

Case notes

A MAGAZINE FOR REFERRERS AND GPs – WINTER 2015



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Second Opinion service
launching
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Diagnosing asthma in
children under 2
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Cardiac complications of
modern cancer therapy
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Welcome

to the winter 2015 edition of Case notes

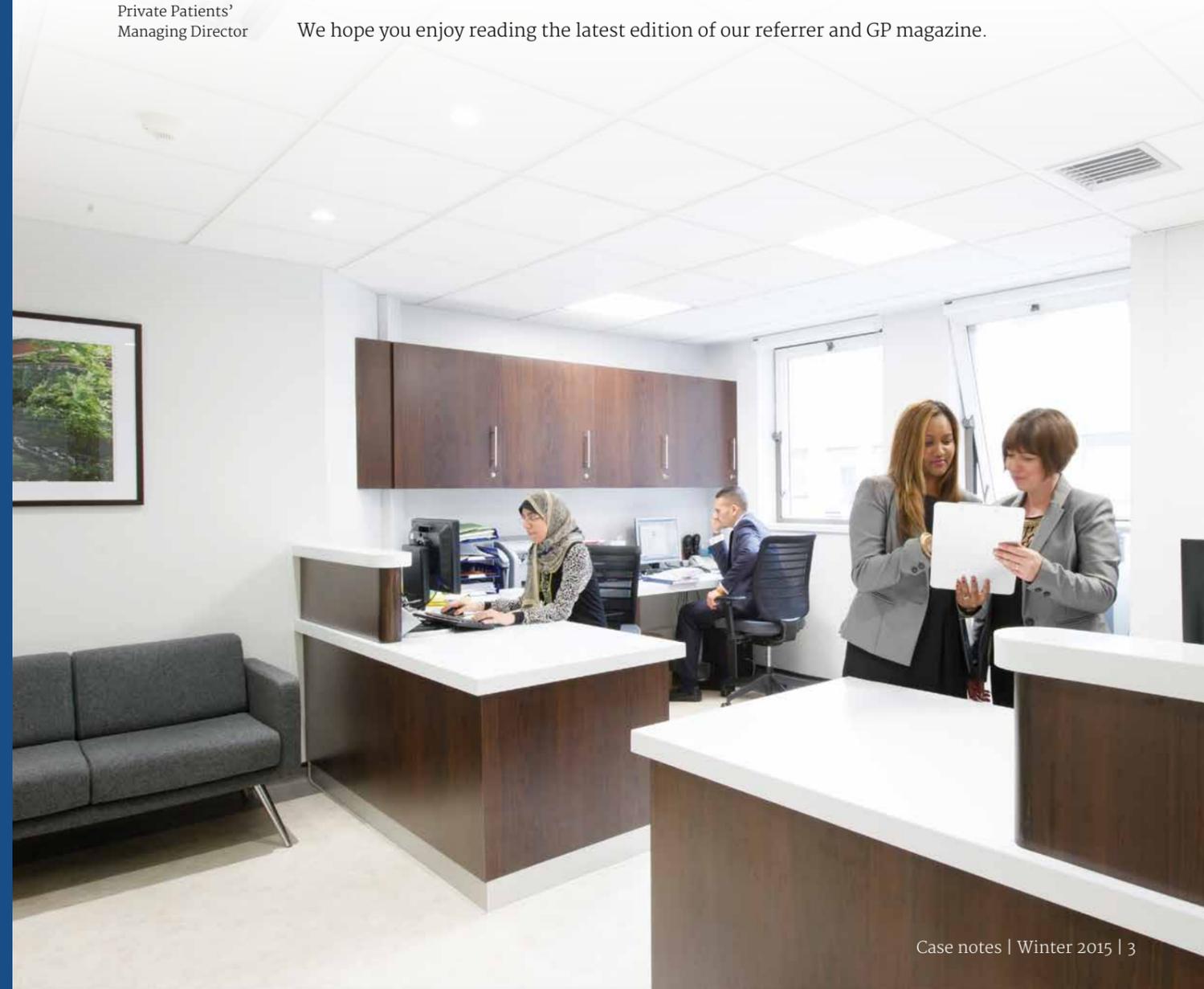


David Shrimpton
Private Patients'
Managing Director

In this issue, we tell you about an exciting new procedure done first at RB&HH to combat mitral regurgitation (page 4).

We are also pleased to share two inspiring patient case studies (page 6 and 10) and to update you on our new developments including our Second Opinion Service and our expanding business with patients in China.

We hope you enjoy reading the latest edition of our referrer and GP magazine.



Another world's first at Royal Brompton– new replacement heart valve



Neil Moat

A new replacement heart valve, for patients not suitable for open heart surgery, has been implanted in a world first at Royal Brompton Hospital. Sixty-eight-year-old, Margaret Mann, had the minimally-invasive procedure to replace a leaking mitral valve after conventional surgery was deemed inappropriate.

Mrs Mann, who lives with her husband Peter, in Burgess Hill, West Sussex, felt that her life was “drifting away” before she was referred to Royal Brompton Hospital. Just weeks after becoming the first patient in the world to have the Tendyne Transcatheter Mitral Valve system implanted, she now feels that the groundbreaking procedure has given her a new lease of life.

The Tendyne device is the first of its kind that is suitable for the treatment of patients with mitral regurgitation, which can cause shortness of breath, tiredness, dizziness and chest pain. Left untreated it can lead to heart failure and death.

The Tendyne TMVI is a fully retrievable and repositionable, apically tethered tri-leaflet porcine pericardial valve sewn onto a Nitinol frame that was specifically designed to address the complex mitral anatomy of functional, degenerative and mixed etiology mitral regurgitation.

Mitral valve regurgitation occurs when the mitral valve (which separates the upper left heart chamber from the lower left chamber and helps control blood flow through the heart) becomes damaged and fails to close properly. This results in blood flowing backwards, or leaking, through the valve when the heart contracts.

Mrs Mann explained: “For the last three years I’ve been so short of breath that I haven’t even been able to walk very small distances. I was on various medications that helped a little, but none of which fixed the problem. I didn’t consider myself old enough to be feeling like I was.

“I had heart bypass surgery 21 years ago and I also have COPD (chronic obstructive pulmonary disease), so I think for a long time my symptoms were put down to this. When my heart valve problem was eventually diagnosed, I was told by the consultant at my local hospital that surgery wasn’t an option because it was unlikely I’d survive the operation.”

The new Tendyne tissue valve can be placed into the patient’s beating heart without the need for cardiopulmonary bypass, commonly known as a heart-lung machine. It is implanted via a catheter through a small incision between the ribs. During the procedure the novel device can be repositioned, removed or redeployed as necessary.

Mrs Mann added: “I was referred to Royal Brompton Hospital where I was told about the new valve and that I would be the first person in the world to try it. My surgeon, Mr Moat, explained everything to me in detail, so when it came to making a decision I wasn’t actually too anxious. I decided to go ahead as I didn’t have much of a life as it was.

“I’m so pleased that I did because now I’m more or less able to run up and down the stairs.”

Since carrying out the world’s first procedure for Mrs Mann, Royal Brompton & Harefield NHS Foundation Trust consultant cardiac surgeon, Mr Neil Moat, has successfully implanted the Tendyne device in two other patients for whom surgery was not an option. Both patients, aged 75 and 87, made a rapid recovery and were discharged home with no residual mitral regurgitation.

Mr Moat said: “Whilst mitral valve surgery remains the gold standard for the treatment of severe mitral regurgitation, there are many patients living with the condition who are not suitable for surgery, either because of their age or because they have other serious medical conditions that increase the risk of open heart surgery. When surgery is considered inappropriate, there have been very few options, other than medication, in an attempt to relieve symptoms.

“Up until now, catheter-based interventions to replace the mitral valve have been limited to a relatively small number of patients, with devices designed to treat ‘secondary’ mitral regurgitation (when a patient’s heart has become enlarged and results in a leaking valve).

“However, very many patients have ‘primary’ mitral regurgitation (when there is something structurally wrong with the mitral valve itself). The Tendyne system can also be used in this patient population.

“We are delighted that Mrs Mann has done so well; continuing to improve and feel better almost two months after her procedure. We have now performed the procedure in two other patients, who also report significant improvement in their symptoms after being discharged home.

“If the Tendyne system continues to prove to be successful it could provide a very useful intervention in the treatment of patients with mitral regurgitation, both to improve their quality of life and potentially even extend the lives of patients with complicated mitral valve disease.”

As of January 2015, the Tendyne Transcatheter Mitral Valve system has been made available under a compassionate use protocol, which, under the Human Medicines Regulations 2012, exempts certain treatments when patients have special clinical needs that cannot be met by current licensed medicinal products.

“The use of the Tendyne valve under a compassionate use protocol is a significant milestone for Tendyne,” said Jeff Franco, Chief Executive Officer of Tendyne. “Multiple sizes and the flexibility associated with the tether allowed us to treat a wide array of patients. We look forward to continuing to implant the device in a multi-national feasibility study as we move towards regulatory approval. We are one step closer to offering a safe, effective, and minimally invasive option to the millions of patients with mitral regurgitation.”

As this is a brand new procedure, this is not yet available privately or through the NHS, but we hope to be able to provide this service as soon as possible. Please contact our team for more information.

‘Inoperable’ lung cancer patient given hope after life-saving surgery

Lung cancer patient Ivor Miller, 72, shares his experience of obtaining a second opinion after being told that nothing could be done to remove his tumour.



Two years ago, Mr Miller, a former sales representative for a pharmaceutical company, was diagnosed with idiopathic pulmonary fibrosis (IPF). The progressive nature of IPF – a condition that causes scarring of the lungs – meant that Mr Miller had to attend regular check-ups at his local hospital in Bournemouth.

During a routine check-up, a shadow was detected in Ivor’s lung, which upon further investigation, revealed a tumour. Ivor’s chest physician told him that the tumour was inoperable as it was attached to the chest wall. She recommended a strong course of chemotherapy and referred Ivor for palliative care.

Ivor became increasingly breathless and was in a great deal of pain. The family pulled together to investigate alternative treatments as they wanted to try every option possible to extend Ivor’s life. After conducting research online, Ivor’s son came across consultant thoracic surgeon, Emma Beddow, who is known throughout the UK for her expertise in lung cancer surgery.

They called Harefield Hospital on the Monday and were seen by Ms Beddow that Friday. She had already reviewed the scan and had confirmed that she would be willing to operate, especially since the tumour had grown a further 1cm in just four weeks.

Ivor’s wife, Charleen comments: “This was the best news we had received in ages. We came to Harefield Hospital in pieces ... and left with a real sense of hope. We returned to Harefield the following Monday, Ivor had some tests and scans on the Tuesday, and by Thursday, he was being operated on by Ms Beddow.”



Charleen explains: “The whole process was seamless. The staff in the private patients’ office couldn’t have done more to help. They took over and set the wheels in motion, organising our accommodation and supporting us through an incredibly worrying time. We were kept informed throughout the whole journey, and Ms Beddow even called me at 9pm on the Thursday to tell me that Ivor’s surgery went well.”

The day after surgery, we received the news that the tumour had been successfully removed and all nodes were clear of cancer. This was a remarkable achievement and we were so grateful to Ms Beddow for taking on the case. A lot of surgeons would not have attempted such a risky surgery, worried that it may affect their performance figures.”

Ms Beddow comments: “We were very pleased with the results of the surgery. Not only were we able to improve Ivor’s quality of life, but we were also able to achieve tumour free margins, increasing the 5 year survival rate to 40-55%. Without this surgery, his survival rate for this period would have been close to 0%”

Charleen concludes: “I have to say that Harefield Hospital is a wonderful place. From the cleaner to the consultants, every member of staff we encountered had such a positive attitude. The post-operative care was particularly amazing, especially the pain management.

“We are very grateful for the care we received at Harefield – it is the closest thing to a miracle that we have ever experienced.”

Diagnosing asthma in children under 2

By Dr Ian Balfour Lynn



Dr Ian Balfour Lynn

It is common for infants to have recurrent episodes of cough and wheeze with colds and be completely well in between episodes. Usually, they will be diagnosed as having episodic viral wheezing.

Despite what many parents are told, a small proportion will have genuine infantile asthma which is difficult but not impossible to diagnose in children under 2 years.

Making a diagnosis

Many parents may report that their child wheezes. What they are really describing are the harsh sounds of upper airway secretions in the back of the child's throat. A useful tip is to ask the parents to record the sounds on their mobile phones.

Key things to look for that suggest infantile asthma rather than episodic viral wheezing are:

- Family history of atopy – asthma, hay fever or eczema in a parent or sibling.
- Personal history of atopy – genuine atopic eczema rather than the occasional patch of dry skin, or a proven food allergy.
- Pattern of wheeze – daily or nighttime symptoms or exercise / excitement induced symptoms

Examination and investigations are usually found to be unhelpful as children under 6 years of age are unable to perform lung function testing.

If symptoms are marked or atypical, referral to a paediatrician with a respiratory interest is warranted. In some cases, further investigations may be performed to exclude less common diagnoses such as gastro-oesophageal reflux.

Treatment

The single best thing most parents could do to help their symptomatic child is to stop smoking or remove animals that the child is allergic to, although this is rarely done.

Salbutamol (the blue inhaler)

These should only be used on an 'as required' basis rather than automatically taken 3-4 times a day. Syrup form has been found to be far less effective and not worth using, as the dose required orally to have an impact inevitably leads to side effects.

Montelukast (Singulair) 4 mg

granules can be very useful to reduce viral airway inflammation and is not a steroid. They can be started at the beginning of a cold or chest symptoms and continued until the child is better rather than giving them a dose every day.

Inhaled steroids

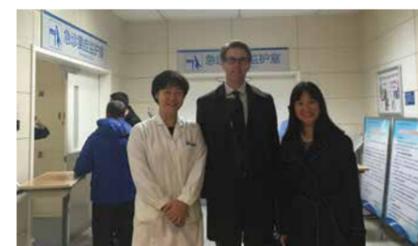
A small minority of pre-school children will require regular prophylaxis. Inhaled corticosteroids are more likely to work in those with genuine infantile asthma.

Fortunately the prognosis for those with genuine infantile asthma is generally very good and most will outgrow their symptoms. However although most wheezy infants do not turn out to have persistent childhood asthma, most asthmatics do start wheezing when young. There is no way to predict what will happen for any individual child.



RB&HH visits China

In December 2014 RB&HH Director David Shrimpton and Business development manager Linsee Richards visited several hospitals and health organisations in China. They were very warmly welcomed during their trip. RB&HH were invited to visit in order to discuss better ways to facilitate referrals for patients who wish to receive treatment abroad.



They also arranged an academic exchange where RB&HH consultants spoke via teleconference to Chinese consultants and academics.

The international market is very important to Royal Brompton & Harefield Hospitals Specialist Care. In the past few years there have been an increase in Chinese visitors to the UK for tourism and this has also been reflected in the increase number of Chinese patients looking to come to the UK for treatment.

RB&HH is looking at new ways that we can provide services for this growing market and the trip to China was set up to develop new relationship and find mutually beneficial ways of working together whether it be through patient referrals, our Visiting Doctors Programme, academic exchanges, or our new online second opinion service.

Hiking Mount Snowdon three months after heart bypass

Mr Brian Merritt, 70, came to Harefield Hospital in April 2014. He was initially diagnosed with atrial fibrillation (a very fast and irregular heartbeat), but was subsequently diagnosed with life-threatening heart disease and a severely reduced heart function.

“The past 15 years have brought with them many challenges, but also moments of great discipline and fulfilment.”

“It all started when I had to undergo a complicated hernia operation in 2000. At the time I was drinking heavily, smoking 40 cigarettes a day and eating huge portions of food. To say I was unfit was an understatement!

The hernia operation gave me the motivation I needed to stop smoking, but I did little else to change my lifestyle at the time.

A year later, I was diagnosed with prostate cancer and had to have my prostate removed. It was a terrible time – I really suffered for several days and the pain was dreadful.

It was then that I realised how badly my lifestyle was affecting my health. My consultant explained that I was ‘obese’ and that the operation was made more difficult due to the levels of fat surrounding my organs.”

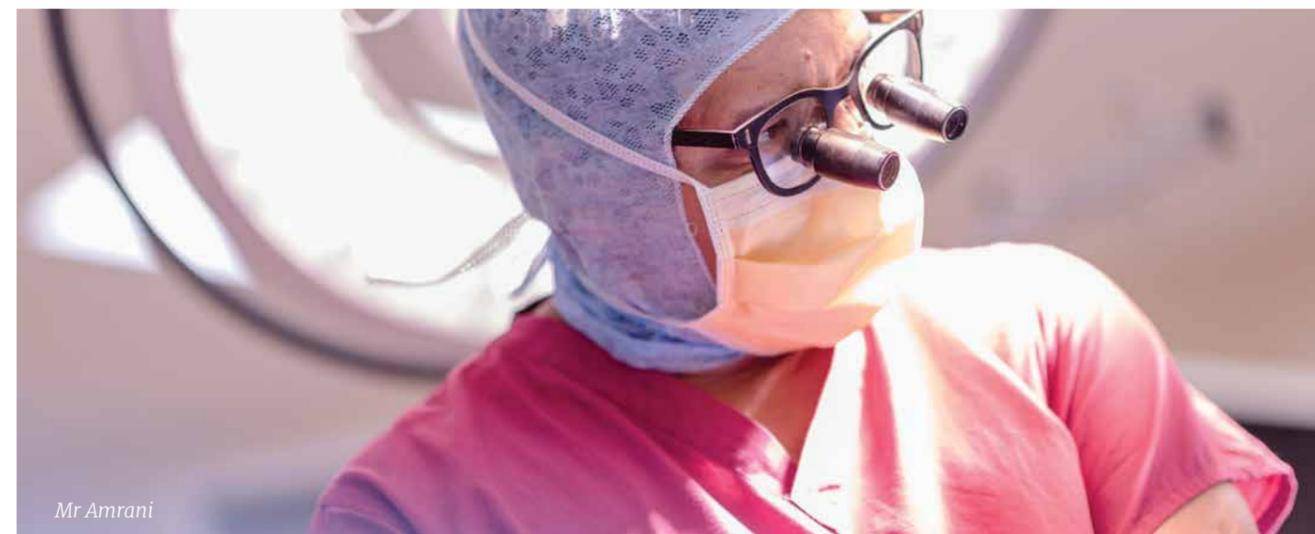
My journey back to fitness

“I began by walking 3 miles around Windsor Great Park, which was enough for me at the time as my legs ached and I got cramp. But I persisted with it, moving on to Dartmoor, the North and South Downs, the Brecon Beacons, the Peak District and the Lakes. By 2012, I managed 32 miles in just 12 hours.

By my 70th birthday, I had lost 10 inches from around my waist and 5.5 stone in weight. I was considered by most as very fit and healthy.”

Shock heart operation

“One day in early 2014 I was in the gym and as usual strapped on my heart rate monitor. It should have read ‘70 beat per minute’, but it was showing 200bpm. I suspected something was wrong so borrowed another. This showed 250bpm.



Mr Amrani

I went to the Doctor, had an ECG and was rushed to Wexham Park hospital with a suspected heart attack. I was seen by a cardiologist who was not concerned, and diagnosed me with atrial fibrillation. I had a procedure where paddles are used to shock the heart back into beating normally – but the doctors were not satisfied.

Following a series of further scans and tests, I was admitted to Harefield Hospital under the care of Mr Amrani. It was there that they detected problems with my heart muscle and I was diagnosed with severe heart disease. I underwent a complex heart bypass surgery and after the operation was told it would be about 6 months before things got back to normal. But I didn’t let this deter me from regaining my pre-surgery fitness.

It was quite hard to start with – walking 100 metres meant I got breathless and climbing 13 stairs at home left me gasping for air. However, 100 metres soon turned into 200, which then turned into 400. Within a month I was walking 3 to 6 miles, and regularly attending the gym to re-build my muscle strength.

I always acted with care, and under the guidance of Mr Amrani, stopped when I got breathless and waited for the breathing to return to normal.

Improvement continued and I am proud to say that just 3 months and 3 days from the date of my operation, I completed my second ascent up Mount Snowden!

My heart was no problem at all – I just required a new set of legs!!!!”

Consultant Cardiac Surgeon, Mr Amrani comments about his patient’s journey:

“This delightful 70 year old gentleman was referred to me in April 2014 by my colleagues Dr Dinos Missouriis and Dr Mohamed Al-Obaidi Consultant Cardiologists at Wexham Park Hospital after having been diagnosed with atrial fibrillation and coronary artery disease. Although fit and seemingly healthy, his heart was in a bad shape. The ECG revealed that insufficient blood was being pumped to some areas of the heart, raising the risk of heart attack. On top of this, his echocardiogram told us that his heart muscle was only working at around 35% of its total capacity and it was unclear how much of this heart function was recoverable.

I decided that surgery was the only option and performed off-pump coronary artery bypass graft surgery (OPCABG) for severe coronary artery disease with a severely depressed ventricle. (This means that we do not stop the heart beating but stabilise

only the small area that is being operated on).

What struck me with this gentleman was how quickly his heart recovered as soon as we had bypassed the blocked arteries. Within minutes of the artery being unblocked, it was like watching a completely different heart. The function returned almost instantaneously which is the best possible outcome for a patient with reduced cardiac function.

At his 6 week follow up, Mr Merritt couldn’t have looked better and his subsequent trip to climb Mount Snowden inspired everyone in the team. His rapid recovery is such a positive story for other people who may require cardiac surgery, hopefully helping them to feel more at ease when hearing about such positive outcomes.

Brian’s referring cardiologist has since repeated his echo and reported back to me that “his ventricular dimensions and function have returned now well within normal limits”.

This particular case is a true success story. To see a heart with such a poorly reduced function immediately come back to life on the operating table is amazing. In the 20 years that I have been working as a Consultant Heart Surgeon, this has been one of my greatest pleasures yet.

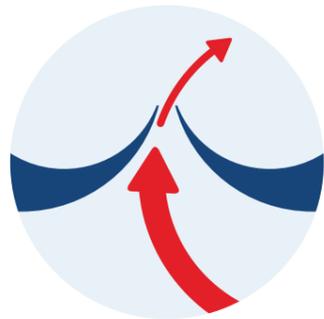
Heart valve disease: an overview

What is it?

Heart valve disease occurs when the valves of the heart become **diseased or damaged**, affecting the blood flow through the body and putting **extra strain on the heart**.

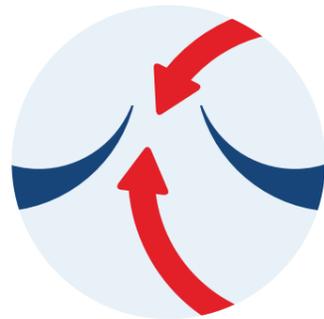
There are two main types

1. Valve stenosis



Occurs when the valve becomes narrowed or doesn't open properly, restricting blood flow through the valve.

2. Valve regurgitation



Occurs when the valve does not close in a normal way, causing the blood to flow backwards or leak through the valve.

Healthy valve



Valve opens fully to allow blood to be pumped through the heart.



Valve closes tightly after blood is pumped through the heart to prevent blood flowing the wrong way.

Symptoms may include

Shortness of breath



Fatigue



Swelling of the ankles & feet



Chest pain



Heart palpitations



Dizziness or fainting spells



Diagnosis

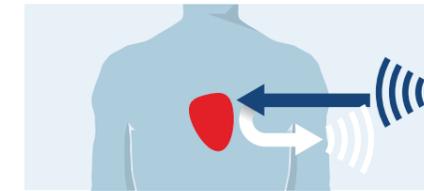
ECG

Records electrical activity of the heart



Echocardiography

Ultrasound of the heart



Cardiac catheterisation (also called an angiogram)

Arteries are dyed, then X-rayed



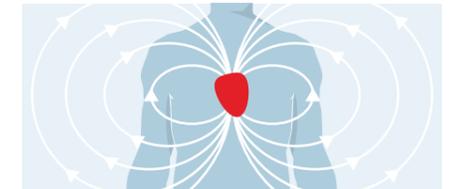
Myocardial perfusion imaging

Detection by gamma or positron rays



Cardiac Magnetic resonance imaging (CMRI)

Detection through magnetic fields



RB&HH offers a number of same day or short notice appointments to speed up the diagnostic service. Our hospitals are home to the most advanced diagnostic equipment facilities in the UK.

Treatment

Treatment options will depend on the severity of the valvular damage and the affect it is having on the heart and the health of the patient.

Medication

Used to ease symptoms



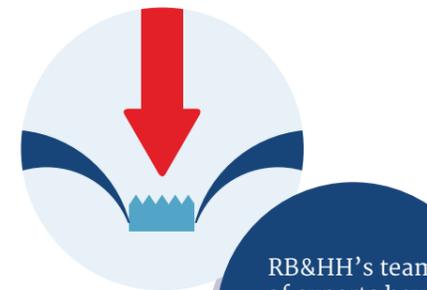
Heart surgery

Open heart surgery to repair or replace the damaged valve via a cut in the breastbone. Often the most common option.



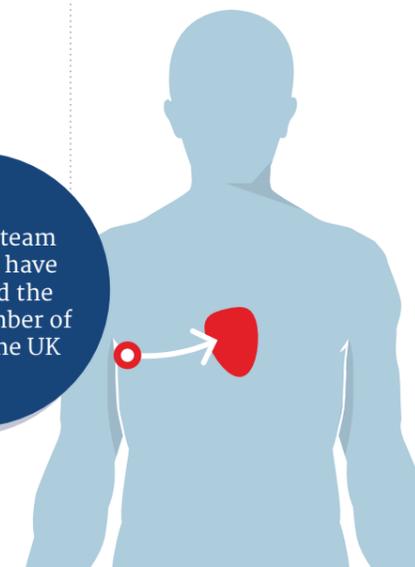
Non-surgical valve implant (TAVI)

Non-surgical valve implant (TAVI) – for patients unsuitable for surgery – replacement valve is inserted via a catheter through the groin or chest.



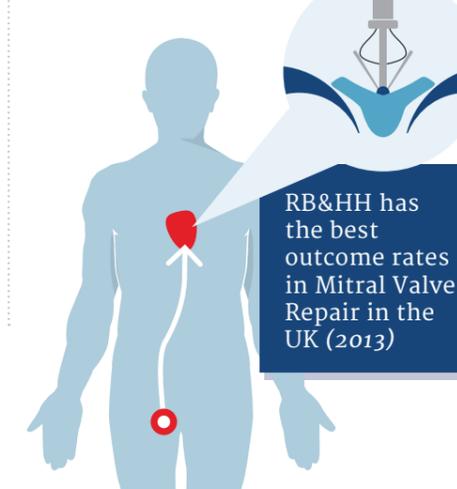
Minimally invasive surgery via chest

Mitral valve repair or aortic valve replacement via small incision on the side of the chest. Reduces pain, scarring and recovery time but not a suitable option for all patients.



Minimally invasive surgery via groin

(MitralClip procedure) mitral regurgitation treatment whereby valve is repaired via groin using a transcatheter.



RB&HH's team of experts have performed the largest number of TAVIs in the UK

RB&HH has the best outcome rates in Mitral Valve Repair in the UK (2013)

RB&HH launches second opinion service



Royal Brompton & Harefield Hospital Specialist Care, the largest specialist heart and lung centre in the UK, has long had patients from around the world travelling to receive diagnosis and care.

An online second opinion service has been launched in order to allow those unable to travel to access our specialists. The service provides second opinions on diagnosis and treatment from our world-renowned specialists in cardiology, cardiac surgery, respiratory medicine and thoracic surgery.

Patients who use the service will have access to some of the UK's top heart and lung consultants and surgeons, without having to make the trip to London to see them face to face.

Many people seek a second opinion in order to bring peace of mind and help better understand their diagnosis and full range of treatment options.

Although most people feel that their doctor has planned the best treatment for them, some people may want a second opinion if they are unsure about their diagnosis, unhappy with their recommended treatment plan or feel that the case requires someone with more specialised experience.

Royal Brompton & Harefield Hospitals are offering access to the expert medical opinions of their consultants via an online consultation service.

How it works:

- 1) Patient or authorised family member provides a thorough description of their case including why they wish to get a second opinion via our online form.
- 2) Attach and send the medical images (X-rays, MRIs, CTscans etc) from your treating physician via our secure website or via post.
- 3) Complete the payment which will be charged upon our receiving your medical images and the confirmation of consultant choice.
- 4) Our medical team will get back to you within five working days of reception of your images with a complete report via email.

This service is officially launching in January 2015 with a telemedicine virtual appointment service to be available a few months later in Spring 2015. The virtual appointment service will provide patients the opportunity to video conference with an RB&HH specialist consultant or surgeon in order to allow them to ask questions and interact with the consultant, in addition to receiving the printed second opinion medical report.

The service will be accessed through the RB&HH secure website www.rbhh-specialistcare.co.uk/secondopinion

Spotlight on: Harefield Heart Screening Clinic by Dr Aigul Baltabaeva



Cardiovascular disease (CVD) refers to any disease that affects the cardiovascular system, principally heart and arteries of the brain, kidneys and limbs. Despite modern achievements of medicine and technology it remains the leading cause of deaths worldwide. Current statistics reveal that CVD causes 47% of all deaths in Europe and 40% in the EU.

The new Heart Screening Clinic at Harefield Hospital offers quick and reliable assessment of individual's cardiovascular risk including blood tests to check cholesterol, sugar levels and biomarkers of cardiovascular disease as well as simple tests including ECG, body weight and fat composition.

The initial assessment is provided by a comprehensive questionnaire designed by group of experts. It is simple and easy to fill using step by step approach. The questionnaire can be filled on-line at the comfort of home to provide us with essential information.

Based on the initial assessment we offer 2-tier service. Those at low risk will have 1-1.5 hour visit to hospital to have blood tests, BP measurement, ECG and calculation of body mass index, including body fat composition.

It might become necessary to carry out a more accurate assessment and classification of risk than conventional methods. Based on individual presentation there is a large choice of functional tests which are performed by high volume specialists:

- Transthoracic echocardiography
- Stress Echocardiography
- Nuclear Stress Scintigraphy
- Cardiac Magnetic resonance imaging
- Stress Perfusion CMR
- CT Calcium Scoring – This technique is able to identify calcium deposits in the coronary arteries.
- CT Coronary angiography
- Invasive Coronary angiography

By the end of the assessment each individual is provided with recommendations and treatment options tailored to their risk profile.

Run by four of the hospitals' top cardiologists, heart screening patients will have access to the expertise of Dr Aigul Baltabaeva, Dr Shelley Rahman-Haley, Dr Mark Mason and Dr Richard Grocott-Mason.

The Harefield Hospitals' Private team will be happy to hear from patients who have questions or wish to make appointments for any of these services by calling **020 313 16 858**, or for GPs wishing to use the GP booking service at **01895 828 551**.

Excelling in patient care: Annalisa Salah



Congratulations goes out to Annalisa Salah, who works as an administrator in RB&HH private patients at Harefield. She has been recognised and awarded a staff champion award for her excellent patient care and team work. She always goes the extra mile, particularly when dealing with very anxious and frightened patients prior to their admittance.

A recent patient sent in comments about Annalisa: "Thank you seems like such a small word in comparison to your support and kindness. It has been such a stressful period in our life but you managed to calm us down and give us the strength I never knew we had and I will always be indebted to you for all your love and support."

You made the process of my dad's operation go so seamlessly. I had heard that angels come in different forms and you truly are 'our guiding angel'. Thank you for everything. You will never know how much I am grateful to you and I will never forget all your kindness."

Introducing our new consultants

Royal Brompton & Harefield Hospitals' Specialist Care welcomes the following consultants to our team.

Professor Nick Cheshire is a consultant vascular surgeon and Professor of Vascular Surgery and Head of Circulation and Renal Sciences at Imperial College & Imperial College Healthcare. He is a founder member of the British Society for Endovascular Therapy and former council member of the Society of Academic & Research Surgeons and the Vascular Society.

Nick Cheshire's clinical and research interests are in the application of technology to complex arterial disease. He has pioneered stent graft repair of thoracic and thoraco-abdominal aneurysms in the UK, reducing peri-operative mortality by up to 50%.

Dr Felix Chua is a full-time respiratory specialist who manages acute and chronic conditions that affect the lungs including asthma, smoking-associated disorders (such as COPD/emphysema), infections, interstitial lung diseases and complex lung pathologies.

He works closely with specialist thoracic radiologists, pathologists and surgeons to achieve a multi-discipline approach to clinical diagnosis and treatment. He is actively engaged in clinical research, postgraduate teaching and medico-legal practice.

Professor John Cleland's main field of interest is in heart failure, extending from its epidemiology and prevention, through the development and implementation of guidelines for the application

of current knowledge, to large randomised trials to study interventions for and disease areas in heart failure.

Particular current interests include the role of myocardial hibernation contributing to heart failure and its treatment (including beta-blockers and revascularisation), diastolic heart failure in the elderly, the potential deleterious effect of aspirin in heart failure, ventricular resynchronisation, telemonitoring, implantable haemodynamic monitoring devices, atrial fibrillation in heart failure and new interventions for acute decompensated heart failure. Active programmes for the assessment of heart failure and its optimal management using cardiac impedance, magnetic resonance, computer tomography and advanced electrophysiology are also in place.

Professor Alain Fraisse is director for paediatric cardiology at Royal Brompton Hospital. Over the last 10yrs he has performed more than 3500 Cardiac Catheterisations in children and adults with Congenital Heart Disease, including numerous innovative procedures like pulmonary vein stenting, multiple ventricular septal defect closure, atrial septal defect closure with deficient rims, percutaneous pulmonary valve implantation with the melody system (including off label implantation in native RVOT and in small conduits) and hybrid Norwood as well as perventricular VSD closure.

Dr Richard Grocott-Mason is a Consultant Cardiologist and is the new Divisional Director of the Heart Division at Harefield Hospital. He has wide experience in general adult cardiology, including assessment of coronary artery disease, valve disease and heart failure. He is an interventional cardiologist performing coronary angioplasty and is an active member of the primary angioplasty rota at Harefield.

He has published over 60 papers and case reports over his career on topics ranging from basic science to long-term outcomes from cardiac transplantation and aortic valve replacement.

Professor Francois Lacour-Gayet is a world-renowned Consultant Cardiac Surgeon at the Royal Brompton Hospital, London, UK. He is also a visiting Professor at Imperial College London, UK. Over the course of his career, Prof. Lacour-Gayet has earned an international reputation as a leader in performing complex procedures to correct congenital heart defects.

His surgical expertise includes: complex neonatal cardiac surgery, biventricular repair, single ventricle circulation, minimally invasive pediatric heart surgery and transplantation. He is a world expert in the arterial switch operation for transposition of the great arteries, inventor of the Aristotle Score that is used world-wide to evaluate surgical results and a frequent invited speaker in prominent scientific meetings worldwide.



HRH Prince of Wales visits Royal Brompton

HRH Prince of Wales visited Royal Brompton Hospital in December as patron of the Cystic Fibrosis (CF) Trust and to mark the 50th anniversary of the charity.



HRH Prince Charles meets ward sister, Mary Haines, and general manager, Joy Godden

Royal Brompton's adult CF centre on Foulis Ward is one of the largest in Europe. His Royal Highness met staff and patients on the ward and spent time talking to them.

His Royal Highness unveiled a plaque to commemorate his visit.

After the unveiling he said: "I am so delighted to have a chance of visiting the hospital and the unit here, which I know does such wonderful work on the cystic fibrosis front, but also I am so proud to become patron of the Cystic Fibrosis Trust in its 50th anniversary year.

"I wanted to use this opportunity not only to salute you all for the work you do, but also to wish all those who I know are doing such good work in finding better and better answers to dealing with this condition, every possible success in the future."

Cardiac complications of modern cancer therapy

Some patients affected by cancer may experience problems with the heart as an effect of their cancer treatment. Problems can also arise if a patient has an existing heart condition before being diagnosed with cancer.



Macmillan Cancer Support has produced a patient-facing booklet in association with the British Heart Foundation and assistance from RB&HH consultant cardiologist Dr Alexander Lyon.

The booklet gives an overview of the functions of the heart, the cancer treatments that can cause heart problems, and discusses how these should be monitored and managed by the medical team.

Only some cancer treatments have been found to have an effect on the function of the heart. While some have an immediate effect, other treatments may not cause heart problems until years later. Treatments may affect the heart depending on several factors which include: the treatment and dosage,

patient's age during treatment, existing risk factors such as being overweight or smoking, if patient has an existing heart condition, or if the patient has more than one cancer or previous cancer treatments.

Radiotherapy treatments have only been shown to affect the heart if it is in the area that's treated. This may include radiotherapy given to treat left-sided breast cancer if the treatment was given more than 10 years ago. Advances in treatment mean that radiotherapy for breast cancer these days is unlikely to cause significant heart problems.

Similarly, only a few chemotherapy drugs may affect the heart. The oncologist should be able to inform the patient if the drugs prescribed are likely to cause heart problems. Anthracyclines are the most common drugs to affect the heart. These are used to treat some childhood cancers, breast cancer, soft tissue sarcomas, leukaemia and lymphomas.

These drugs can damage the heart muscle and make it weaker, but most people tend not to develop any heart problems. It's important that doctors keep an eye on the patients' heart



changes caused by anthracyclines so that they can treat them at an early stage and stop further damage to your heart.

Other targeted therapies and hormonal therapies have been found to have some incidence of increased heart risk.

The booklet gives specific examples and helpful guidelines to make patients aware of the risks without scaring them, while giving them helpful tips about what they can do to stay healthy.

The booklet is available free from Macmillan Cancer Support at be.macmillan.org.uk/be/p-22060-heart-health-and-cancer-treatment.aspx

To contact RB&HH's cardio oncology specialists Dr Alexander Lyon, Dr Sanjay Prasad and Dr Stuart Rosen call us at **020 3131 5384** or email privatepatients@rbht.nhs.uk

Spotlight on: Harefield Hospital Cardiac Surgeon Mr Shahzad Raja



Mr Raja is a general adult cardiac surgeon and has specialist expertise in surgical myocardial revascularization, aortic valve and

aortovascular surgery. His technical skills include conventional coronary artery bypass grafting, off-pump coronary artery bypass grafting, total arterial myocardial revascularization, bilateral internal mammary artery grafting, use of endoscopic vein

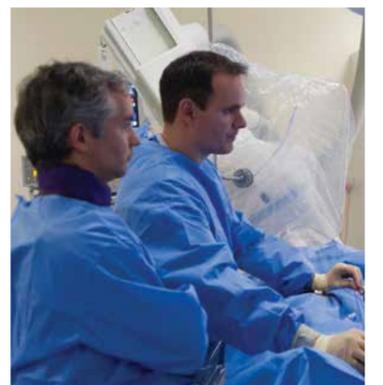
harvesting, minimal access aortic valve replacement, sutureless aortic valve replacement and TAVI. Mr Raja performs the highest number of coronary artery bypass surgery operations at the Royal Brompton & Harefield NHS trust.



Rapid Diagnostic Service

For patients requiring a range of tests to help diagnose a heart or lung condition, Royal Brompton and Harefield Hospitals offer SAME DAY or SHORT NOTICE appointments where tests are typically undertaken in one visit. In most cases, patients will receive the results on the same day as their appointment.

- Rapid access cardiac clinic
- Exercise stress test
- Echocardiogram
- A range of blood tests
- Electrocardiogram (ECG)
- Complex Echocardiogram (including stress echo)
- Chest X-Ray
- CT scanning with a 64-slice CT scanner or the advanced Dual Source Flash scanner
- 24-hour, 48-hour and 72-hour holter monitoring (ECG tape)
- Cardiac magnetic resonance (CMR)
- 24-hour blood pressure monitor
- Lung function tests



To make an appointment, call our dedicated GP line on: **020 7351 8793 (Royal Brompton) or 01895 828 551 (Harefield)**

RB&HH



Delivering excellence in heart and lung care

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Tel: 020 31 315 384 Fax: 020 7351 8535

Harefield Hospital, Hill End Road, Harefield, UB9 6JH

Tel: 020 3131 6858 Fax: 020 7351 8535

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