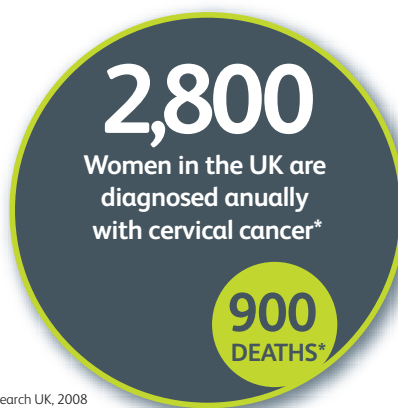


# Healthcheck

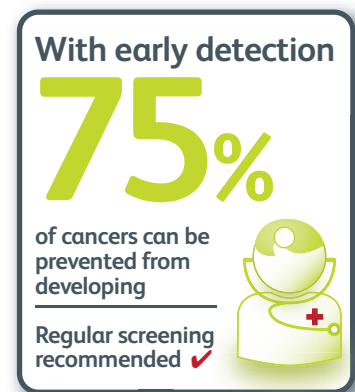
Issue 7 • Media Bulletin

## Cervical Cancer Screening

– just how important is this?



\*Cancer Research UK, 2008



Around 2,800 women are diagnosed each year with cervical cancer and the disease claims the lives of more than 900 woman annually in the UK. Two out of every 100 cancers diagnosed in women are cervical cancers, however it is the second most common cancer in women under 35 years old.

Cervical cancer has recently gained the media spotlight, due to Jade Goody's high profile battle against the disease. Jade's tragic story has resulted in a surge of women booking cervical smear tests, with some hospitals reporting an increase of up to 20%.

Mr Colin Davis a Consultant Obstetrician and Gynaecological Surgeon at The London Clinic, talks to us about the importance of cervical screening.

### What are the symptoms of cervical cancer?

The most common symptom of cervical cancer is vaginal bleeding at times other

than when you are having a period. This may be during or after sex or having blood stained discharge from the vagina. If you are experiencing any of these symptoms it is vital to consult your doctor straight away.

### Who is at risk?

There are numerous risk factors which can influence the development of cervical cancer. These include multiple sexual partners, unprotected sex, smoking, the contraceptive pill and even a woman's personal hygiene can all have an impact on the development of cervical cancer. Although the risk factors are common in many women, only eight in 100,000

women develop cervical cancer every year in the UK.

### How does cervical cancer occur?

There are over 100 different types of human papilloma virus (HPV) and this virus is the major cause of the two types of cervical cancer:

- Squamous cell cancer
- Adenocarcinoma

Around 80% of people in the UK are infected with the HPV virus at some point during their lifetime. For most it causes no symptoms and goes away on its own. It is much more common in young people, which is potentially due to people developing an immunity to the virus as they get older. Some high risk types of HPV can increase the risk of developing cervical cancer. Almost all women who develop cervical cancer will have at least one of these high risk types of HPV in the cells of their cervix.

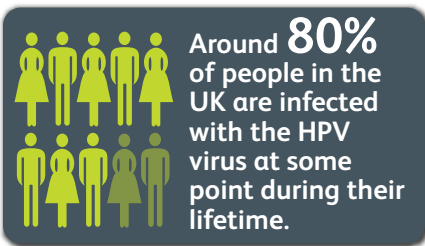
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*Cervical cancer continued...*

## What is cervical screening and why is regular screening important?

Cervical screening will detect any abnormal cervical cells before they become cancerous. This is one of the few cancers that is preventable because the pre-cancerous cells can be detected early, before they become malignant. Early detection from screening can prevent around 75% of cancers developing. This is why it is vitally important for women to make an appointment to have a smear test as soon as they receive notification that it is due. On the NHS this is usually every three years from the age of 25 - 49, and then every five years from the age of 50 - 64. In the US, it is recommended that women have smears annually.

It is important to remember that cervical screening is not a test for diagnosing cervical cancer. It is a test to check the health of the cervix. Further tests would be needed to fully diagnose cervical cancer. The HPV test is another screening test, which looks at the presence of the HPV virus on the cervix.



Of the 900 women who die each year, many of those who develop cervical cancer had not been screened regularly – not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

## How can women reduce the risk of developing cervical cancer?

Practising safe sex by wearing condoms, not smoking and having regular HPV and cervical smear tests all contribute to reducing the risk of developing cervical cancer. The London Clinic recommends a cervical smear test and a HPV test every year for women from the age of 20 - 65. The tests should be done at a younger age if women are sexually active before the age of 20.

# Surviving the Allergy Season

The summer season is now upon us which for the most of us is a time to enjoy spending more time outside in the sunshine. However, for around 12 million people it is the start of months of misery as allergic reactions to tree pollen and grasses are felt with sneezing, wheezes, runny and blocked noses, itchy, streaming eyes and a general feeling of being tired and run down.



Professor Barry Kay, Professor of Allergy & Clinical Immunology

Many people are looking for new ways to manage their symptoms and reduce the impact that hayfever has on their lives.

Professor Barry Kay is a Professor of Allergy and Clinical Immunology at The London Clinic and is currently offering a new treatment for hayfever to the UK market.

## What new treatments are available to treat hayfever?

Launched to the UK in January 2007, Grazax® is an allergy vaccine in the form of a pill under the tongue and is a new product on the UK market. This treatment has been approved in at least 27 countries and is already a huge success in Europe, North and South America. Treatment is started before the onset of the hayfever pollen season.

Grazax® is a standardised allergen extract of grass pollen which alters the immune system and can lead to long term remission of symptoms. Other products on the market such as Piriton and other antihistamines just treat the symptoms, and do not offer the chance of a cure. Grazax® is a suitable treatment for many hayfever sufferers, and is extremely

effective as it shows a 60% improvement in symptoms in the first year.

## Are we having an allergic epidemic? If so, why?

Recent reports highlight how allergies have trebled in the UK in the last 20 years and we now have one of the highest incidences in the world. About a third of the UK population will develop an allergy at one point in their lives. Changes in diet over the past 20-40 years are considered to be a possible explanation for the increase in allergic diseases.

Some allergy experts blame this on a shortage of specialists in the UK and a failure to introduce new treatments, currently available in other European countries.

Another theory focuses on increased pollution levels in the UK, which has led to more pollen interacting with pollutants resulting in more being affected by hayfever.

And finally, climate change is also set to play a part - Spring is expected to start earlier which will result in plants having a longer pollen-producing season.

# The Truth Exposed on Cosmetic Surgery for Men

Summer can be a daunting time. Warm weather means fewer clothes to hide under and many of us become more concerned with how we look. Increasingly, it is not just women who are conscious about their body. Men, too, are looking for ways to improve their appearance with plastic surgery.

David Ross Consultant Plastic, Aesthetic and Reconstructive Surgeon at The London Clinic, believes that this year men will represent a significantly growing segment of the aesthetic surgery market. He says:

“If the US example is anything to go by we will see more British men opting for cosmetic surgery.”

A survey by The American Society for Aesthetic Plastic Surgery found that 57% of men approve of cosmetic surgery and 20% would consider having cosmetic surgery. The survey of American men also found that 79% would not be embarrassed if people, in addition to their close friends and family, knew they had undergone surgery.”

“At The London Clinic I see progressively more men wanting to improve their physical appearance with surgery. There is no longer a taboo regarding plastic surgery for men and they have seen that positive outcomes can be achieved. For those in the spotlight there is the effect of heightened media attention. It is not just celebrities

going under the knife, more and more men are seeking to improve their body image with surgery, often in order to enhance their careers by maintaining a youthful appearance.”

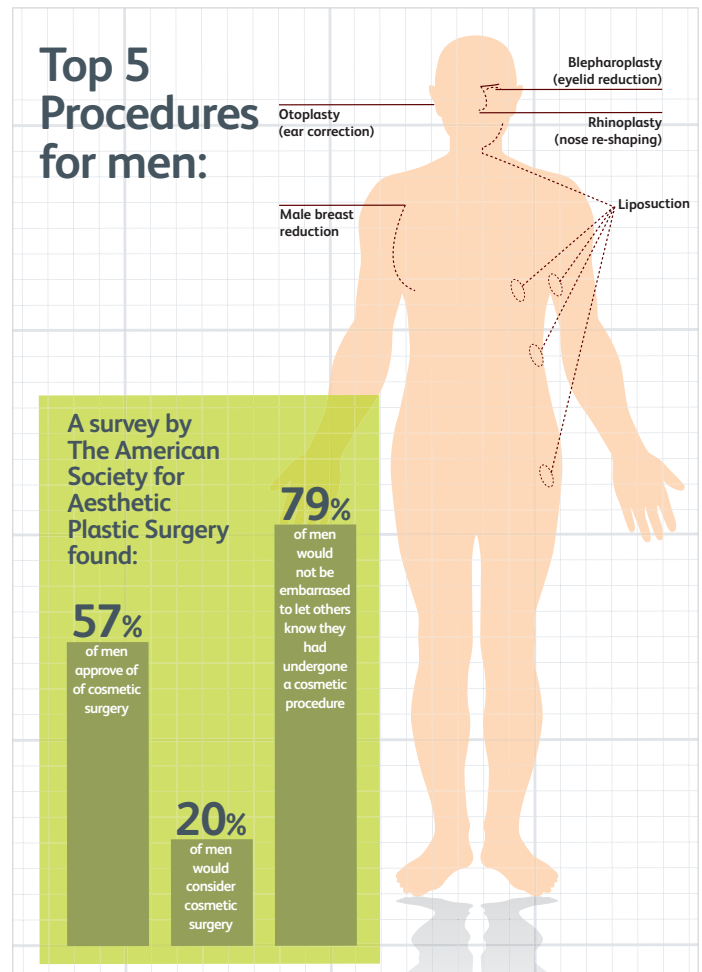
According to The British Association of Aesthetic Plastic Surgeons, the top five procedures for men last year were: liposuction, male breast reduction, rhinoplasty, blepharoplasty and otoplasty.

**Liposuction** - Removes pockets of stubborn fat to achieve results where healthy diet and exercise cannot. Liposuction is not used for weight loss but rather to correct problem areas so you will see a shape change not a weight loss.

Men are often treated in the breast area, hips and abdomen. However liposuction is not limited to these areas, other areas which respond well include: upper arms, under the chin and buttocks.

**Male breast reduction** - Many men suffer from excess breast tissue which can give the impression of male breasts. Male breast reduction is a simple

## Top 5 Procedures for men:



procedure to restore the male chest area to normal proportions.

**Rhinoplasty** - Nose re-shaping is a common procedure undertaken to amend hereditary imperfections, improve breathing and to balance features which may appear out of proportion.

The nose can be re-shaped by reducing or increasing its size, removing a bump, changing the shape of the tip or bridge or narrowing the nostril span.

**Blepharoplasty** - Eyelid reduction or eye bag removal. The skin, around the eyes in particular, loses elasticity as you grow older. Eyelid reduction and eye bag removal can re-generate a tired eye area, opening up the

area between brow and eye and reducing bags to make your face appear fresher and younger.

Blepharoplasty either alone, or combined with brow-lifting techniques is a form of facial rejuvenating surgery. It can be aesthetic if mainly a cosmetic concern, or functional depending on the degree of excess skin and if this is interfering with the patient's visual field or causing headaches or symptoms of heaviness and discomfort.

**Otoplasty** - Ear-pinning is a common procedure undertaken to amend hereditary imperfections or to balance features which may appear out of proportion.

## Get your Feet Fit for Summer

If your feet have spent the whole of winter wrapped in woolly socks or squeezed into boots, the summer is the perfect time to start paying them some due attention.

Most of us walk between 5,000 – 10,000 steps every day or 75,000 miles in a lifetime, but how many of us really think about what happens to our feet on a daily basis?

If you have not been looking after them properly during the cold, dark winter months, your feet may have developed conditions such as corns, bunions, in-grown toenails or athlete's foot fungus.

Mr James Calder, a Consultant Orthopaedic Surgeon at The London Clinic, specialises in a number of operations to treat common foot conditions and addresses some of the issues below:

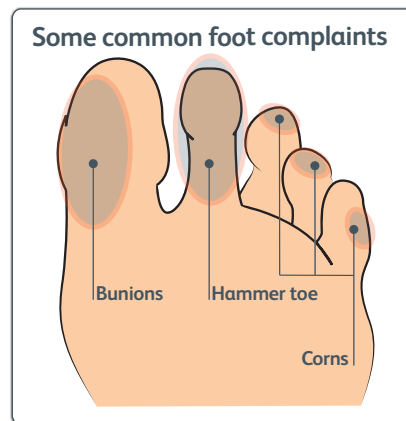
### Ideal shoes for your feet

It is important to wear good quality well fitting shoes, in order to ensure they do not cause any foot conditions such as corns or bunions. It is recommended that people should wear shoes with padding in the soles, which help to reduce heel pain, and tight fitting shoes should be avoided. In the summer natural materials e.g. canvas are also a good option, as they stretch over the forefoot and allow the foot to breathe.

Ill fitting high heels in particular, force pressure on the forefoot, which can result in the development of corns and bunions. They can also cause ankle sprains by the wearer falling off balance.

### Bunions

Bunions are one of the most common foot deformities. The bone under the first toe becomes displaced causing the big



toe to move towards the smaller toes. This shifting of the bones causes a bony prominence on the side of the patient's foot, known as a bunion. Over a period of time the big toe may come to rest under, occasionally over, the second toe.

Bunions are more common in women due to them wearing more restrictive shoes such as high heels and shoes with narrow toe boxes; and also because women tend to have looser ligaments than men. The tendency to form bunions can also be inherited.

Symptoms include redness, swelling and pain around the big toe which may affect walking. A 'hammer toe' may also occur at the second toe, this is where the toe contracts and presses on the shoe.

Not all patients require their bunions to be operated on. The severity of pain is one of the best indicators to determine if an operation is necessary. Another indication is if patients develop other foot problems e.g. hammer toes.

The average recovery time from the operation is about six weeks after which a patient will generally become more active and a further six weeks for the swelling to subside. If the operation is not necessary, the patient should consider different shoe styles that are wider fitting and lower heeled which will help to reduce pressure on the bunion.

### Corns

A corn is a localised thickening of the skin due to abnormal pressure on the joint. Corns often occur on the top of the toes or on the outside of the little toe where there is pressure from poorly fitting shoes. However, they also appear at the sole of the foot and in between toes. Often corns develop a core, which is often referred to as the 'root'. Corns can become very painful, especially if there is inflammation and swelling.

As with bunions, this condition is more prevalent in women as a result of wearing tight or ill-fitting shoes. Some corns are due to a hereditary clawing/hammering of the small toes. Corns also develop in people with thinner skin, more bony toes or deformities of the toes or feet and in people who stand a lot during the day.

Treatment depends on the severity of the corn and can range from corn plasters or removal of calloused skin by a podiatrist, to an operation if it is a recurrent problem due to foot or toe abnormalities. The operation is a simple procedure to straighten the toe to prevent recurrence of corns. The recovery time for the operation is approximately three to four weeks.

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- One of the UK's leading independent hospitals • Located on Harley Street in the heart of London's medical community
- Long-standing international reputation attracting leading consultants
- Highly complex procedures in addition to routine surgery and medicine • 24 hour consultant-led Intensive Care Unit

Healthcheck is compiled by The London Clinic Press Office team.  
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