

## Care when you need it most

Over the past four years, Spire Manchester Hospital has introduced a comprehensive critical care educational programme within the hospital, increasing our capability to care for patients with more complex nursing needs and helping ensure we maintain a supply of staff skilled in critical care and emergency situations.

This educational programme includes a number of training modules from basic to advanced life support and is supported by a “modified early warning system” (MEWS) designed to enable staff to quickly identify and treat patients when their condition begins to deteriorate. Spire Manchester Hospital can offer up to 60 credits in partnership with Greater Manchester’s Critical Care Programme and runs two training centres approved by the UK Resuscitation Council— in Manchester and Cardiff – which also provides training to candidates from other providers, including the NHS.

MEWS is essentially an enhancement to the routine monitoring of vital signs. A number of observations – temperature, pulse, respiration rate, blood pressure, central nervous system response and urine output – contribute to the

early warning score. A score is calculated for every set of observations taken and recorded on the Observation Chart. Any patient scoring 4 or more immediately triggers a review from the Resident Medical Officer and the admitting consultant is informed of the patient’s condition to help ensure appropriate action is undertaken. Scores of 2 or 3 indicate where closer monitoring may be required or initiate a risk assessment from the nurse in charge of the ward.

A key feature of the programme has been the introduction of critical care competencies, based on the practical assessment of skills in 10 key areas, including arterial line care, CPAP, cardiac monitoring, CVP care and measurement and administration of inotropic support. Benefits of improving critical care skills include fewer unplanned transfers, fewer readmissions and the ability to offer more complex procedures and treatments. Between 2006 and 2008 readmission rates at Spire Manchester Hospital fell from 1.71% to 0.16% and unplanned transfers fell from 0.19% to 0.05%.

Spire Manchester Hospital is able to deliver the acute illness management (AIM) course,



which is currently delivered in 14 acute hospitals across the Greater Manchester region and a growing number of hospitals across the UK. AIM is a one day inter-professional course focusing on preventing cardiac arrest through earlier intervention and reducing the requirement for unplanned transfer to level 3 (ITU care). In the past five years, the number of cardiac arrests across Spire hospitals has reduced by 68% while survival rate has increased by 20% (up to 75%).

Here at Spire Manchester Hospital we have 18 staff qualified in Advanced Life Support, 18 with Acute Illness Managing Training and 12 who have undertaken assessment against critical care competencies. The hospital is a member of the Greater Manchester critical care network, has a fully equipped High Dependency Unit to deliver level 2 critical care and a transfer agreement in place for any patients requiring unplanned ITU care.

**For further information on the critical care continuum at Spire Manchester Hospital please contact 0161 232 2303**



Reader Offer:  
See inside for details



Winter 2009 • Issue 2

Inside this issue:

- Varicose veins? Walk tall again
- Be breast aware
- No surgery, just artistry
- Operation recovery
- Pinnoplasty: play it by ear

# inSpire

## Manchester surgeon featured on Channel 4 documentary.

We are delighted that one of our vascular surgeons, Mr Mo Baguneid is to be featured in the next series of Embarrassing Bodies.

The patient, Colin Thwaites had suffered varicose veins for some years but the condition, which caused aching legs and swollen ankles, which meant it felt like the foot and ankle were disintegrating, had become so bad it had started to affect Colin’s mobility and he became irritated with the constant reminder of its presence.

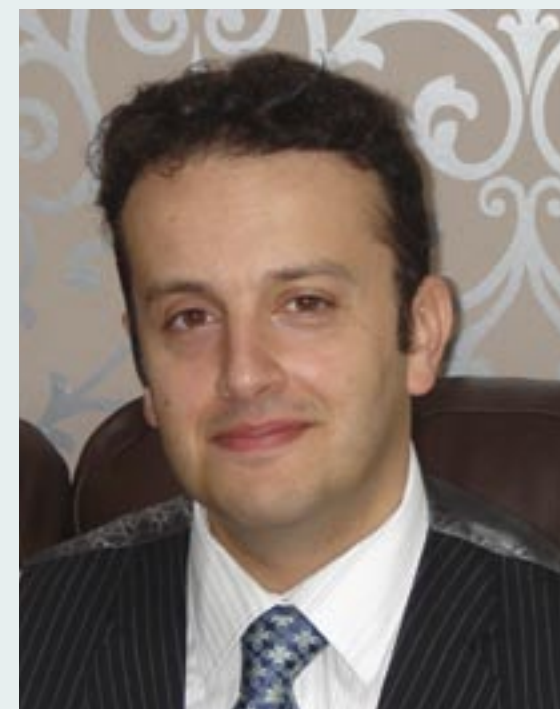
After seeking professional medical advice, Colin agreed to have an operation at his local hospital. By chance, he saw a news item about a laser procedure which interested him because of the fast recovery time.

Colin continues “as my local hospital did not perform this technique I contacted Spire Manchester Hospital, had a consultation with Mr Baguneid, who agreed this type of operation was perfect for my condition. Mr Baguneid then asked if I would be willing to take part in the TV programme and I said it was absolutely fine with me.

“All the arrangements were made and my operation was scheduled for 7pm. I stayed overnight and went home the following afternoon. I went back to work the following day (for half a day) and the day after the whole day. I took it easy with frequent rests.

“The hospital experience was excellent in that I was admitted efficiently but treated as an individual. There was a good variety of food and caring attendance by the staff at all times.

“This operation was not intended to be a cosmetic solution but to return functionality to my leg, and to prevent the possible formation of an ulcer. The whole experience, from meeting my consultant through to the surgery has more than met my expectations and I would recommend this solution to anyone suffering with this type of condition”.



Mr Mo Baguneid MB ChB FRCS (Ed) FRCS (Gen) Consultant Vascular Surgeon

Full treatment details on page 4 & 5



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Thank you to our contributors

## Matron's message



Pictured right  
Dawn Davis  
Matron

Pictured far right  
Spire Hospital  
Manchester

At Spire Manchester Hospital, we have a long history of providing weight loss surgery and in fact this type of surgery was first started at this very hospital. In addition to making this surgery available to self funding patients, we provide weight loss management and surgery for NHS patients as part of the North West Bariatric contract.

We know surgery is only one of the interventions available to support patients through their weight loss programme, which is why we have in place a highly skilled multi-disciplinary team to ensure all our patients are able to achieve the best possible outcome.

At Spire Manchester Hospital, we are fortunate to have attracted some of the most highly experienced specialist laparoscopic upper GI surgeons available, who combined have carried out over 600 weight loss surgery procedures. Our multi-disciplinary approach

helps to ensure that all our patients are supported throughout their treatment programme and have access to the right advice and support 24 hours a day.

Our anaesthetic and nursing expertise includes a dedicated bariatric nurse and dietician who provide full support to patients both before and after their operation. We also hold regular weight loss support group meetings providing patients with the opportunity to meet and talk with others who have previously been treated so they can be better prepared.

Our specialist bariatric teams are available to provide education and training at GP surgeries. The tutorials can also be designed to meet each surgery's specific educational requirements.

**For more information or to arrange a meeting for GP surgeries, please contact Laura Croft on 0161 232 2303 or email [laura.croft@spirehealthcare.com](mailto:laura.croft@spirehealthcare.com)**

## Spire Healthcare, a leader in private healthcare

“This August marked the second anniversary of Spire Healthcare as an independent business. In the last two years we have surpassed our expectations, and positioned Spire as a leader in the private healthcare market”



When I was approached by the Spire Manchester Hospital team to write an article for the Inspire newsletter I was delighted to say YES, as Manchester like so many hospitals in our group is transforming its fortunes by placing local patient care at the heart of what it does. It is a truly exciting time for Manchester as the hospital continually improves the ways it looks after its patients and works towards being the best private provider of quality healthcare in the region. The hospital team have made excellent progress in developing new services both on the hospital site but also looking to provide new services and facilities at locations around Manchester. This type of development for GPs and patients will

ensure that Spire Manchester Hospital continues to grow and be at the forefront of patient care.

While these are challenging times, with the UK still in recession, I feel the future for Spire Manchester Hospital is bright as the hospital continues to focus on high standards of patient care underpinned by its fantastic staff and the very best consultants within the region. I hope you enjoy this issue of 'Inspire' and I look forward to seeing many of you when I next visit Manchester.

**Rob Wise**  
Chief Executive Officer

## Reader Offer: Complimentary seasonal bouquet

Patients booking a cosmetic surgery treatment at Spire Manchester Hospital will receive a complimentary seasonal bouquet of flowers\* to take home while stocks last.

For more information or to make an appointment call  
**0161 232 2303**

\*Flowers in our complimentary bouquet are subject to seasonal availability

## What's at the top of your Christmas wish list ?



As Christmas draws near and we approach the party season, Spire Manchester Hospital's non-surgical treatment department is getting busier with more women than ever taking the opportunity to add some non-surgical facial treatments to their Christmas wish list. But why wait for Christmas? Most of us look forward to Christmas parties, social gatherings and spending Christmas Day with family and friends and we all want to look our best. So go on treat yourself, or your loved one, to something really special this year with non-surgical cosmetic treatments.

**Check out the treatments we offer on page 11 and make your appointment now, we want you to look and feel amazing!**

# Varicose veins? Walk tall again



Varicose veins are very common: they affect around 15% of men and 25% of women. The veins appear as dilated tortuous veins in the legs and can cause various complaints including aches, itching and skin changes. The good news is that treating this condition has been revolutionised with the introduction of procedures such as Endovenous laser therapy (VenaCure™ EVLT), which is minimally invasive. However, a detailed assessment and consultation with a vascular specialist is critical to determine the appropriate treatment plan.

### Why do we get varicose veins?

Very often, it's a simple case of genetics: some people inherit a tendency towards the condition. This is further affected by factors such as your occupation (for example, if you stand for long periods) or if you're pregnant.

All the veins in your legs have valves to ensure blood travels in one direction only (upwards to the heart) each time the calf muscle squeezes. But if the valves, or the calf muscle pump system, fail you can be more susceptible to varicose veins. The main sites of 'leaky' valves are in the groin or behind the knee.

### Symptoms

Many people have very few symptoms. However, some experience aching, throbbing and heaviness which is usually worse at the end of the day, or if you've been on your feet for long periods of time. The development of dry, itchy patches on the legs, together with skin discolouration near the ankle, indicates the skin is at risk of future breakdown and the development of a venous ulcer. Some patients develop "phlebitis" which is a painful inflammatory condition of the varicose veins. Occasionally, minor trauma can result in bleeding; this should be assessed urgently by a vascular specialist.



### Treatment

At your clinic consultation, the extent of your varicose veins and whether they're contributing to your symptoms will be determined. Your veins will be assessed clinically and an ultrasound scan will be needed to plan treatment, particularly for the less invasive techniques such as Endovenous Laser Therapy (VenaCure™ EVLT). Almost all patients are suitable to undergo EVLT, but for those who aren't there are traditional surgical techniques.

### Endovenous laser therapy (VenaCure™ EVLT)

This very effective and evidence-based treatment has shown excellent results for treating varicose veins. Indeed, VenaCure™ EVLT is more effective than any other treatment,\* including traditional surgery. Most people can return to their normal routine and work almost immediately. VenaCure™ EVLT can be performed under local anaesthetic, occasionally with sedation. Some prefer to have a general anaesthetic, and this is advisable if there is extensive treatment required on both legs. The vein in the thigh or behind the knee that is causing the varicose veins is punctured under ultrasound guidance with a needle. A catheter and laser fibre is introduced into the vein which is then 'sealed' by activating the laser fibre whilst it is withdrawn. The larger varicose veins

are then removed through a number of very small incisions (around 2mm in length) which heal without the need for sutures. The whole procedure takes 30-60 minutes.

### After your operation

Afterwards, you will have a bandage on your treated leg(s) and will be given compression stockings to wear for up to four weeks. The procedure is performed as a day case and you are often free to go home within the hour. If you have had a general anaesthetic, you may be required to stay for 2-3 hours for observation and, very occasionally, overnight.

### Are there any risks with this procedure?

All treatments carry some risks; however, VenaCure™ EVLT patients report very few side-effects. Some experience mild discomfort and bruising in their thigh which tends to resolve quickly, or a temporary numbness (transient paraesthesia) in the leg. Patients who were treated using VenaCure™ EVLT up to five years ago show extremely favourable results, with a success rate of more than 98%.

\* Refer to published Journal Vascular Surgery. Endovenous laser ablation of varicose veins: R J Min and N M Khilnani J. Cardiovasc. Surg 2005; 46: 395 – 405 Endovenous Therapies of lower extremity varicosities: A meta-analysis: R van den Bos et al J. Vascular Surg 2009; Vol 49 No.1.



## Consultant Profile

Mr Mo Baguneid  
MB ChB FRCS (Ed) FRCS (Gen)

Specialties:  
Consultant Vascular Surgeon  
Special clinical interests:  
Treatment of varicose veins (surgery, laser, EVLT), thread veins (micro-sclerotherapy), excessive sweating of hands and armpits (hyperhidrosis) and facial flushing, leg ulcers, circulation problems in legs and hands, deep vein thrombosis, abdominal aortic aneurysms, management of carotid artery disease (mini strokes/ TIA / strokes), thoracic outlet syndrome.  
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# Be Breast Aware

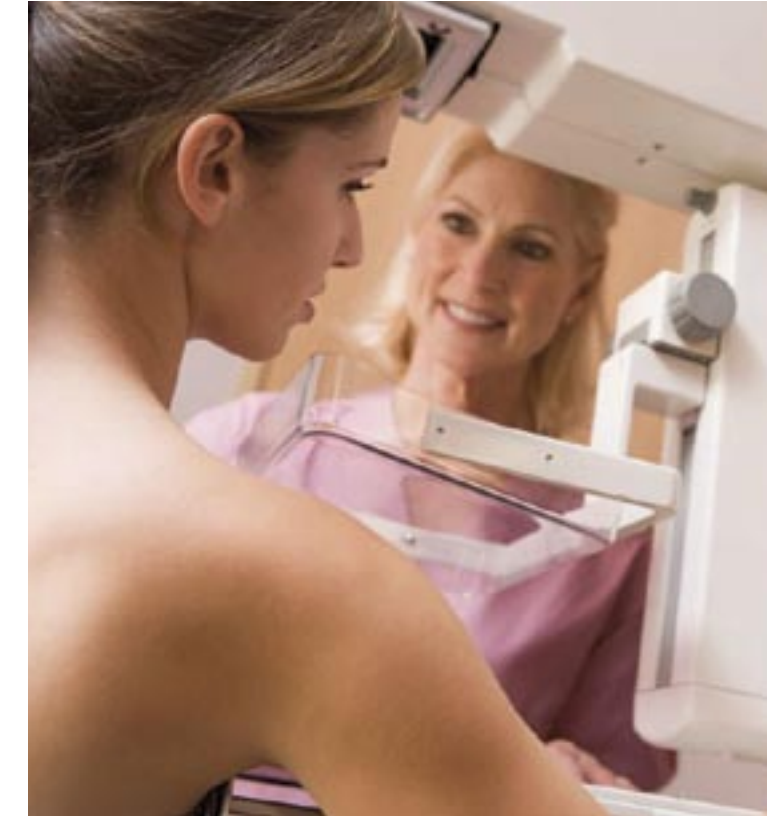


Image courtesy of Siemens

## How to be Breast Aware

Breast cancer seems to be caused by lots of things working together, until eventually a cancer is triggered. These can include your genetic make-up, hormonal factors, diet, exercise, your lifestyle, and environmental factors.

### To be breast aware means

- To know some basic facts
- To know how to check yourself
- To know about screening
- To deal with the risk factors in your own life

### Some basic facts

- The risk of getting breast cancer increases with age
- Your risk of getting breast cancer when young is higher if you have a family history
- Most lumps in the breast are harmless
- Breast pain associated with your menstrual cycle is common and usually harmless

## How to check yourself

- No special or complex routine is needed
- We recommend TLC – Touch, Look, Check

### TOUCH

- Use the flat of your hand not finger tips
- Wet soapy hands in the bath or shower may be easier
- Can you feel a lump in the breast?
- Can you feel a lump in the armpit?
- Is there a lumpy area that was not there before and does not go with your next period?

### LOOK

- In the mirror; arms by your side; arms raised
- Is there a change in the shape of your breast?
- Is there a change in the skin; dimpling or puckering?
- Is there a change in your nipple eg. pulled in?
- Is there blood-stained discharge from the nipple?

### CHECK

- Seek help from your doctor if you notice a change. Ask your GP to refer you to a Breast Clinic within 2 weeks.

## Screening

The following groups of women should have regular screening:

- Women between 30 and 50 who have a family history, eg a first degree relative with breast cancer (mother or sister) especially if they were diagnosed under 50 years old. Our specialists will give you advice if you answer 'yes' to both of these. You may be offered gene testing and MR scans as well as mammograms
- All women between 50 and 70 years of age will receive an NHS invitation every 3 years for a mammogram. Remember most recalls after screening turn out to be harmless and breast cancers caught this way have a very high cure rate.

## Deal with the Risk Factors in your life

### CHECK OUT YOUR FAMILY!

- Do you have a close relative with breast cancer?
- Were they under 50 or premenopausal at diagnosis?
- If so, find out about other family members who have had breast or ovarian cancer; construct a family tree
- Our specialists can advise whether your family history suggests a genetic link

### HORMONAL FACTORS

- Having children when you are young is mildly protective
- Breast-feeding is mildly protective

### DIET

- Switch to a more mediterranean diet
- Eat least five portions of fruit or veg a day
- Cut down your calories e.g. cakes and biscuits
- Get your weight down to its ideal level
- Follow the Genesis Breast Cancer Prevention Diet on [www.genesisuk.org](http://www.genesisuk.org)

### EXERCISE

- Burn off more calories
- Make exercise a regular part of your week

### LIFESTYLE

- Have a low alcohol lifestyle
- Aim to stop the Pill before you are 30 years old
- Use HRT for a short time; not continuously for years

### ENVIRONMENTAL FACTORS

- There is no direct evidence at present of a proven link between the environment and breast cancer
- Reducing your exposure to artificial chemicals in cosmetics, plastic products, preservatives and pesticides seems a sensible precaution

### Our 'take home' message

The chances of being completely cured of breast cancer are now higher than ever. The best chance comes if you catch it quickly. The Genesis Breast Cancer Prevention Centre in Manchester and Spire Manchester Hospital promote early

diagnosis, screening and prevention as the best anti-dotes to breast cancer.

**For more information see the website [www.genesisuk.org](http://www.genesisuk.org)**

**Spire Manchester Hospital, runs a Breast Care Clinic - For further details please contact 0161 232 2303.**

The information for this article has been provided by:

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## Breast Health

### Risk Assessment brings personalised health care to UK women

Some women assume that they have a high risk of contracting breast cancer because a close relative has been affected, but this might not be the case. A new genetic test available from BreastHealth UK will help women determine their individual risk. Many, like Alex Pope, whose mother and grandmother were both affected, will feel empowered by the findings.

**Professor Gordon Wishart, Medical Director of BreastHealth UK, explains:**

“Concern about breast cancer is common where women have experience of it in the family. Some women assume that they are at high risk without having spoken to a medical professional.”

“BreastHealth UK now offers a simple test that uses a mouth swab to take a DNA sample, and combines this with an assessment of lifestyle, family and medical history to provide a comprehensive breast cancer risk assessment. We can then give advice that is tailored to an individual’s risk.”

Currently 50 is the age threshold at which the NHS currently provides universal screening, it is considered that after this age the risk of breast cancer can increase in some women.

However, while the ‘average’ woman reaches this level of risk at 50, some women reach this threshold at a younger age and the test results can help to calculate this. Women can then take steps to manage their individual risk, including starting screening earlier, having more frequent screening, or making lifestyle changes that may help to reduce their risk.

Alex Pope, 34, whose mother and grandmother both had breast cancer, was concerned about her own risk of the disease.

“I went to the BreastHealth UK clinic to get a better understanding of my personal risk. They went through my lifestyle, family and medical history, and took a mouth swab to collect DNA for the test that the clinic offers.”

The consultant explained that Alex, now knowing her personal risk, was able to be proactive in managing her health.

“I did find it comforting. It was all explained to me that I needed to be aware and have regular tests. I was shown how to examine my own breasts and what to look for and also given advice about my diet.”

“Looking forward, it’s something I’ve got to be aware of. I’ve been thinking I must tell my sister too, but it’s just business as normal now really.”

Vicki Lyus, a genetic counsellor for BreastHealth UK, says, “Many women find knowing their personal level of risk can be comforting, even if they are at high risk, because it means that they can take appropriate action, for instance earlier or more frequent screening, or making lifestyle changes such as adjusting diet or reducing alcohol intake. It can also be helpful for mothers that have been affected by cancer as often they are very concerned for their daughters.”

BreastHealth UK clinics offer ‘traditional’ screening techniques such as mammography and MRI, plus new technologies which are suitable for younger women and currently unavailable on the NHS.

The information for this article has been provided by: BreastHealthUK - [www.breasthealthuk.com](http://www.breasthealthuk.com)

## Acupuncture: the great alternative



With its roots in Chinese medicine, acupuncture has been used to restore and maintain good health by billions of people for thousands of years. It has been researched, refined and developed for centuries and is now practised all over the world. Approximately 3 million people are treated each year in the UK alone. The National Institute of Clinical Excellence (NICE) recently recommended acupuncture as one of the treatments of choice for patients with persistent non-specific low back pain.

Many people choose acupuncture to help with a wide range of specific symptoms or conditions. Others choose acupuncture as a preventative measure to strengthen their constitution or because they feel generally unwell. Good health is not just the absence of pain or disease. The overall aim of treatment is to restore the body’s equilibrium by focussing on all aspects of wellbeing: physical, mental and emotional. Examples of conditions acupuncture can be used to treat include:

- Rheumatic & arthritic pain
- Anxiety, depression, grief, insomnia, panic attacks
- Migraines, headaches, sinusitis, tinnitus, facial paralysis
- Eczema, acne, skin complaints including aesthetic improvements using Facial Revitalisation Acupuncture (FRA)
- Coughs, colds, chronic viral infections, poor immunity
- Hay fever, asthma, angina, hypertension & circulatory problems

- Digestive, bowel & urinary problems
- Gynaecological, menstrual & menopausal problems
- Supporting fertility & IVF treatment
- A range of conditions experienced throughout pregnancy and support with childbirth
- Support with some chronic degenerative diseases such as multiple sclerosis and post-operative recovery
- Support with stress, weight loss and eating disorders
- Overcoming addictions to smoking, alcohol or drugs

Acupuncture is considered suitable for all ages, including babies and children. It can also be used alongside conventional medicine. It makes sense for a patient to inform their doctor or hospital consultant about receiving acupuncture treatment. Often it can be useful for an acupuncturist, with their patient’s consent, to liaise with other health professionals involved in the patient’s care.

During the initial consultation a diagnosis, treatment plan and prognosis will be formulated. Treatment involves the insertion of ultra fine, single-use, sterile and disposable needles into acupuncture points on channels, just under the skin. Acupuncture needles are substantially finer than needles used for injections or blood tests. Treatments are usually arranged once or occasionally twice a week to start with. Progress

is reviewed regularly at agreed intervals and as a patient feels better treatments become less frequent. Acupuncture is generally very safe; serious side effects are extremely rare (less than one per 10,000 treatments).

Ms Balwant Kaur, Acupuncturist at Spire Manchester Hospital is a fully qualified and experienced acupuncturist who is a member of the British Acupuncture Council and registered with the relevant local authorities. Ms Kaur has a strong commitment to high professional standards, to a postgraduate level. Other areas of practice she has studied include paediatric acupuncture in Europe and she has also trained in obstetric acupuncture. Ms Kaur is a Registered Social Worker and has extensive experience in working with children and adults within a therapeutic context.

**“Over its 2500 years of development, a wealth of experience has accumulated in the practice of acupuncture, attesting to the wide range of diseases and conditions that can be effectively treated with this approach.”**

Acupuncture: Review and Analysis of reports on Controlled Clinical Trials, World Health Organisation 2003.

Article supplied by  
**Ms Balwant Kaur BSc, BA, PGDipSW, MBAcC**  
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 For appointments call  
**0161 232 2303**



## No surgery just artistry

From Botox® and dermal fillers to chemical peels and rehydration, we at Spire Manchester Hospital offer a host of cosmetic treatments that don't involve surgery – just the expert application of our clinicians.

### Line relaxing treatments

#### Vistabel/Botulinum toxin type A

This injectable muscle relaxant is one of the most popular treatments in aesthetic practice worldwide. Small amounts are precisely injected into certain muscles in the face and neck. Botox® is most commonly used to help eliminate frown lines, crows' feet and forehead lines. Using more advanced techniques it can also be used to lift the brows, smooth lip lines, prevent or relax chin lines caused by tense muscles, stop teeth grinding and relax unsightly platysmal bands in the neck area. Treatments take up to 30 minutes and results will normally be visible after two weeks and will last approximately 3 – 6 months.

### Dermal fillers

#### (Restylane®/Juvederm®/Teosyal®)

Dermal fillers can be used to improve many issues we may have with our skin from fine lines and acne scarring to deep lines. A clear gel containing non-animal hyaluronic acid gel (a product already found in the skin) is injected into the dermis to help achieve beautifully natural looking results.

### Fine lines and wrinkles

Restylane® and Juvederm® can be used to correct fine lines anywhere on the face and neck. It is particularly effective on frown lines, nose to mouth or smile lines and those troublesome lines around the lips. By adding dermal filler to these areas it rehydrates the skin leaving it looking uplifted, nourished and rejuvenated.

### Volumising

Dermal fillers can also be used to create volume and effectively treat deep lines and folds like those from nose to mouth (nasolabial lines) or from the corners of our mouth down to the jaw line (oral commissures). By adding volume to the cheek and chin area you get enhanced facial contours looking natural but more youthful and defined.

### Beautiful lips

One of the most sought after treatments is lip enhancement. Lip enhancement is performed using products such as Restylane Lipp®, Teosyal Kiss® and Juvederm®, all of which are tissue-tailored to match your lips' natural structure, helping to add natural looking shape and volume.

### Correction

Facial scars, acne scars, tear troughs, eye bags and nose imperfections can be problematic for many of us. Dermal fillers are very versatile, and the fact that they are so natural allows them to be placed almost anywhere on the face. Imperfections can generally be improved by precisely adding subtle amounts of filler, helping to enhance shape and improve the continuity of the skin.

### Rehydrating

As we mature, many of us experience ageing in the hands and neck area. Restylane Vital® can be used to hydrate the skin from the inside, helping to give the skin more depth and make it look and feel younger. Treatments take up to one hour and results will be visible immediately. The effects will last from 6 – 12 months.

### Hyperhidrosis

Excessive sweating is a problem for approximately 1% of the population; it can sometimes be treated by injecting tiny amounts of botulinum toxin type A into the affected area. Treatment takes approximately 30 minutes and the effects generally last from 4 – 12 months.

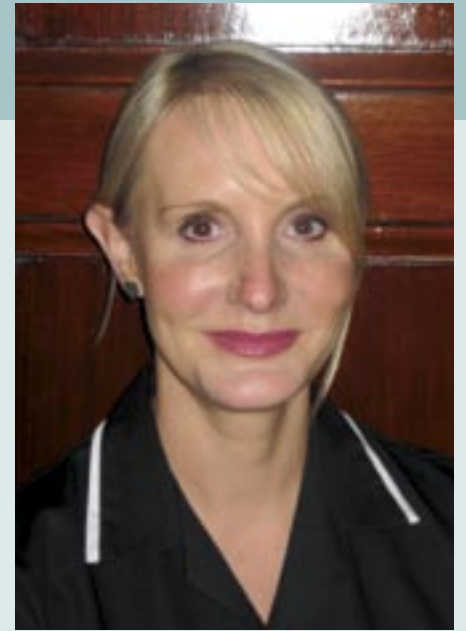
### Chemical peels

#### Glycolic peels (70%)

Glycolic peels are a highly effective and surprisingly relaxing experience. The glycolic acid deeply exfoliates the skin on the surface, whilst stimulating collagen in the skin's lower levels. This helps to improve the overall appearance of the skin. It generally feels firmer, minimising fine lines and benefiting from help to improve pigment imperfections and acne scarring. Targeting specific problems, they are particularly effective at treating hyperpigmentation and will leave your skin feeling fresh and nourished with visible results. Each peel will be tailored to meet the needs of your skin. Treatment takes 45 minutes.

#### TCA peels (15%)

Chemical peels are increasingly popular ways of treating a number of skin complaints. They are particularly effective on sun damage, hyperpigmentation, acne scarring and fine lines (on the face, neck and décolletage). They can also be used to treat active acne. These peels remove the superficial skin layers, giving you a visible peel and leaving your skin looking healthy and nourished. Up to four peels may be required for optimum results. Treatment takes approximately 45 minutes.



## Nurse Profile

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## Keep on running (safely)

### Running & knee injuries, what you need to know

The main reason for most knee problems is the repetitive loading that knee joints get from the impact of landing with each step whilst running. This can result in chronic knee problems which are more common in long distance runners than acute knee conditions. Acute knee injuries can also occur but are not something unique to distance running. These can occur for example, if whilst running the runner steps into a pot hole or trips, resulting in a twisting injury to the knee and a fall. This can result in various conditions including meniscus tears, ligament tears, such as anterior cruciate ligament tears, knee cap dislocations and various soft tissue bruising injuries.

One of the important causes of knee and leg problems in long distance runners is more of a concern in recreational runners who decide that they are going to compete in long distance events such as marathons. They suddenly increase their running distance, resulting in an acute-on-chronic overload which their muscles and bones are not able to withstand, resulting in tendonitis and stress fractures. The golden rule in distance running is not to increase distance more than 10% per week and have a gradual progressive increase which will allow the muscles and bones to adapt to the loading. Here are just a few injuries to be aware of if you are a regular jogger or before you start out on a new exercise regime

### Soft Tissue Injuries

Tendonitis commonly occurs in long distance runners and is due to a combination of overloading as well as lack of stretching, resulting in tightness and therefore irritation of the tendons. The most common tendonitis in long distance runners is;

### Ilio-tibial band (ITB) tendonitis

The ilio-tibial band is a large, thick structure which runs down the outside of the leg and inserts on the top of the shin bone. The cause of knee pain in ITB tendonitis is due to "overload" or "biomechanical errors". Overload is common with sports that require a lot of running or weight bearing activity. When the tensor fasciae latae muscle and iliotibial band become fatigued and overloaded, they lose their ability to adequately stabilise the entire leg. This in-turn places stress on the knee joint, which results in pain and damage to the structures that make up the knee joint.

### Overload on the ITB can be caused by a number of things, including;

- Exercising on hard surfaces or on uneven ground;
- Starting an exercise programme after a long lay-off period;
- Increasing exercise intensity or duration too quickly;
- Exercising in worn out or ill fitting shoes
- Excessive uphill or downhill running.

### Biomechanical errors include:

- Leg length differences;
- Tight, stiff muscles in the leg;
- Muscle imbalances;
- Gait or running style problems such as over-pronation (flat feet).



### Patella (knee cap) Tendonitis

Common in athletes involved in a lot of jumping but can occur in runners. Usually triggered by a fall onto the front of the knee, more usually it is chronic overuse tendonitis resulting in pain at the front of the knee at the bottom end of the kneecap bone. Treatment progresses along the same principles as ilio-tibial band tendonitis, with stretching of the quadriceps muscles and the hamstrings. In addition, a specific type of strengthening programme is also undertaken under physio supervision to increase muscle strength without excessively loading the tendon. Ultrasound and laser can also be used, as can friction massage. The final option in managing a tendonitis which is resistant to treatment is surgery.

### Hamstring Tendonitis

This condition is more common in sprinters than it is in long distance runners. It can cause pain anywhere along the course of the hamstring tendons but most commonly occurs on the inner aspect of the shin bone towards the knee joint or around the back of the knee. The tendon can be thickened as well as inflamed.

### Meniscal Injuries

Menisci are shock absorbers within the knee and are composed of two pieces of gristle within the knee joint, one in the inner compartment (medial meniscus) and one in the outer compartment (lateral meniscus). These act to spread out loading forces into the knee. As people get older, the menisci get stiffer and are less apt at spreading forces and more likely to tear. The common cause of tearing these is twisting injuries but they can occur with repetitive impact loading.

Symptoms of meniscus tear are usually pain to the inner or outer aspect of the knee. The initial principals of treatment involve rest, ice, elevation and anti-inflammatories, as well as physiotherapy with the aim of trying to reduce swelling and increasing motion.

Continued over page.



## Consultant Profile

Mr Sanjiv Jari BSc (Hons), MB ChB, FRCS (Eng), FRCS (Tr & Orth)

### Specialties:

Consultant Knee, Lower Limb & Orthopaedic Sports Medicine Surgeon  
Honorary Clinical Lecturer, University of Manchester

### Special clinical interests:

Knee and ankle arthroscopy, ligament reconstruction knee and ankle, knee and hip replacement, cartilage transplantation and arthritis surgery, meniscal and articular cartilage surgery, sports medicine, patella (kneecap) surgery  
Year of qualification: 1990

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## Keep on running (safely) continued

### Chondral injuries (lining cartilage of the knee)

The final common problem in runners is damage to the lining surface of the knee (articular cartilage) this is a smooth layer which lines the bone and provides a low friction surface for the surfaces of the joint to move against. When this lining cartilage thins and disappears, as occurs as a normal part of ageing, this is called arthritis.

The articular cartilage is designed to withstand a certain amount of force, jumping, running and twisting can cause chronic overloading to the articular cartilage which can lead to its breakdown. This will lead to in essence, the accelerated development of degenerative changes within the knee joint and can be seen in the knee as a localised area of cartilage loss or earlier onset of an arthritis.

It is well known that many athletes who overload their joints can develop earlier onset of degenerative changes, including runners, footballers, basketball players etc.

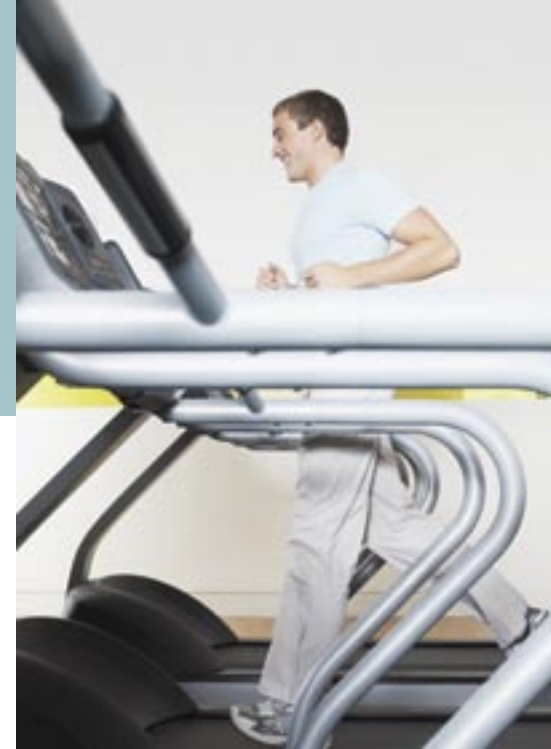
Clinical symptoms from damage to the articular cartilage can mimic meniscus tears, with localised pain in the knee, swelling, muscle wasting, catching and locking in the knee if a loose piece of lining cartilage had been knocked off and is loose within the joint. Diagnosis of damage to the lining surface of the joint is usually made on a combination of X-rays and MRI scans. The treatment initially is the same as for meniscus tears, Occasionally steroid injections can be injected into the joint to try and reduce inflammation and therefore control swelling and pain but this is usually only a temporising measure and the symptoms may recur.

A better option is to use injections of Hyaluronic acid which is a normal constituent of the fluid within the knee joint and has various beneficial effects which will increase the shock absorbing capacity of the joint and allow the cartilage to function somewhat more normally. It does not reverse the damage to the joint as it is already present.

Failing these treatments, the next option is surgical, which would initially involve keyhole surgery to clean up any lining cartilage damage, following which there are various options of surgical treatment which can be undertaken.

### Bone injuries

Stress fractures are a chronic overloading condition of the bone. They can occur in a number of bones of the leg, including the feet, around the ankle joint, and the most serious is the shin bone stress fracture (tibial stress fracture). Tibial stress fractures are one extreme of a continuum of conditions which merge in with a condition commonly known as shin splints. The person commonly develops gradually increasing pain felt along the shin bone which increases during weight bearing impact exercise. As the condition increases in severity, the pain can become more intrusive and occur earlier in the exercise phase and eventually can occur at rest. The treatment for stress should be rest, ice, elevation and taking anti-inflammatory medication. The affected bone is usually immobilised in either a plaster cast or a removable boot. A bone stimulator can also be used to increase the healing response. A stress fracture occurs due to chronic overuse and loading of the bone to such an extent that it overcomes the bones ongoing healing response,



because this occurs as a chronic condition, the body's response to the fracture is to try and get it to heal. The aim of immobilisation and rest is to allow healing, stress fractures do have a higher rate of not healing than acute traumatic fractures. Should they not heal with initially conservative treatment, they would require surgery.

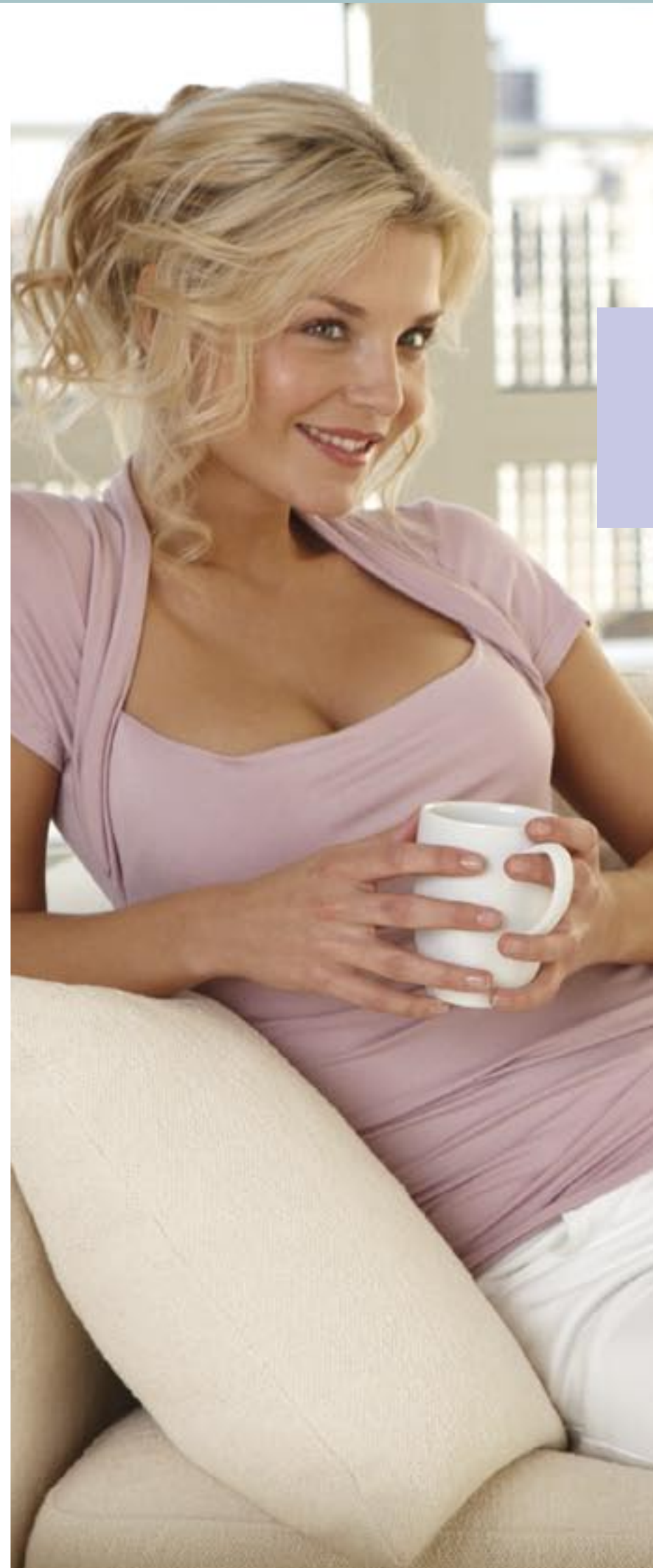
Stress fractures can be diagnosed on plain X-rays, MRI scans or three phase bone scans. Once diagnosis is made and rest and immobilisation has passed, the next phase is strengthening and conditioning, to maintain cardiovascular fitness whilst avoiding impact loading.

In conclusion long distance runners can sustain a number of injuries to the knee and leg, most of which are chronic overloading conditions. The first line of treatment for most of these is a combination of rest, ice, elevation, compression and anti-inflammatories, along with physiotherapy. If these don't help, it is then sensible to seek further advice from a sports physician or an orthopaedic surgeon.

### Important advice

- Ensure distance increase is no more than 10% per week.
- Make sure you have good well fitting trainers, less than six months old to maximise shock absorbing capacity.
- Ensure a good baseline level of strengthening conditioning.
- Always undertake a good stretching programme before and after exercise.
- Ensure you have a well balanced nutritional diet, including regular intakes of protein, essential building blocks for muscle and cartilage.

For more information about specific knee problems, please contact Spire Manchester Hospital on **0161 232 2303**



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### 0% Finance from First Medical Loans

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For more information call **0161 232 2303**

## Operation Recovery



**While the great boot debate rolls on, fractured metatarsals and other injuries will continue to strike a devastating blow for players, teams, fans, and nations alike.**

Whether playing in the academy or in the Premiership surrounded by top class health professionals, the future of a player can hang in the balance when injury strikes. Acting fast and securing the best care is the key to ensuring they are back on their feet, on the pitch and fighting fit as soon as possible.

Consultant Orthopaedic and Trauma Surgeon, Mr Ashok Paul, has been treating sports injuries at Spire Manchester Hospital for over 10 years and has had the health (bone and joint injuries) of the UK's greatest footballers and other elite athletes in his hands. Keen as anyone to establish where preventative measures can be made, Mr Paul and colleague Mr Hinduja, are soon to release their paper titled 'Metatarsal injuries in footballers – are the boots to blame?'

"There has undoubtedly been an increase in the number of injuries to high level footballers, young and old, over the last 10 years. As the stakes get higher, so does the pressure, the competition and unfortunately the incidence of injury. That said, where in the past footballers were simply 'injured', now the media interest is such that medical analysis of every break and scrape regularly appears

on the back pages of the papers, so awareness of specific injuries is rising quicker than the actual increase in numbers."

While scientists continue to analyse every aspect of players boots, diet, training techniques and fitness regimes, medical advances in the way surgeons treat injuries when they do happen, and the offering of private hospitals, is making significant progress.

"When a few weeks out of action can mean the loss of thousands of pounds in revenue for clubs, and heartbreak for fans, speed is always an issue. From the moment an injury occurs it's vital to act fast. Within hours of an injury happening I have had players in the hospital, having x-rays and scans, diagnosed and in theatre. Our set up at Spire Manchester Hospital is such that whenever we need them, that includes weekends and evenings, we have access to the facilities we need. Valuable players cannot afford delays in treatment. "Of course, what you do when you have a player in the hospital or on the operating table is critical. Advances in equipment, techniques and medicines over the last 10 years have made a significant difference to how we treat patients, perform



operations, and their outcome. By keeping up to date the care UK footballers can receive, in the right hands, is as good as any in the world.

"Before a player is released from hospital there are a few more things that we can do to help the speed and success of recovery. The use of Focus Rigidity Casting (FRC), where only the affected area is confined to a cast, helps players maintain their muscle bulk and strength by allowing them to continue to train throughout their recovery.

This way, when their injury has healed they can concentrate on building fitness in that area only, and return to full fitness much quicker. Bone Maturation Protein (BMP), applied during surgery or injected when no surgery is required, can improve healing times without compromising strength. We are also

able now to use absorbable pins in some fractures, which mean players do not need a second surgery to remove them as they once would have done. If surgery can be avoided, it should be, so we have also been using with good results Hyperbaric Oxygen tents on players suffering with strains and pulls. Sometimes we use this for certain fractures although it is not proven.

The use of Calcitonin to hasten healing and increase bone strength has also been tried". "Whatever the treatment, the ultimate goal has got to be the long term interest of the player, as a recovery can only be as quick as the injury and player's physical condition will allow. It might be painful for the team, the sponsors, and the fans, but irrespective of everything else our overriding duty is to the player."



## Consultant Profile

**Mr Ashok Paul MB BS, FRCS (Ed), FRCS (Ed) Orth**

**Specialties:**  
Orthopaedic surgery  
Wrist surgery, upper limb surgery, sports medicine, sports injury, soft tissue injuries

**Special clinical interests:**  
Arthroplasty, joint replacements, paediatric fractures, soft tissue sarcoma soft tissue tumours, trauma

**Current NHS post:**  
Consultant Orthopaedic and Trauma Surgeon, Manchester Royal Infirmary Honorary Lecturer, University of Manchester

**Year of qualification:** 1983

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**MB BS, FRCS (Ed), FRCS (Ed) Orth**  
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## Consultant Profile

**Vijay Sangar BSc, MBChB, MD, FRCS (Urol)**

**Specialities:** Facial Aesthetics

Works as a aesthetic nurse specialist/practitioner

**Special clinical interests:**

Lip augmentation, facial contouring and scar revision

**Year of qualification:** 1992

Vijay Sangar is an accredited Consultant Urological Surgeon having trained in Manchester, London and Strasbourg. He works at the University Hospital of South Manchester and The Christie Hospital, also holding the post of Hon Senior Lecturer at The University of Manchester. Vijay is one of the North Wests Leading Penile Surgeons and his practice spans 7.5 million people. He has been pivotal in advancing penile cancer imaging in the UK, being a member of the Royal College of Surgeons Penile Sentinel Node Steering Committee. Vijay has an interest in sexual dysfunction and male infertility (vasectomy reversal) alongside his main practice that encompasses all Urological cancers. He has developed keyhole surgery for kidney cancer and also runs the only Hyperthermia treatment unit for bladder cancer in the North West. Vijay is active in research, having published in scientific journals and presented award winning research internationally. He is the National Penile Cancer Guidelines Lead and is also a member of the European Association of Urology, the International Society of Sexual Medicine, the National Cancer Research Institute, the British Association of Urological Surgeons, the Society of Expert Witnesses and The New York Academy of Sciences.

## It's a man thing



The Penis (phallus) is not just the male sexual organ. It is anatomically complex and nature has constructed it to be one of the strongest mechanical structures. For most of the animal kingdom it is important for conception, sexual pleasure, micturition and provides the male with his body image/animal instinct. Diseases of the penis, as in diseases of the breast in women, can be very distressing as it encroaches on the whole sexuality of patients. Until recently the management of penile disease has remained largely ignored by the medical profession, media and patients; excepting erectile dysfunction. With the advent of regional penile teams the plight of many men is coming to the forefront. This article covers some of the more common problems and also touches on the more serious conditions which sometimes result in significant psychological issues.

### Balanitis

Balanitis is inflammation of the glans penis. Inflammation of the foreskin (posthitis) may also occur in combination with this (balanoposthitis). It is common and is predisposed by diabetes. A tight foreskin may also cause this, although cycles of inflammation and scarring also contribute to the formation of phimosis. Typically patients will present with irritation but rarely have urinary symptoms. Management revolves around initial advice on hygiene and analysis for possible diabetes. In recurrent episodes a circumcision may be advisable. Patients who present acutely should

have herpes excluded (if sexually active), and where necessary, be treated and referred to a specialist. In those with ulceration and lymphadenopathy treatment is urgent as failure to resolve may be due to more sinister pathology. Commonly, yeast/fungal infections may be the cause. In such cases topical or oral therapy is useful. In others, faecal bacteria may be the causative organism; hence metronidazole or flucloxacillin may help. All patients should be considered for circumcision, especially if phimosis or recurrent problems occur.

### Peyronies disease

Peyronie's disease occurs in up to 3% of men. The penis becomes curved due to asymmetrical fibrosis (plaque) in the fascia that supports the corpora cavernosa. This makes the penis curve when it is erect and can cause problems with intercourse, in addition to pain. The cause of peyronies disease is not known but it can occur after penile trauma and is associated with Dupuytren's contracture. Its natural history is variable; it may improve, stay stable or worsen. Surgery to straighten the penis (Nesbit procedure) can be undertaken in some stable cases but it is hoped that in the future injection therapy that reduces the fibrosis may become available. It is common for many men not to seek medical help because of embarrassment; in addition some may try to avoid sexual relationships with their partners resulting in marital discourse.

### Phimosis & Circumcision

Phimosis is narrowing of the foreskin. It can occur commonly in adults and is caused by recurrent balanitis, inflammation and trauma. The presenting symptoms are variable and include poor stream, spraying, ballooning, recurrent attacks of balanitis and pain, although sometimes patients may present because of cosmesis concerns. A phimosis itself can lead to recurrent infections and also predisposes to penis cancer, which is rare.

The foreskin itself, but not phimosis, predisposes to HIV infection. Randomised controlled trials have shown circumcision to reduce the risk of contracting HIV but only in heterosexual males; this has led to widespread circumcision programmes in Africa, led by the WHO. In the UK this is currently NOT recommended because of the lower incidence. In cases of symptomatic phimosis a circumcision is commonly undertaken. It is not unusual to find red patches on the glans in such cases. These usually resolve after circumcision. If they do not, topical antifungal therapy may help and if no resolution occurs a biopsy may be needed.

### Penis Cancer

This may present as phimosis, a lump, bleeding, pain or discharge. It is paramount that men are examined thoroughly under the foreskin. If this is not possible palpation will help to decide if any masses are present. Penile cancer is predisposed by phimosis, smoking, and HPV infection. In some

cases there may be a pre-malignant lesion such as Erythroplasia of Queryat or Bowen's disease (these are red velvety lesions on the glans or shaft). It is common for many men with penis cancer to present late for various reasons, mostly embarrassment, and on realising their diagnosis they are often helpless. Some form of amputation or excision is usually required followed by reconstruction. This can have a significant impact on a man's quality of life, causing relationship problems, sexual dysfunction, depression, employment and financial issues, body image and self worth problems and in some cases suicide. Patients with suspected cancer or pre-malignant lesions should be referred urgently to the Urologist.

### Premature ejaculation

Premature ejaculation (PE) is one of the commonest male sexual disorders, effecting up to 40% of those that are sexually active. PE can be lifelong or acquired, the latter secondary to surgery or psychological, endocrine or neurological pathology. The International Society of Sexual Medicine has defined PE as ejaculation that occurs within 1 minute of vaginal penetration, along with inability to delay ejaculation, negative personal consequences and avoidance. Treatment can involve psychological therapies, although none have been shown to help. Further, SSRIs and PDE5 inhibitors have also been used, but with minimal success. Recent studies with topical therapies have shown up to a six fold increase in time to ejaculation. Hence for patients with PE, help may be on the horizon.

**Article supplied by Vijay Sangar BSc, MBChB, MD, FRCS (Urol)**  
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# Pinnaplasty: Play it by ear



### What is Pinnaplasty?

Pinnaplasty, also known as otoplasty and ear pinning, is an operation to reshape the ears (also referred to as pinnae or auricles) and make them less prominent. This can be done from the age of approximately six years depending on the thickness of the cartilage.

This operation can be performed under local anaesthetic for adults but usually under general anaesthetic for children. The surgery can be performed as a day case and you can go home afterwards.

### What type of ears would benefit from Pinnaplasty?

Ears that tend to stick out unduly from the side of the head particularly when viewed directly from the front or the back are suitable to undergo the operation. Projection of the outer margin of the auricular cartilage from the side to a distance greater than 20mm will tend to appear unduly prominent. Most children and adults with such prominent ears tend to cover them by growing their hair long in order to conceal their ears.

### What causes the ears to become prominent?

Prominence of the ears is a condition with which some people are born with and it is usually noticed shortly after birth. The two main anatomical causes for protrusion of ears are an increased depth of the cartilage bowl of the auricle known as the concha as well as absence or poor development of the fold on the outer surface of the auricle known as the antihelical fold. Most prominent ears have an element of both these defects in varying proportions.

### Is Pinnaplasty suitable for my child or myself?

Your child is most likely to benefit from a pinnaplasty if they are self-conscious about their ears and have said this without prompting from adults or if they are being teased or bullied about their ears at school. The operation should only be performed if the aim is to improve your child's self-confidence and to make them more comfortable with their appearance. If you have ears that protrude and have been self-conscious about them for a long period of time and particularly if they have caused psychological distress to you, the operation will be of benefit to you. Please have realistic expectations from surgery because whilst you may well have a near to perfect result from the operation, this is not always possible due to factors that are out of the surgeon's control.

### When should my child undergo the operation?

The timing of surgery is generally planned for when the child is five to six years old. The timing is important for three reasons. First, in children who have not already started school, the visible deformity is corrected before peer ridicule may adversely affect them. Second, the child is old enough to participate in the postoperative surgical care without disturbing the wound or distorting the reshaped ear. Third, by age six the ear has achieved 90 percent of the average adult size, which enables the surgeon to judge the anticipated result in an ear which has nearly reached adult proportions.

### How is Pinnaplasty carried out?

There have been several different techniques described to remodel and reposition prominent ears, most of which involve reshaping the cartilage by removal, scoring or drilling to create the antihelical



fold and/or setting the pinna back towards the side of the head. The disadvantages of these techniques is that they tend to permanently alter the configuration of the auricular cartilage, cause areas of thinning and weakness, produce sharp edges and angles that often show through the delicate overlying skin and are potentially irreversible in the event of an unsatisfactory result that may require revision. My technique which I have employed since the past 15 years involves the strategic placement of non-absorbable sutures (white or undyed 4-0 Mersilene or Ethibond) to set the conchal bowl back towards the tissues of the side of the head in order to reduce the lateral projection of the pinna as well as to create the antihelical fold which simulates the natural looking convex fold when the ear is visualised from the front and the sides. The operation is carried out by initially removal of an elliptical strip of redundant skin and soft tissues from the back of the pinna. The rest of the skin on the back surface is then lifted up and the sites for the suture placement are marked by using clinical judgement for the appropriate position of the antihelical folds and conchal setback. Usually three horizontal mattress sutures are required for adequate conchal setback and two sutures for creation of the antihelical fold.

At the end of the operation, the scar comes to lie in the natural crease behind the auricle and tends to be hidden from view. The scar does fade over the next few months and does not affect the hairline behind the ears. Dressings impregnated with mineral oil or antiseptic ointment are placed in the folds of the pinna and a wrap-around head bandage is applied.

### What happens after surgery?

Following discharge from hospital, patients are advised to retain the head bandage for seven days. Most patients experience only mild discomfort which is usually controlled by simple analgesia like Calpol or Neurofen. After this period, the patient attends the outpatient clinic for removal of the dressings and skin sutures and review of the scar and appearance. When the bandage is removed the ears will invariably be a little swollen, bruised and maybe a little yellow from the dressing. This is normal and these features usually settle down within the next two weeks.

Both adults and children are advised to sleep with a head band around the ears at night for six weeks after the operation.

### Are there any complications with Pinnaplasty?

Fortunately, major complications after pinnaplasty are rare. Early complications include blood clots from bleeding under the skin, inflammation of the skin of the pinna and underlying cartilage and wound infection. All these complications can be prevented and treated by the use of compressive head bandages and the judicious use of antibiotics in the postoperative period.

Late complications include prominent scarring, suture protrusion, alteration of sensation around the ear as well as inadequate correction or recurrence of the deformity. All these problems are amenable to subsequent treatment. The major advantage of using suture techniques, in comparison with other described techniques, is that revision surgery, although relatively rarely required, is feasible in the event of an unsatisfactory cosmetic result.



## Consultant Profile

**Mr Prad Murthy**  
MB BS, FRCS (Ed), FRCS (Orl)

**Specialties:**  
Consultant Ear Nose and Throat Surgeon

**Special clinical interests:**  
Functional endoscopic sinus surgery, parotid surgery, thyroid surgery, pinnaplasty for prominent ears  
**Year of qualification:** 1986

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## Coming up in the next issue...



### ■ Pill Camm Endoscopy

Dr Simon Campbell, Consultant Gastroenterologist

### ■ Through the keyhole - Single Incision Laparoscopic Surgery (SILS)

Mr Siba Senapati, Consultant General Surgeon

### ■ Physiotherapy & rehabilitation

Lead Physiotherapist Helen Waters

### ■ Extra Corporal Shock wave Therapy (ESWT)

Peter Norburn, Consultant Radiologist

### ■ Watch your back!

Mr Hassan Dashti Consultant Orthopaedic & Spinal Surgeon

### ■ Football crazy Noma Charity mission to Ethiopia

Brian Musgrove Consultant Oral and Maxillofacial Surgeon

### ■ Vasectomy reversal – baby surprise, a delightful patient story

Mr PN Rao Consultant Urologist

### ■ Critical care - An amazing recovery story

Maria Bryant - High Dependency Unit Sister

### ■ Nursing excellence

Nursing excellence – An update from the hospital

### ■ Your Pelvic Floor

Richard Slade Consultant Gynaecologist



## Consultant update

In each issue we detail consultants who have most recently joined our team or who feature in the newsletter.

Name	Title	Special interest	NHS base	Appointments
<b>Mr Arun Kumar</b> MBB MS Orth MSc. Trauma FRCS Diploma Sports Medicine FRCS Tr & Orth	Consultant Orthopaedic Surgeon	Primary & revision total knee replacement, unicompartmental knee replacement, primary & revision total hip replacement, hip resurfacings, arthroscopic surgery of knee, including meniscal and cartilage surgery, surgery for patello-femoral joint disorders	Wythenshawe Hospital	0161 226 0112
<b>Simon Reuben</b> MB ChB FRCS(TR&Orth)	Consultant Orthopaedic Surgeon	Hip and knee surgery including: hip resurfacing, acl reconstruction, knee arthroscopy, joint replacement (total and partial) sports injuries of the lower limb.	Stockport NHS foundation trust	0161 226 0112
<b>Mr Paul Fulford</b> MB BS	Consultant General Surgeon	General & colorectal surgery, colorectal cancer, colonoscopy.	Christie Hospital	0161 226 0112

See more of our consultants' profiles at [www.spirehealthcare.com/manchester](http://www.spirehealthcare.com/manchester)