

HEALTH CHECK



New robot set to revolutionise hip surgery at The London Clinic

A LEADING CONSULTANT orthopaedic surgeon at The London Clinic is pioneering a new, state-of-the-art robot to perform complex hip operations. The Acrobot Navigator™ is set to bring about extremely precise and consistent hip-resurfacing procedures, and is expected to dramatically reduce the need for repeat operations.

Conventional methods of correcting such painful deformities are often highly complex, require immense precision and accuracy and rely on years of expertise. In contrast, the Acrobot Navigator™ uses a Global Positioning System (GPS) type technology to enable the user to ‘virtually’ navigate during surgery to plot correct surgical cuts. It also indicates the correct angles for inserting chrome alloy parts needed to repair hip bones.

Professor Justin Cobb, consultant orthopaedic surgeon at The London Clinic, says: “Until now surgeons have only been able to gain the necessary experience for performing hip-resurfacing via the ‘learning process’ of repeatedly carrying out the procedure.

“The Acrobot Navigator™ is unique in that the simplicity of its navigation equipment enables surgeons to become highly proficient in the technique in a very short space of time. With more than 5,000 hip-resurfacing operations performed every year in the UK, this new technology is good news for patients who can now demand perfection and look forward to results that will last a lifetime.”

Welcome to this edition of The London Clinic’s bulletin to keep you up-to-date with the latest developments through the expert eyes of some of our leading surgeons.

Asian Aesthetics – Enhancing Ethnic Features

USED TO ENHANCE rather than westernize ethnic features, treatments in Asian aesthetic surgery include: nasal augmentation, double eyelid surgery and non-surgical procedures such as Botox. According to Mr Mark Ho-Asjoe, Consultant Plastic, Reconstructive and Aesthetic Surgeon at The London Clinic, nasal augmentation and double eyelid surgery are proving to be the most requested types of procedures.

The majority of Asians want to increase the height of the bridge and tip of the nose. Nasal augmentation can be done surgically by inserting either cartilage/bone or synthetic implants such as a solid silicone - which can

be shaped, Medpor (a type of plastic) and polyethylene - which allows the body to grow tissue around the implant. More recently, injectable fillers have become a popular alternative for those patients who want to avoid surgery. Each treatment has its own advantages and disadvantages and a full patient consultation is always recommended prior to making a decision and to discuss all options available.

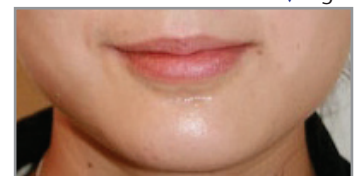
Approximately 50% of Orientals do not have the upper eyelid fold due to the loss of muscle attachment to skin. In Caucasians, the attachment of the muscle to form the fold usually lies approximately 1cm from the eyelashes. In Orientals, the attachment is lower and

usually lies at approximately six to eight millimetres from the eyelashes.

In most cases small incisions along the natural lines and folds of the skin around the eyes are made while under local or general anaesthetic and the excess fat and skin are removed. The wound is then carefully stitched to avoid scarring. In younger patients the upper eyelid fold can be achieved by stitching rather than making an incision resulting in minimal scarring. Non-surgical procedures on Asians such as Botox and fillers have also increased. Enlarged jaw lines are common in Asians, therefore Botox injections can be used in the masseteric muscle (the large muscle in



▲ Fig 1



▼ Fig 2

the lower jaw to assist with chewing) to slim the face (see figure 1). Botox is injected into the muscle, weakening it so it slowly becomes smaller (see figure 2). The results usually last for up to 18 months but in some cases can be made permanent.



Technology is to blame for a sleep deprived nation

ACCORDING TO A recent survey by The London Clinic, the grip of technology is causing increasing numbers of people to develop chronic sleep disorders. People are finding it increasingly difficult to unwind before they go to bed, which can result in difficulty sleeping and a deepening cycle of sleep deprivation.

The worrying survey¹ also reveals the extent of the problem, with three-quarters of those questioned in full or part-time jobs admitting to having underperformed at work because of lack of sleep. Furthermore, almost one in five people (19%) claimed they frequently made, or came close to making, errors of judgement as a direct result of tiredness.

The bedroom is no longer treated as a haven for sleep and relaxation. It is becoming more and more crowded with technological equipment – more than half of those questioned (52%) had a television in their bedroom, 29% a computer and 29% a mobile phone.

“Sleep problems cause day problems and can have terrible consequences in terms of bad decision-making and potentially causing accidents. Technology is a new type of stress and it is challenging the human body to the max,” says Professor Badre, consultant in sleep medicine and clinical neurosciences at The London Clinic.

¹ICM interviewed a random sample of 1053 adults aged 18+ from its online panel between 23rd – 25th May 2007

Below, three experts answer questions about the areas they specialise in and treatments available at the Clinic.



Q What are the different types of skin cancer and which are the most common?

Dr Ellen Frances Lawlor – Consultant Dermatologist

Skin cancer relates to cells which appear in the skin and blood. When talking about skin cancer people are usually more aware of those more common lesions which relate to cells in the skin.

The most common skin cancer is basal cell carcinoma - cancer of the cells at the bottom of the skin's outermost layer, which occurs on light exposed areas such as arms and legs and is very slow growing.

The more serious, but less common cancers are Squamous Cell Carcinoma (cancer of the outermost cells of the skin) and Melanoma (cancer developing from cells in the skin known as melanocytes which give the skin its colour). They take many forms and have a potential to spread. As a general rule any growing or changing lesion should be shown to a doctor, preferably a dermatologist for further investigation.

The good news is all these can usually be completely cured if diagnosed and treated early.

Q I'm 32 years old and suffer from severe migraines a week before my period which can last for up to two or three days. Why is this and what can be done to treat this agonising condition?

Dr Oliver Foster – Consultant Neurologist

Migraine is very common, particularly in young women of child-bearing age. Common triggers include hormonal factors, such as the use of the oral contraceptive pill or the natural menstrual cycle, stress, bright light, neck tension and certain foods.

In your case, hormonal factors appear to be highly relevant. If you are taking the oral contraceptive pill, you should discuss with your GP coming off the drug, which may lead to an improvement in your symptoms. If you are not taking the oral contraceptive pill, an analysis of diet, posture and lifestyle factors should be undertaken by either your GP or Neurologist. Drug treatments include acute therapies for each individual attack or a long-term programme of prophylactic medication - which reduces the frequency and duration of a migraine - for two or three months. Migraines can be reduced within a period of a few months in the majority of cases following appropriate assessment and treatment.

Q What are the pros and cons to open and laparoscopic colorectal surgery to treat bowel cancer and who would not be eligible for laparoscopic?

Mr Alastair Windsor – Consultant Colorectal Surgeon

Patients undergoing conventional open colon surgery face an invasive procedure with a significant abdominal incision, sometimes a longer stay in hospital, in addition to six weeks of recovery time.

One of the major advances in colon and rectal surgery in the last few years is the ability to perform these operations using less invasive techniques such as laparoscopic or keyhole surgery.

Some of the advantages of laparoscopic surgery are:

- Less post-operative pain
- Early return of bowel function allowing rapid resumption of normal diet
- Reduced hospital stay
- Reduced wound complications
- Improved cosmetic results
- Reduced post-operative 'adhesions' and possibly the need for further surgery

Not all patients are suitable for the laparoscopic approach and factors such as the following may prevent it:

- Obesity
- A history of prior abdominal surgery causing dense scarring or adhesions
- Technical difficulties during the procedure
- Large tumour requiring a large incision to remove it

The London Clinic

- One of the UK's most established 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 critical care unit

Healthcheck is compiled by The London Clinic Press Office. To contact us please call 020 8786 3860 or email: pressoffice@thelondonclinic.co.uk

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