

# the Notes

News from the hospital on Harley Street | Issue 7

## How doctors can help young adults with IBD

**Dr Naila Arebi highlights the challenges facing young adults with inflammatory bowel disease.**

**Dr Naila Arebi**  
Consultant  
Gastroenterologist



Inflammatory bowel disease (IBD) comprises Crohn's disease and ulcerative colitis and affects 1 in 400 people. It presents between the ages of 10 and 40 years. With adolescent presentation its impact extends beyond gut symptoms to physical, cognitive, social and emotional spheres of development. Negotiating the task of adolescent onset is difficult at the best of times and a diagnosis of IBD adds to the difficulty. Later on, as young adults they face the prospect of leaving reliable support networks as they leave home for new jobs or university. It is not surprising that psychological morbidity is prevalent among young people with IBD. An emphasis on the person, not just the disease may reduce psychological difficulties.

Doctors play a critical role in supporting young IBD sufferers by acknowledging issues at various stages of the disease course.

### 1 The diagnosis

Patients' emotional reactions to a life-long diagnosis can affect compliance with therapy and follow-up care. It is common knowledge that patients only absorb 10% of the information provided at each single consultation. Shock, anger, disappointment and fear are common reactions to a diagnosis of IBD, further impairing the ability to absorb information. Acknowledging the patient's emotional reaction and offering an early follow-up consultation session reinforces the information and enables them to ask questions forgotten at the initial visit. IBD information leaflets are available from The National Association for Colitis and Crohn's Disease (UK) [www.nacc.org.uk](http://www.nacc.org.uk).

### 2 Education

Once patients accept and understand the diagnosis, the focus should shift to education. Tackling the relevant issues

listed in Table 1 helps with self-management. Some patients are at high risk of bowel cancer, surveillance colonoscopies are recommended (see Figure 1).

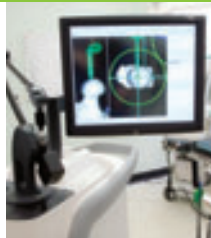
### 3 Therapy

Medical care should be interactive to engage patients with decision-making. The recent rise in therapeutic options for IBD has made it difficult for non-specialists to provide full information. Patients are often attracted to non-pharmacological options like leukapheresis, enteral feeding, fish oils, Whipworm therapy, hypnotherapy, probiotics, prebiotics and turmeric. Pharmacological therapies like mesalazine preparations, steroids and immunomodulators such as azathioprine/6-mercaptopurine are the mainstay of therapy. Newer preparations like Tacrolimus and innovative release formulation of older drugs like Ciclosporin should be considered. The increasing selection of biological agents tends to be reserved for patients with more severe disease or with bad prognostic features, after outlining their potential risks. →



### 4 Building development

Plans for further developments at the Clinic



### 7 Revolutionary robot

State-of-the-art GPS robot used for hip operations

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- 8 Queen opens new cancer centre

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#### 4 Psychological Morbidity

Medical professionals often hesitate to ask patients directly about psychological issues such as anxiety, depression, fear of the future and a need to develop new coping strategies. Many patients express concerns about the impact on their working lives with anxieties about disclosing their illness to their friends, employers or partners. Counselling may limit anxiety and encourage a healthier thought process in the long-term. The Royal College of Psychiatrists has produced two leaflets, "Coping with physical illness" and "Chronic physical illnesses: the effects on mental health", excellent starting points for patients' self-education. For more information visit [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk), on the Mental health information page under 'Physical Illness'.

#### 5 Handling parents

IBD can hinder young adults' progression towards autonomy, prolonging their parental dependence. Overprotective parenting following a diagnosis in teenagers may interrupt the natural transition to adulthood. Parental emotions like anxiety, depression, guilt and frustration are understandable. Doctors can help by reassuring parents with information about the disease. Progression to unhealthy and overprotective behaviour may be addressed by referral to a family counsellor with an interest in chronic illness.

To encourage self-reliance, young adult patients may be asked whether they would prefer to be seen alone or accompanied by their parents. This simple gesture acknowledges their transition to independent adulthood. Parents may be invited to join the consultation at the end or beginning. The consultation can be made less formal by showing an interest in their wider lives.

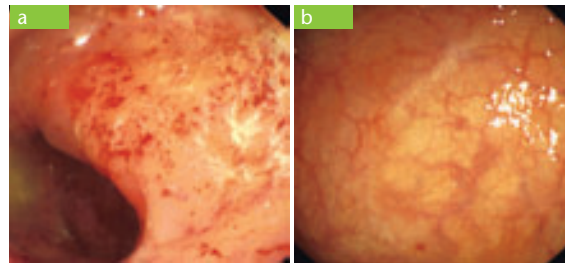
#### 6 History of trauma, drugs and alcohol misuse

As with other chronic conditions, IBD patients may have a history of trauma such as abuse or bullying or psychological difficulties. Adverse psychological factors hinder patients' ability to comply with prescribed medical regimens, so physicians need to explore the patient's psychological history, particularly if it includes substance abuse.

**“ Negotiating the task of adolescent onset is difficult at the best of times and a diagnosis of IBD adds to the difficulty”**

#### Conclusion

IBD will present to primary care physicians and an understanding of all aspects of the disease is important for effective support and disease management. Concerns about the diagnosis, uncertainty about medical therapy, development of complications, risk assessment for bowel cancer and concerns about disease progression should prompt specialist input.



**Figure 1.** (a) An endoscopic image captured from the rectum of a patient with symptoms of active ulcerative colitis (b) after 12 months of azathioprine therapy the rectum has healed. There is evidence of scarring which if extensive may indicate a higher risk of bowel cancer in selected patients.

#### Table 1: Patient education – what an IBD patient needs to know

- **Recognising a relapse**, what to do and who to contact
- **Side effects** of medications
- **Impact** on physical growth, body image and self-esteem
- **Long term risks** of IBD e.g. bowel cancer in long-standing colitis
- **Emotional impact** of a serious physical illness (e.g. depression, anxiety, reduced confidence)
- **Impact** of chronic illness on academic, professional and sexual life
- **Transition** from education to the workforce: identifying strengths and abilities rather than disabilities
- **Stress management**
- **Information** leaflets or consultation with a specialist on specific issues e.g. fertility, pregnancy, surveillance for bowel cancer

Dr Naila Arebi MD PhD MRCP(UK)  
Consultant Gastroenterologist

The London Clinic Consulting Rooms  
116 Harley Street | London | W1G 7JL

T: 020 7616 7693

E: [sandykent@btinternet.com](mailto:sandykent@btinternet.com)

## Noted

Suzanne Peckar  
Senior Marketing  
Manager



**W**elcome to the 7th edition of 'the Notes'. 2010 has been a momentous year so far for The London Clinic with the opening of our new cancer centre.

Built with the patient in mind, this groundbreaking facility is the largest new build in the private healthcare sector in the past 25 years. Housing existing services such as sophisticated cancer screening techniques, chemotherapy, stem cell transplants and other specialist haematology and oncology, we have also introduced the latest radiotherapy and radiosurgical technology into the centre.

We had the great honour of welcoming Her Majesty Queen Elizabeth II, accompanied by the Duke of Edinburgh, to officially open The London Clinic Cancer Centre on 31 March 2010 – see more on the back page.

Also in March of this year, we celebrated the opening of our new Consulting Rooms and Pathology Services at 116-120 Harley Street. We were joined by actress, Joanna Lumley, who officially opened the impressive new facilities.

If there are any topics you would like to see included in future issues of 'the Notes', please send us an email with your suggestions to [info@thelondonclinic.co.uk](mailto:info@thelondonclinic.co.uk).

# Joanna Lumley unveils new state-of-the-art pathology laboratory

In March of this year, we were delighted to welcome actress, Joanna Lumley, to open our new pathology laboratory and consulting rooms at 116 and 120 Harley Street.

Our new, purpose-built laboratory houses the latest technology to ensure the most efficient and high quality testing for patients, including:

- **The Abbott Accelerator APS total automation solution** – allowing the Clinic's special Blood Sciences Laboratory to process a far higher volume of work, in addition to faster and more efficient analytical testing
- **A new suite for the processing and cryopreservation of bone marrow and stem cells** to support the work of The London Clinic's haematology transplant unit, designed to be fully compliant with Human Tissue Authority (HTA) guidelines

Consultants and key representatives from the Clinic were joined by the actress who unveiled a plaque to help commemorate the event.

The new 35,000 sq ft building involved the redevelopment of four Harley Street houses and took 36 months to complete. It also includes 29 new consulting rooms for, amongst others, a select number of gastroenterologists, neurosurgeons, general surgeons, and those consultants forming both The London Clinic's Liver Centre and the renowned London Spine Clinic.

To access these new facilities, please refer to our new diagnostic services catalogue with detailed information for all your pathology, radiology and cardiology requests in an easy-to-use format.

To request additional copies of the catalogue, email us at [info@thelondonclinic.co.uk](mailto:info@thelondonclinic.co.uk) ←



*Clockwise from top left:* Joanna Lumley with the Clinic's Chief Executive Malcolm Miller and Chairman Michael Abrahams CBE DL; Joanna Lumley visiting the new pathology laboratory; the Abbott Accelerator APS and 116 Harley Street reception.



# Quantum Leap: developments at the Clinic

With the cancer centre now up and running and our thoughts switching to what lies ahead of us on the main site, I thought it would be a good time to provide colleagues with an update on how things are progressing with the Quantum Leap Re-development Programme.

Malcolm Miller, Chief Executive



Perhaps first allow me to begin by expressing my thanks on behalf of the Executive Board for all of the help and support clinicians have provided in recent years during the various phases of the programme. I am grateful in particular for colleagues' input into discussion on strategy and more practical aspects of design planning. Thank you to those consultants concerned; to others for your forbearance during periods of temporary disruption; and finally to the wider network of referring doctors for your commitment and loyalty that makes all this development possible in the first place.

## Expanding the Clinic's footprint

The last five years has seen an unprecedented level of capital investment at the Clinic not seen elsewhere in the independent healthcare sector. Having started with the opening of the new consulting room accommodation and diagnostic facilities at 5 Devonshire Place back in 2007, this was later followed up with a similar project at 116 Harley Street and of course the Clinic's most ambitious scheme to date, the cancer centre, completed late last year. Filling the significant additional in-patient and out-patient capacity that the new building now offers was always intended to be a medium-term aim, and we are confident this will be realised over the next two years. Activity is building up consistently, and Radiotherapy in particular having been set up from scratch, has had a very encouraging start, each month substantially outperforming the previous. Albeit from a modest base, as anticipated the activity graph is definitely pointing in the right direction and thank you once again to consultants who are supporting the service, some existing and some new.

We are delighted to welcome the new colleagues, many of whom were introduced to the Clinic during the structured programme of dinners and visits to the centre last autumn. You will be pleased to hear that in the past nine months, 28 new oncologists or surgeons with a particular interest in cancer have been granted admitting privileges to the Clinic or are in the process of having them approved.

## Main site redevelopment

So, what next? Each of the off-site projects I have referred to so far, have always been considered 'enabling projects' for the main site redevelopment and now at last, we are setting our sights on this element of the Quantum Leap programme.

In the next 12 months there will be six principal areas of activity (see table opposite).

Then, from next summer, the main site project will begin in earnest. Taking place in two phases over a 4-5 year period, it will comprise: 10 new basement theatres; new day care facilities on the ground floor; a new lift tower; and relocation of the main entrance from Devonshire Place to 149 Harley Street, where the courtyard, retaining all of its most beautiful features, will be 'crowned' with a spectacular new glass atrium!

As this journey continues, I trust you will share with me, the Clinic's extreme sense of pride for what has already been accomplished; optimism in what lies ahead and a determination to consolidate our position as the pre-eminent, high quality independent hospital in the UK. With a combination of the exciting investment plans I have described; a thoroughly professional and hard-working team of staff; and most importantly with your continuing support; we will surely not fail in achieving this goal.



The CyberKnife® Robotic Radiosurgery System in the new cancer centre



An artist's impression of the new main reception at 149 Harley Street with the glass atrium



An artist's impression of the proposed developments

## Consultant profile

**Mr Milad Hanna**  
Consultant Urologist



Mr Milad Hanna, Consultant Urologist and Director of Lithotripsy Unit at The Imperial College Healthcare NHS Trust, has joined the urology unit at The London Clinic; a highly specialized unit with advanced technologies to diagnose and treat a range of urological disorders.

Mr Hanna graduated in 1986 from Cairo University Medical College. In Egypt, he started his training in urology which continued in the UK. He joined Charing Cross hospital in 1998, which is currently a part of Imperial College Healthcare NHS Trust to focus on Shockwave Therapy of urinary tract stones.

Over the last 10 years, Mr Hanna has managed over 5000 patients with urinary tract stones both NHS and private with a success rate that is outstanding both nationally and internationally. His high success rate has made it possible for less number of patients to require surgical intervention.

He shared his unique expertise through training and lecturing both nationally and internationally. He was an advisor on establishing Lithotripsy units in Europe, Asia and the Middle East. An experience which is enriched by continuing research has enabled him to improve therapeutic techniques and also to advise on lithotripter design.

Mr Hanna participates in both undergraduate and postgraduate teaching at the Imperial College; he is also a research consultant who conducts and supervises several research projects related to new applications of Shockwave therapy.

**Mr Milad Hanna** MBCh FRCS(Ed) FRCS(Glas)  
*Consultant Urologist*

The London Clinic Minimally Invasive Therapy and Day Surgery Unit  
20 Devonshire Place | London | W1G 6BW  
T: 07970 983 638

### In the next 12 months there will be six principal areas of activity:

- **obtaining** formal planning permission
- **decant moves of consultants**, departments and functions from the 149 Harley Street side of the building to clear the way for Phase 1 Construction
- **the above includes relocation** of ophthalmologists and Eye Centre to 119 Harley Street and nuclear medicine imaging to the 8th floor
- **provision of new PET/CT** and its consolidation with nuclear medicine on the 8th floor
- **relocation of breast imaging** to the 8th floor
- **expansion of endoscopy** on the 7th floor

# New diet offers significant hope to IBS sufferers

A new diet recently introduced to the UK from Australia looks set to finally offer successful, long-term treatment for those suffering from Irritable Bowel Syndrome (IBS).

Dr Peter Irving, Consultant Gastroenterologist



Supported by substantial scientific evidence, this new dietary intervention is a significant advancement in the treatment of IBS. With a success rate of 70%<sup>2</sup> among those who are already following it, the 'Low FODMAP'<sup>1</sup> diet's success is attributed to the restriction of foods containing poorly absorbed sugars (FODMAPs) from the diet. Common foods containing FODMAPs include:

- Honey
- Apples and pears and stone fruits, such as peaches, plums and nectarines
- Onion, leek, garlic and artichoke
- Cabbage, cauliflower and brussel sprouts
- Polyol sweeteners (e.g. sorbitol, mannitol, xylitol) often added to sugar-free varieties of gums, mints and chocolate
- Beans and pulses, such as baked beans, lentils and chickpeas

The diet works on the principle that not all sugars can be successfully 'broken-down' and absorbed within the small intestine. As a result, these sugars are rapidly fermented by bacteria in the bowel which draws in fluid and produces gas. This can cause a number of symptoms for those with a functional gut disorder, such as IBS, including bloating, abdominal pain and diarrhoea.

Most treatments for IBS fail to improve symptoms in a significant proportion of people. Although many people with IBS are keen to try dietary therapy, in the past, studies of dietary treatments have either been of variable quality or have produced conflicting results. In contrast to this, the 'Low FODMAP' diet has been shown to be effective in a high quality, placebo controlled trial and is also supported by data from other studies investigating how it works.

The 'Low FODMAP' diet is not as restrictive as some diets and most people find it easy to adhere to, therefore also significantly increasing its chance of long-term success among followers. Close consultation with a trained dietitian is of key importance as they can provide patients with an individualised diet plan. This plan will incorporate appropriate alternatives for 'High FODMAP' foods, while also ensuring their diet remains nutritionally adequate.

In the past, dietary intervention has mainly been non-specific and often just revolved around the removal of wheat and dairy products. However, everyone is different and what works well for one person with a functional gut disorder, may not work well for another. This new diet offers a really positive outlook for sufferers of IBS and other functional gut disorders.

IBS is a common functional disorder of the gut that can cause pain, bloating, wind, constipation and diarrhoea. Up to one in five people develop IBS at some stage in their life and it is twice as common in females as in men. It can affect anyone at any age, but it commonly first develops in young adults and teenagers<sup>3</sup>.

**Dr Peter Irving** MA MD MRCP

*Consultant Gastroenterologist*

London Digestive Health  
116 Harley Street | London | W1G 7JL

**T:** 020 7616 7645

**E:** [ldh@thelondonclinic.co.uk](mailto:ldh@thelondonclinic.co.uk)

#### References:

<sup>1</sup> Fermentable Oligo-, Di- and Mono-saccharides and Polyols (FODMAPs)

<sup>2</sup> Fructose Malabsorption and Symptoms of Irritable Bowel Syndrome: Guidelines for Effective Dietary Management - Journal of the American Dietetic Association, 2006

<sup>3</sup> Patient UK

# Robot Navigator revolutionises hip surgery at The London Clinic

The London Clinic's reputation as a provider of advanced surgical care is being further enhanced with the introduction of a new, state-of-the-art robot to perform complex hip operations.

Professor Justin Cobb, Consultant Orthopaedic Surgeon



The Acrobot Navigator™, currently being trialled by leading orthopaedic consultant Professor Justin Cobb who also helped develop the technology, is used to bring about extremely precise and consistent hip-resurfacing procedures. The procedure involves repairing hip bone deformities by covering the femoral head with a cast of chrome alloy.

Conventional methods of correcting painful hip bone deformities are often highly complex, require immense precision and accuracy and rely on years of expertise. The robot uses a Global Positioning System (GPS) type technology enabling the surgeon to 'virtually' navigate during surgery to plot correct surgical cuts. It also indicates the correct angles for inserting the chrome alloy.

The robot consists of a console and two tracking arms which sense the movement of surgical tools as they move around a patient's hip area providing detailed images of where the tools are relative to the bones. The information is then fed into software which generates a virtual model of a patient's hips as they are being operated on.

## Case study

Last year Professor Cobb performed one of the first procedures using the Acrobot in the UK at The London Clinic. His patient, 29 year old Deena Saeed, developed a debilitating hip condition known as protrusion acetabulae during her teens. As she grew older Deena's condition became worse until she was unable to walk for more than 20 minutes, it even became a struggle for her to put on shoes and socks. Deena was told she needed two hip replacements but that she should wait for as long as possible because they might not last and would cause her more problems later in life.

Deena's GP referred her to Professor Cobb who felt she needed quality of life now not when she was fifty. Having her hips resurfaced using the revolutionary technology of The Acrobot Navigator would give Deena back the movement of a normal 29 year old.

After the surgery last year to resurface both of Deena's hips she spent three and half weeks on crutches but, after physiotherapy, she was soon walking again and within six months was running on a treadmill every day.

It is almost a year since the surgery and Deena is now very close to having a completely normal range of movement. Deena is delighted with the results of her operation and can now look forward to a future without pain and disability.

## Learning tool

The robotic technology is not only better for patients but also for surgeons. Previously they 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 an effective learning tool and 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.

Patients of The London Clinic requiring a hip-resurfacing operation can now, with the introduction of The Acrobot Navigator™, demand perfection and look forward to results that will last a lifetime.



The Acrobot Navigator™

**Professor Justin Cobb** MCh(Oxon) FRCS  
Consultant Orthopaedic Surgeon

The London Clinic Consulting Rooms  
5 Devonshire Place | London | W1G 6HL

T: 020 7224 0326

E: [j.cobb@thelondonclinic.co.uk](mailto:j.cobb@thelondonclinic.co.uk)

# History repeats itself as HM Queen Elizabeth II officially opens the Clinic's new cancer centre

Queen Elizabeth II cuts the ribbon of our pioneering new cancer centre, 78 years after the original hospital was opened by her late mother.

The London Clinic welcomed HM Queen Elizabeth II to our pioneering cancer centre as she, accompanied by the Duke of Edinburgh, officially opened our new £80million purpose built building on Wednesday 31 March 2010.

The royal visit is a fitting tribute to the hospital which was first opened in February 1932 by The Duchess of York (later Queen Elizabeth the Queen Mother).

HM The Queen was greeted by the Chairman, Michael Abrahams CBE DL and The Duchess of Devonshire, a Trustee, and was shown around the hospital by our Chief Executive, Malcolm Miller and Matron, Amanda Hallums. During their hour long visit, the royal party also met clinicians, experts, staff and patients being treated at the new cancer centre.

The state-of-the-art facility is the largest new build in the private healthcare sector in the past 25 years. It has been in development for over five years and combines cutting-edge technology with a progressive approach to cancer care.

Over £6million has been invested in major new items of radiotherapy, radiosurgery and imaging equipment – and we are one of the first hospitals in the UK to offer two of the world's leading technologies for cancer patients:



Clockwise from top left: HM The Queen meets a patient and the Clinic's Matron, Amanda Hallums; Trilogy System with RapidArc; and HM The Queen unveils plaque alongside the Clinic's Chairman, Michael Abrahams CBE DL and Malcolm Miller, Chief Executive.



- **CyberKnife® Robotic Radiosurgery System** – a non-invasive and pain free alternative to surgery for the treatment of both cancerous and non-cancerous tumours. It destroys tumours with high-dose beams of radiation and is able to treat any part of the body with pinpoint precision, minimising radiation exposure of surrounding healthy tissue and critical organs.
- **Trilogy® System with RapidArc™** – delivers radiation directly into tumours, thereby lessening the risk of attacking the surrounding healthy tissue, at a greater speed than other conventional radiotherapy treatments.

**“ This is a very special day in the history of the Clinic and we are extremely proud and privileged that Her Majesty has visited our new cancer hospital”**

Malcolm Miller

→ For more information about the cancer centre visit [www.cancercarelondon.com](http://www.cancercarelondon.com)