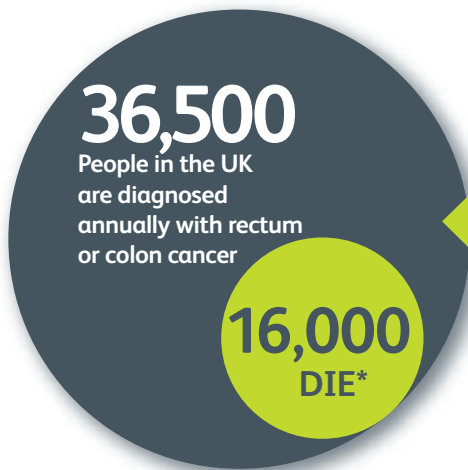


Healthcheck

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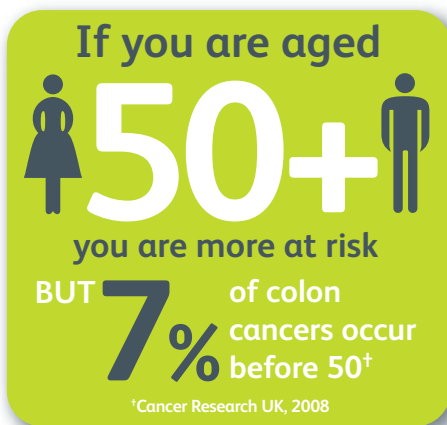


*Cancer Research UK, 2008

Bowel Cancer

Thousands die every year of a preventable disease.

The London Clinic offers a consultant-led bowel cancer screening service. Dr Peter Fairclough, MBBS MD FRCP and Dr Brian Saunders MBBS MD FRCP are both Consultant Gastroenterologists and Colonoscopists accredited by the National Bowel Cancer Screening Programme.



CANCER OF THE RECTUM and colon is diagnosed in 35,000 people and causes more than 16,000 deaths a year in the UK. One in twenty people will develop the disease but it is largely preventable and if caught early can nearly always be cured, sometimes even without the need for surgery.

How does bowel cancer happen?
Nearly all bowel cancers start as benign polyps inside the bowel, some of which turn into cancers. This usually takes 10-20 years so there is a "window of opportunity" to find and remove them and prevent cancer. Removing polyps reduces the risk of colon cancer by 80-90%.

What are the symptoms of bowel cancer?
It's vital to know that early bowel cancer often causes no symptoms at all. The classical symptoms of rectal bleeding, change in bowel habit usually with persistent loose stools or diarrhoea, tiredness or shortness of breath from anaemia, weight loss or a persistent lump in the abdomen are often absent.

What can patients do to reduce the risk?

- Reduce dietary animal fat particularly from red meat, exercise regularly, avoid getting overweight and don't smoke
- Have any symptoms checked out promptly
- Have a screening procedure before there are any symptoms

Who is at risk?
Cancer is unusual before the age of 50, but younger patients with symptoms should always be checked as 7% of colon cancers occur before 50, and a few at a very early age. Patients with a family history of bowel cancer or polyps, those who have had polyps previously and patients with total colitis who have had their disease for eight years or more are at higher risk.

What are the options for bowel cancer screening?

- Faecal Occult Blood test (FOBT) involves looking for blood in the faeces. 40% of people with persistently positive tests will have large polyps and 10% will have cancer. However, many patients with cancer or large polyps don't have positive tests and many patients who test positive have no colonic problem, so it's not a very good test.

continued over...

Removing polyps reduces the risk of colon cancer by **80-90%**



The London Clinic offers a consultant-led bowel cancer screening service

Bowel cancer continued...

- Flexible sigmoidoscopy involves passing an endoscope through the anus after a cleansing enema to examine the rectum and lower part of the colon. The procedure takes 5-10 minutes, and is usually painless. Polyps and cancers can be biopsied. This test only examines about 1/3 of the colon, so cancers and polyps higher in the bowel can be missed.
- CT (virtual) colonography can examine the entire large bowel but usually requires strong laxatives to empty out the bowel, and does involve exposure to small doses of X-rays. In expert hands it seems to be accurate for detecting cancers and most large polyps, although less so for polyps < 1cm in size, but cannot remove or biopsy any polyps seen, so colonoscopy is required.
- Colonoscopy is the recommended bowel cancer screening investigation in the UK and USA. It involves examining the whole colon with a flexible endoscope. Laxatives are taken the day before so that the colon is clean. Patients can have sedation, though at least 50% of people don't want or need it and so avoid unnecessary drugs and return to normal life immediately. If polyps or cancer are detected they can be biopsied or removed. There is a very small risk of complications, mainly from removing polyps or early cancers from the bowel wall.

Which is the best screening test?

In the USA bowel cancer screening by colonoscopy is recommended for average risk individuals every 10 years from age 50, and more often if polyps or cancer are found. Bowel cancer is becoming less common in some patient groups in the USA suggesting that screening is working.

How can I know if a doctor is an expert at colonoscopy?

Though there are many competent endoscopists who are not eligible for NHS accreditation, those who have passed the NHS Bowel Cancer Screening accreditation test have a major focus on colonoscopy and have proved their knowledge and skills to their peers so should be reliable.

PATIENTS SHOULD ASK QUESTIONS, SUCH AS:

Q: How many colonoscopies have you performed in your career?

A: Most experts will have performed thousands of examinations, usually the more the better.

Q: How many do you perform each week?

A: Most experts will be doing at least 10 a week

Q: How often do you get all the way around the colon?

A: This should be at least 90%

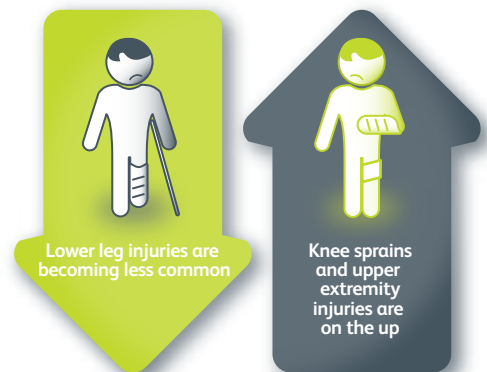
Q: Have you ever had any major complications and how often have they occurred?

A: Perforation should be <1:5000.

Orthopaedics

Getting through the ski season without injury

IT IS POSITIVE TO NOTE that the number of injuries sustained on the slopes has decreased in recent years. However incidents do still occur in great numbers and whilst injuries have decreased they have also changed in nature. Lower leg injuries are becoming less common while knee sprains and upper extremity injuries are happening more frequently.



Mr Alister Hart, consultant orthopaedic surgeon at The London Clinic outlines a few ways in which to prepare for your skiing holiday and hopefully avoid any serious injury.

- 1) It is important for snowboarders to ensure that their bindings are fitted well and adjusted correctly to prevent knee sprains.
- 2) For skiers, upper extremity injuries can be prevented by adopting the correct poling technique and by using detachable ski poles.
- 3) Undertake a pre ski trip regime of closed chain exercise, such as cycling and rowing. This will help build up coordinated quadriceps and hamstring muscles making you less susceptible to injury.
- 4) Beware the "easy" green run, when concentration is low yet the possibility of coming into contact with other skiers and snowboarders crossing your path is high.



This article was written by Dr Peter Fairclough, MBBS MD FRCP and Dr Brian Saunders MBBS MD FRCP, both of whom are accredited colonoscopists in the NHS National Bowel Cancer Screening Programme.

Laser Ablation

the latest technique for the treatment of varicose veins

The advantages of laser ablation over vein stripping

Less invasive
& less painful



Vastly reduced
Recovery times



No need for
a general
anaesthetic



VASCULAR SURGERY FOR THE treatment of varicose veins has evolved dramatically over the last 10 years from the conventional treatment of vein stripping.

Vein stripping is the removal of the affected veins through incisions under a general anaesthetic. It requires an overnight stay in hospital and a long recovery period of approximately three to six weeks.

The laser ablation technique has many advantages over vein stripping with vastly reduced recovery times, and no need for a general anaesthetic. Laser ablation involves an optical fibre being inserted through a small opening in the groin or at the back of the knee. The thermal energy heats the tip of the fibre causing the vein wall to shrink, and as it is slowly withdrawn the vein is sealed closed.

The technique began with a laser wavelength of 810nm and has progressed through to 940 and 980nm. There have also been improvements in the design of the catheter kit.

Whilst the 'standard' laser ablation technique has many advantages over traditional strip surgery it is still necessary to inject a local anaesthetic tumescence around the vein that is to be lasered, to achieve pain free treatment. The tumescent injections are small but not

very comfortable and result in some marked bruising in the first few days of recovery.

Different wavelengths of light penetrate different tissues to differing degrees. The local anaesthetic is needed as the original wavelengths (810 – 910)nm are absorbed by haemoglobin in blood cells requiring relatively high power input to achieve the required heat to coagulate the vein wall. Inevitably this involves the outer layers of the vein walls where the nerves run causing pain.

In the last year the technique made significant advances with the introduction of a new wavelength laser of 1470nm.

The 1470nm laser is absorbed by water molecules rather than haemoglobin and thus the coagulation temperature requires a much lower power input. Delivered through a new

radial tipped fibre optic the penetration of the laser is less which means the procedure does not require anesthetic tumescent injections and as a result can be carried out more quickly.

The first cases of laser ablation of varicose veins without tumescent anaesthesia using the new 1470nm wavelength laser were carried out at The London Clinic at the end of last year (2008) by Dr Jocelyn Brookes, Consultant Endovascular Radiologist, who was the first to introduce the laser technique to the UK in 2001.

The patients are both very happy with both the results of the treatment and the experience of the procedure.

It is clear we have come a long way from the uncomfortable and invasive vein stripping technique.

Before and three months after ELVeS treatment



Laser Hair Removal

the latest techniques available at The London Clinic

Successful treatment for excessive or unwanted hair can greatly improve the quality of life for millions of men and women. At The London Clinic the treatment is carried out by specialist Laser Nurse, Liliana Marza who has over 10 years experience.

Sophisticated technology –

Traditionally laser hair removal has been recommended for the removal of dark hairs from white skin. However recent developments in laser technology and the introduction of light based technology, Intensive Pulse Light (IPLs), means that laser hair removal can now be effective for darker as well as whiter skin types.

Choose a hospital over a salon –

Medical establishments such as The London Clinic are better placed than beauticians to provide the most effective laser hair removal treatments. The three different types of laser on the market are all available at The London Clinic. This means that the Clinic can provide treatment according to individual needs carried out by experienced accredited professionals.



BEFORE

Who is seeking treatment?

Laser hair removal is not being sought by just women. Increasingly men are having treatment for the removal of hair from areas such as the chin, nose, and ear lobes as well as reducing excessive body hair.

Medical Cover –

The removal of unwanted hair can be undertaken as part of a treatment for a medical condition. Those suffering from ingrown hairs and excessive hair growth from polycystic ovaries may be able to claim medical insurance for treatment at The London Clinic. Patients are advised to check with their insurance provider.



AFTER

The London Clinic – welcome to the world of innovation and inspired care

- 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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