

# Wellington TODAY

Autumn 2008 | Issue 08

## Wellington ICU expansion begins



**Just 18 months after the redevelopment of the hospital's ICU services, growing demand for intensive care beds has led to a new expansion project at The Wellington North ICU, already one of the most up to date units of its kind in the country.**

The hospital is unique in the independent sector having two intensive care units in addition to its high dependency facility but demand for intensive care has increased over the past year or so.

When the building work is completed in February 2009 the hospital will have a total of 20 intensive care and four high dependency beds. Three of the ICU beds in Wellington North can be instantly converted into isolation units with individual airflow and the latest support technology. In addition

Wellington North has 44 cardiac surgery beds with specialist monitoring telemetry.

Hospital Chief Executive Keith Hague said the increasing demand reflected the hospital's international reputation for the highest standards of tertiary medicine and its ability to accept very ill patients at very short notice. "Some of our patients have undergone complex brain surgery, liver or cardiac surgery at The Wellington and we welcome patients from other private hospitals that do not have our specialist care facilities," he said.

"We receive patients with the most serious respiratory conditions via the hospital's increasingly popular Medical Admissions Unit and there are others who come in following serious accidents and subsequent surgery who need stabilising before being transferred to our Rehabilitation Unit."

"We can provide the highest levels of organ support for medical and surgical patients and the service can provide

haemofiltration and advanced respiratory support. There is literally nothing we cannot cope with at The Wellington," said Mr Hague.

The hospital is currently recruiting more specialist nursing staff to man the expanded service which also has a team of consultant intensivists overseeing the care of patients.



Artist impression of the new 1st floor ICU expansion at Wellington North.



## New Angiography Suite opens

**The new £1 million Angiography Suite at The Wellington's Diagnostic and Imaging Unit is now open, enabling higher definition images of the vascular system and faster diagnosis.**

The new laboratory is available 24x7 to enable radiologists and vascular surgeons to create an in-depth analysis of patients' vascular systems. The new equipment has the ability to see through or 'remove' body tissue including the bowel, bone and other tissue.

Aortic aneurisms and embolisations are among the conditions that are being treated in the new laboratory and Imaging Manager, Leslie Gabriel said it completed

the five year upgrade of the whole department.

"We now have the most comprehensive and modern facilities in the UK independent sector offering a service that is second to none," he said. "Most of our radiologists are at the top of their profession and have senior positions in our teaching hospitals and we are very fortunate in having some of the most experienced radiographers in the UK."

## Wellington People – the GP liaison team

**One of the most recent changes at The Wellington has been to introduce two GP liaison officers whose job it is to work with family doctors and practice secretaries to simplify and speed up bookings and patient access to The Wellington.**

Much of the time GP liaison officers Piers Andrews and Lamyia Hachicho are visiting and talking to GPs around Central, North and West London and organising patient admissions, some of them urgent admissions, to The Wellington.

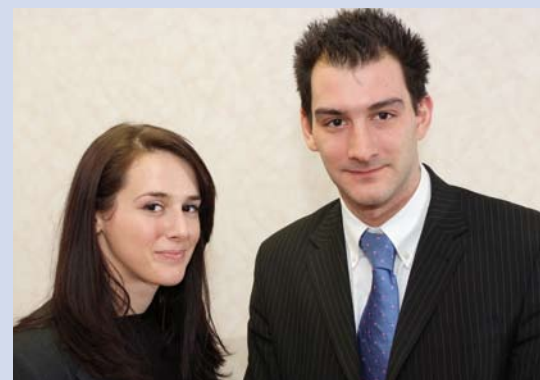
“We are here to listen to the needs of practices, to help introduce patients to the most appropriate consultant and make it easier and faster for patients to begin their treatment,” said Piers. “GPs call us, often when they are on the road out of normal hours, when there is a need for a patient to be seen and assessed by a consultant urgently. So we arrange everything with our medical admissions unit and frequently we can admit a patient within an hour or so.”

Piers Andrews has had seven years working in the independent health sector. He covers GPs in an area which includes Harley Street and Marylebone

and from there right out to Harrow. “This is the most challenging yet the most satisfying job I have had and increasingly so given the feedback we are receiving from GP practices,” he said. “GPs also appreciate that we can access other specialist healthcare facilities in our group when required because we are seen to be going for the best option for the patient.”

Lamyia Hachicho, who has a healthcare and pharmaceuticals background, covers the areas around and to the North of The Wellington as far out as Highgate in one direction and Stanmore in the other. “We are always keen to hear how we can improve our service to GPs,” she said. “Once we have introduced ourselves we become the first point of contact for the practice helping both in-patients and out-patients to see the most appropriate consultant or surgeon as quickly as possible. We are constantly trying to evolve our service to better meet the need of GPs and the patients.”

Lamyia has also been involved with the development of the Golders Green Outpatients Centre. “It is giving people a local service; it is very friendly and it has a superb range of services and technology to support the doctors and nurses there and it does help us to get



Lamyia Hachicho and Piers Andrews

patients to see consultants; to have faster diagnosis and to begin their treatment earlier,” she said.

One of the key initiatives Piers and Lamyia undertake is the continuing round of GP seminars and consultants meetings for GPs. “We make a special point of taking newer consultants to meet GPs in their practices and of putting on lunchtime and evening seminars on a range of subjects. We would be delighted to hear from a practice or any GP if they wish a particular subject covered,” said Lamyia.

**To Contact Piers Andrews call 07826 551620 and Lamyia Hachicho call 07826 551318.**



A PillCam endoscopy capsule



A small intestine showing Crohn's Disease

## The GI Unit offers Capsule Endoscopy

**Following the recent introduction of endoscopic ultrasound, the Wellington Gastroenterology Unit is now able to offer capsule endoscopy as an additional state of the art diagnostic process, particularly for those patients suffering from unexplained blood loss or potential small bowel conditions.**

The latest 12mm by 6mm capsules have their own light source and are able to take hundreds of photographs over a period of seven or eight hours while their batteries last. The photos are beamed via Bluetooth through the body to a receiver held against the body. The data received is downloaded to a PC and read by a specialist gastroenterologist.

“All of us in this unit believe this is an essential procedure in a modern GI unit because it has so many benefits for patients,” said gastroenterologist Dr Ray Shidrawi. “While we have had very efficient means of looking at most of the alimentary canal, the small intestine from the terminal ileum to the distal small bowel, some three or four metres in length, has always been a problem until now.”

“Capsule endoscopy is most useful when looking at Crohn's disease, unexplained iron deficiency resulting from bleeding and of course cancers,” he said. “By diagnosing small intestine cancers early we are actually saving lives; by having more detailed information we can tailor treatments for a range of diseases and sometimes just as importantly, we can exclude others.”

Work is currently under way to extend capsule battery life so that the whole of the colon is covered by the camera in the capsule and a capsule able to take a biopsy or steer itself to a known problem area is also at the design stage.

# The Wellington Neurosurgery Service expands

**The internationally renowned Neurosurgery Unit which provides a complete range of brain surgery for adult patients is undergoing a major expansion which will create the leading unit of its kind in the UK.**

With the number of intracranial cases increasing, the unit now has nine consultant neurosurgeons, a team of specialist anaesthetists, three neuro radiologists and in addition, the hospital is now recruiting a specialist registrar to join the in-house team of intensivists and RMOs available 24x7.

Backing up the surgical teams is a team of specialist neurosurgical nurses and support staff including a dedicated Helpline Team available round the clock.

Consultant neurosurgeon, Mr Ian Sabin, said the facilities available at The Wellington were unique. "I have operated at all the major units in London and this place beats them hands down," he said. "We have got brilliant diagnostic facilities and the most up to date theatre equipment with the very latest microscope and image guided neurosurgery technology and of course we now have the new angiography suite."

"There is nothing that this unit cannot handle, not least because we have superb intensive care facilities," said Mr Sabin. "And we have the added advantage of having access to the Gamma Knife, PET scanning and soon Cyberknife, through the Wellington's sister hospitals. All of this allows us to use techniques that are the most advanced available."

Consultant neurosurgeon Mr Neil Dorwood agreed. "Because of the terrific resources we have here and the full back-up we can undertake procedures that are not normally carried out in the private sector," he said. "Minimally invasive cranial surgery and endoscopic pituitary surgery for example are the norm. We really do have some of the leaders in their own fields operating here."

The unit has its own dedicated 20 bed ward manned by specialist neurological nursing staff with neurological ITU facilities available. "The kind of highly trained and specialist team that we have is not generally available elsewhere," said Mr Dorwood. "It all means that The Wellington Neurosurgery Unit can do what the best of the NHS can do."

Apart from the more common types of neurosurgery, the unit also specialises in cerebro-vascular surgery and deep brain stimulation for patients suffering from debilitating neurological disease, or chronic pain or epilepsy.

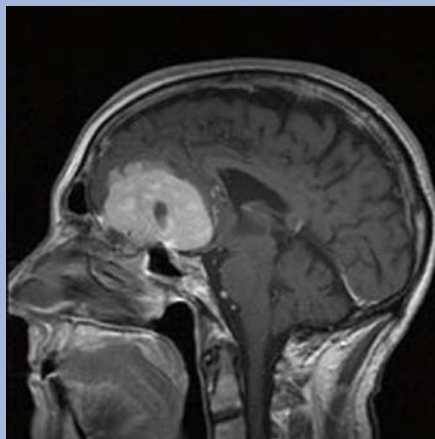
Many of the patients treated at the unit are referred by The Wellington's team of neurologists who also care for patients at the Hospital's Neurological Rehabilitation Unit, one of the largest of its kind in the UK.

"I have operated at all the major units in London and this place beats them hands down"

Consultant neurosurgeon,  
Mr Ian Sabin



A surgeon operating with the new neuro microscope



Brain tumour (in white) pre operation



Brain tumour removed

## The Liver Unit gets the latest Fibroscan

**The Wellington Liver Unit is now equipped with the latest Fibroscan assessment technology which can identify the early signs of liver disease.**

By measuring the stiffness of the liver using ultrasound elastography, the Fibroscan is used to assess and monitor liver fibrosis in all conditions that can cause chronic liver damage. This includes viral hepatitis, fatty liver disease and excess alcohol. The machine uses vibrations on the skin causing elastic waves that spread through the liver. The speed at which the waves pass through the liver indicates the level of stiffness present.

Professor Andy Burrows says the machine is a very valuable addition to the diagnostic armoury. "This machine can also pick up scar tissue before a patient gets sclerosis and can be a very useful addition to blood tests and an indicator of the need for a biopsy," he said. "Silent liver disease needs early treatment and this is one way of identifying patients at risk. It really is a very helpful tool for us."

The scan, which is a perfectly safe non-invasive procedure, takes just ten minutes and one of the Wellington's liver specialists can explain the findings to a patient immediately.

**To contact the Wellington Liver Unit, which treats all hepato-biliary conditions, the number to call is 020 7483 5148.**



Liver Unit nurse specialist David Morrison scans patient



## A pioneer of hip arthroscopy

**Some years ago Richard Villar was walking through the Royal College of Surgeons when a fellow orthopaedic surgeon called out, "They'll lock you up you know Richard - they'll lock you up!"**

"I was regarded as a complete nutter in those early days," said Mr Villar, who has his internationally renowned practice at Wellington South. "But now, two thousand hip arthroscopies later and with many more surgeons carrying

out the same procedures, we have developed remedial work so much that I would always prefer to repair rather than replace a hip - if possible," he said.

"In the early days no-one knew what the inside of a hip looked like and certainly it was difficult to realise what was normal and what was not. We had to explore and describe it for ourselves."

"Now we are doing operations with the help of an arthroscope as day cases whereas just two years ago these people would have been admitted for 14 days and then spent months on crutches. Often what goes on in the knee, torn cartilage, damaged ligaments and loose bodies, also happens in the hip."

"If you can deal with these problems early on you can often delay, or in some cases stop, the onset of painful arthritis in later years and prevent the need for

a replacement. Arthritis can start as an injury at the age of 19. We are seeing about six premier club footballers a week with hip problems and there are many people from other walks of life too and the vast majority can be helped back to full health" said Mr Villar, who has a team of surgeons working with him.

In the long term this pioneer of hip arthroscopy would like to see hip replacement ops disappear. Richard Villar says it may not happen for some time but: "With good diagnosis, repair work done early and with new techniques...if we fast forward I see hip replacements gone! Either we will be able to stop mechanical problems so arthritis doesn't appear or we will be able to implant things into an arthritic hip joint which are biological and therefore allow the hip to recover without the need for a new joint."