinese. To this day. Whilst the other 7-10 islands have been conquered, Mindanao stood its ground – put simply – spirited but not shaken!
   Claire: I was pleasantly surprised to discover the hidden beauty of the Ligurian Italian Riviera (Portofino, Santa Margherita, Rapallo and Cinque Terre, which is a UNESCO world heritage site). However, closer to home, the old village of Lacock, in Wiltshire, is my new favourite place in England!

6. If you could invite three people to dinner, living or dead, who would they be?
   Claire: Justin Welby, the Archbishop of Canterbury, Hillary Clinton and Mary Berry.

London Bridge Hospital Orthopaedic Services

RAPID ASSESSMENT, INTERVENTION AND TREATMENT

London Bridge Hospital Orthopaedic Services offer leading Consultants and the latest medical equipment to ensure all patients receive the highest standards of private healthcare. We provide rapid assessment, consulting and treatment of numerous musculoskeletal problems using minimally invasive procedures and the latest imaging techniques. Appointments can be quickly arranged via our GP Liaison Team – one phone call and we will make all the necessary arrangements.
### New Consultant List

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<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>DEPARTMENT</th>
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<tbody>
<tr>
<td>Dr Derek Amoako</td>
<td>Consultant Anaesthetist</td>
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<td>Dr Stuart Anderson</td>
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<td>Dr Robert Broomhead</td>
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<td>Dr Nick Bunker</td>
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<td>Dr Stephen James</td>
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<td>Dr David Pang</td>
<td>Consultant Anaesthetist/Pain Management</td>
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<td>Dr Andrea Stewart</td>
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<td>Dr Brian Trethowan</td>
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<td>Mr Vassilios Avlonitis</td>
<td>Consultant Cardiac Surgeon</td>
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<td>Dr Paresh Mehta</td>
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<td>Dr Asif Qasim</td>
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<td>Dr Oliver Segal</td>
<td>Consultant Cardiologist</td>
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<td>Mr Lindsay John</td>
<td>Consultant Cardiothoracic Surgeon</td>
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<td>Mr Donald Whitaker</td>
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<td>Dr Kundavaram Kumar</td>
<td>Consultant Endocrinologist</td>
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<td>Dr Andrew Davies</td>
<td>Consultant General Surgeon</td>
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<td>Professor Anthony Warrens</td>
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<tr>
<td>Mr Majed Shabbir</td>
<td>Consultant Urologist</td>
<td>Urology</td>
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**Note:**
Please see our website or Referrers’ Guide for contact details of all Consultants featured in this magazine or contact the GP Liaison Department on: T: 020 7234 2009