Cardiac Rehabilitation is a vital part of caring for patients with heart disease. It is an evidence based and cost effective intervention that reduces future mortality and morbidity.

A proactive cardiac rehabilitation service has been running and consistently improving over the last 15 years.

Who is in the team?

- 3 x Specialist Nurses
- 2 x Cardiac Physiotherapists
- A BACR (British Association of Cardiac Rehabilitation) trained fitness instructor
- Cardiac Physio assistant

as well as a multidisciplinary team of pharmacists, dieticians, cardiac physiologists amongst others who are involved in an active education programme.

The cardiac rehab team aim to see & accept referral for all in patients admitted with an acute cardiac event – we prioritise all MI – both ST elevation (STE MI) & non ST elevation (NSTEMI), patients awaiting revascularization and new diagnosis of Angina & Heart Failure. We also supply information, advice & literature on all aspects of heart disease from DCM, HOCM to implantation of ICD & PPM. We give telephone support & advice to all patients and their families. On discharge from hospital all patients seen are given contact details.

We contact all patients referred from primary care, tertiary centres and out of area hospitals & invite the patients onto a phase three programme, this is a chance to discuss with the patients the causes of their condition and to learn about the medical view about the things shown to help reduce the risk of a further heart problem. The opportunity to take part in a programme for improving physical activity, diet & weight management & stop smoking. Advice & guidance on the medicines they have been prescribed and for us to monitor (in certain cases) their haemodynamic response. Advice on all aspects of dealing with life after a heart problem including psychological, sexual & social consequences of heart disease.

Who to refer

- Patients who have been admitted & discharged with a diagnosis of ACS.
- Patients who are admitted with a diagnosis of STE MI.
- Patients who have undergone treatment following emergency situations, in have been involved in resuscitation, in all cases we try to include partners & family members we are happy to take referrals for patients Cardiomyopathies, implantation of certain devices ICD’s and of course post surgical patients CABG, valvular surgeries and heart failures.

All the consultants refer directly to the rehabilitation team but the lead consultant is Dr Peter Wilkinson.

How to refer - Directly by letter or fax the office at St Peter’s Hospital. Fax no 01932 723670.

If you would like to discuss a patient with us the direct line is 01932 723445 or for patient self referral 01932 722207. Liz Murphy Senior Cardiac Specialist Nurse bleep 5251, Karen Harris Cardiac Specialist Nurse pager 8114, Angela Murphy pager 8112.
Sinus surgery has evolved significantly over the past two decades, with endoscopic surgery representing a major innovation which avoids facial incisions. The goal of endoscopic sinus surgery is to restore the function of the sinuses in patients with chronic sinusitis, while preserving as much of the mucosa and natural anatomy as possible. Failure rates however are recorded up to 25% in primary cases and as high as 37% in revision cases. Bleeding and scarring can often occur, which may lead to revision surgery to improve symptoms and deal with scar tissue.

Balloon sinuplasty is a new tool for use during the procedure of endoscopic sinus surgery. The balloon technology has been developed to maximise the benefits of endoscopic sinus surgery while minimising risk and recovery time. In addition to the benefits to the patient, this translates into benefits to the Trust in terms of cost savings. Although the costs of debrider blades only partially defray the costs of balloons, further savings for the Trust arise from reduced theatre time.

How do you access the service
Through standard referral for assessment for sinus disease, through Choose and Book under Consultant John Hadley in any standard clinic.

Contact:
John Hadley’s medical secretary on 01784 884131/4805

Balloon sinuplasty offers many benefits to both patient and hospital over conventional endoscopic sinus surgery:

- Minimally interventional procedure consistent with day case surgery
- Reduced operating time (1 hour down to 20-45 minutes)
- Reduced post operative recovery for patient
- Less risk to patient as no mucosal resection
- Less risk of scarring and restenosis
- Reduced number of outpatient reviews and/or treatments required.
GORD (Gastro-Oesophageal Reflux Disease)

Gastro-oesophageal Reflux Disease (GORD) is a common condition, and one of the most frequent causes of indigestion and heartburn. Dyspepsia affects 40% of the adult UK population of whom half will have symptoms of GORD.

GORD imposes problems due to its chronicity & relapsing nature, hence patients keep approaching their GPs for repeat prescriptions of PPIs. It is therefore important to consider other modalities of management.

Surgery for GORD:
Surgery to prevent reflux which is increasingly performed using the laparoscopic approach improves oesophagitis and can control symptoms in around 90% of people. The patho-physiology of reflux is centred on the lower oesophageal sphincter incompetence and recent evidence indicates that the diaphragmatic crural fibres surrounding the oesophageal hiatus act as an external sphincter in concert with the intrinsic lower oesophageal sphincter in avoiding reflux. Surgical treatment would appear logical as it aims at re-enforcing this mechanism rather than decreasing acid production in the stomach.

Advantage of Surgery for Reflux disease:
The potential advantages of Nissen fundoplication include removing the need for life long medication and an excellent success rate which does not decrease significantly with time. DeMeester, reported 91% of patients had their symptoms controlled 10 years after surgery.

Laparoscopic approach offers a better cosmetic result, quicker recovery, shorter hospital stay and a quicker return to work. One has to however consider these benefits alongside the small but measurable risk of complications from this procedure.

Indications for Surgery:
Patients that should be considered for surgical treatment are:

- Those with a poor response to medical treatment where failure to suppress acid reflux is confirmed.
- Persisting Volume reflux
- Regurgitation of gastric contents occurring especially at night with risks of aspiration
- Difficult benign strictures
- Patient choice, especially those requiring long term maintenance treatment, including patients with Barrett’s oesophagus

How to refer: Surgeons Mr Elliot M Chisholm & Mr Neville N Menezes have a dedicated clinic for Reflux disease called the “Gallstone, Reflux & Upper GI Clinic”, and also on the Choose & Book template.

Patients fulfilling the above criteria will be offered the procedure & medical fitness with minimal co-morbidity will be an important factor in decision making.

A Request from the Appointments Centre

GP News has been asked to remind GPs and Practice Staff that all non Choose and Book outpatient clinic referrals for Orthopaedics must come into the trust via the Rowley Bristow Unit based at St.Peters Hospital

Paediatric referrals must come via the Paediatric department also based at St Peters Hospital, and ALL other referrals come into the trust via the Appointment Centre, which is based at Ashford Hospital. Here the letters are stamped, scanned and processed and are quickly sent to Consultants secretaries for formal approval and prioritising by their level of urgency. This process must take place before can be an appointment is offered and also supports the 18 Week Wait Project. Any referrals you send directly to Consultants and/or their secretaries have to be sent back to the Appointment Centre at Ashford Hospital for processing before returning to the Consultant for this process to be completed, therefore delaying the patient’s pathway. Any referrals that are urgent or that you feel should be seen as a priority should have this clearly labelled on the letter and sent via the Appointment Centre.

Orthopaedics: 01932 722730 / 722602 or fax 01932 722689.
Paediatrics: 01932 722508 or fax 01932 875171
Main Appointments: 01784 884351

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In September 2009, the department introduced more flexible hours for patients. In addition to regular appointment times, we now start at 8am once a week, and offer appointments between 1-2pm on this day. Orthodontic appointments are also available until 4.30pm allowing patients’ greater choice, thereby minimising disruption with school and work.

Orthodontic provision is either in a primary care setting provided by specialist orthodontists or in secondary care by a hospital orthodontic department. The role of our secondary care orthodontic department is provision of treatment for the most complex cases screened using the Index Of Orthodontic Treatment Need (IOTN), training SpRs, advisory and a public health role within the local dental community.

The Orthodontic Department at Ashford and St Peters Hospital is led by 2 Consultants, Karen Clarke and Claire Hepworth. The department is a strong training unit with 4 SpRs in specialist training linked to the Royal London and Eastman Dental Hospitals.

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**8am Start for Orthodontics**

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**Welcome to ...**

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**Dr Kee Fai Yeong - Consultant Orthogeriatrician**

Dr Yeong qualified in 1999 at Guys and St.Thomas’ Hospital and brings a wealth of experience to the Trust, his previous role being at Epsom and St Helier Hospitals.

**Key Role** - Providing medical input for frail elderly patients with fractures with emphasis with neck of femur fractures.

**Aims** - To improve the quality of care for the frail elderly with a view to improving outcome, reducing length of stay and returning patients home.

**Key Services** - Bone health, falls assessment, complex elderly with multiple co-morbidities, stroke/TIA, parkinsons and demetia.

**Location** - Based at St.Peter’s and Ashford Hospitals.

1 x rapid access clinic (Friday)

**Contact Details** - Secretary Mary Green on 01784 884500

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**Evening Spotlight Seminar Cardiology**

- **Introduction by Dr David Fluck, Clinical Director for Medicine**
  - Electrophysiology in the District General Hospital
    - by Dr Riyaz A. Kaba
  - Advanced Cardiac Imaging
    - by Dr Ian Beeton
  - Primary Angioplasty for Acute Myocardial Infarction (PPCI)
    - by Dr Adam Jacques & Dr Sola Odemuyiwa
  - Closing Remarks by Dr Peter Wilkinson

**Where:** Foxhills Country Club, Club House

**When:** Thursday 25th February, 6pm-9pm

A hot buffet will be served at 6pm followed by the talks which will start at 7pm.

To Reserve your place please contact Joanna Matthews by phone: 01932 723716 or Fax: 01932 872951 or Email: joanna.matthews@asph.nhs.uk

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