

# Spire News

Health news and features from Spire Leeds Hospital



Spire  
Leeds Hospital,  
Harrogate and Ilkley Clinics

## Child's play

We look at the new paediatric unit at Spire Leeds Hospital and the difference it is making.

## Olympic legacy

How this summer's Olympic Games has inspired a nation to get fit.

## Pain management

How to cope with chronic pain and the treatments available.

Issue 07  
2016  
FREE

# welcome

It is my pleasure to welcome you once again to Spire News - our hospital magazine for patients, visitors and the local community.

We've had an exciting few months at Spire Leeds as the hospital has undergone a £2million refurbishment programme. See some of our improvements including our redecorated bedrooms and ensuite bathrooms as well as our newly designed and revamped children's ward on pages 6-9.

Feedback from our readers suggests that our most popular articles are those featuring our patients and their journey back to health after their hospital treatment. In this issue, we continue with these personal accounts and share several of them, including that of Jane Hilton, an avid hiker and fell climber who could barely walk due to worsening osteoarthritis in her knees. After two partial knee replacements she is now completely pain free. Likewise keen runner, Julie Bowyer describes how painful bunions made her feel like she was 'walking on pebbles'. After successful surgery she is now planning on taking part in a series of 10k charity runs.

Karen Watson also shares her story about how at just 47, she underwent a hysterectomy after suffering with severe endometriosis for over a decade. Karen describes the surgery as 'life changing' and is delighted to get her life back on track. After being diagnosed with cancer, particularly an unusual cancer, some of our patients embark on campaigns to raise awareness of the condition and accompanying symptoms. Spire Leeds' patient Jo Beagley, was diagnosed with ovarian cancer in 2014. Since then she has campaigned tirelessly to raise awareness of the often difficult to spot symptoms. Jo tells us how she is hoping a blog she began writing ten months into her illness will help those facing a similar diagnosis.

Another patient keen to raise awareness is Jeremy Carter who was diagnosed with a rare cancer in his knee called sarcoma

in 2015. The symptoms for this kind of cancer are not well-known and Jeremy wants to use his experience to tell other people about the condition. Read his story on page 22.

In this edition of Spire News, we also focus on the treatments available for chronic pain. With recent studies claiming that nearly 28 million people in the UK live with chronic pain, consultant in pain medicine, Dr Sanjeeva Gupta tells us about the treatment options including the latest techniques in nerve stimulation.

Continuing with our regular articles featuring our own colleagues in the hospital, we introduce you to Alison Munro - our paediatric lead nurse in our 'A Day in the Life of....' feature as well as consultants Dr Lynne Rogerson and Mr Deb Pal who answer questions on bladder problems and neck pain in our 'Doctor Doctor' column.

I hope you enjoy reading our newsletter - if you would like regular news updates, please visit our website, like us " on Spire Leeds Hospital's Facebook page and follow us on Twitter @spireleeds.



**Anna Tchaikovsky**  
Hospital Director  
Spire Leeds Hospital

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A patient reveals how he became aware of sarcoma – a cancer not often discovered until the later stages and the signs you should look out for.



# news update

## A chance to shine

Staff at Spire Leeds are currently preparing for the forthcoming Care Quality Commission “CQC” inspection.

Over three days, the CQC team will conduct a detailed inspection of the hospital, the team and the services provided. The inspectors will interview staff and consultants about their work, talk to patients about the care they receive and also monitor the care being given to make sure the right systems and processes are in place. The comprehensive inspection of Spire Leeds will include a review of all services and these will be rated, scored and available to the public.

The focus of the CQC’s inspection is on the quality and safety of services based on what matters most to patients. Anna Tchaikovsky, Spire Leeds’ hospital director said: “Although this is an inspection, we see this as our chance to shine. We are proud of the care we provide at Spire Leeds and welcome the opportunity to share this with others.”

### WHAT IS THE CQC?

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It makes sure services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve.



## FOOD GLORIOUS FOOD

Paediatric patients and children of Spire Leeds’ staff were recently invited to the hospital’s restaurant to sample a new children’s menu and provide user feedback! 20 youngsters tucked into dishes of cheesy, tomato pasta, cottage pie, sausage and mash, paninis, chicken goujons and many more! The menu – especially the puddings - proved to be very popular with our young tasters!



## Boxing clever

Michael Hunter, a patient administrator at Spire Leeds Hospital, is turning his hand to boxing in a bid to knock-out cancer. Michael is among a group of first-timers getting ready to fight at a ‘white collar’ boxing event at the Royal Armouries in Leeds.

The 36-year-old will step into the ring for the first time for three two-minute rounds, armed with 16oz gloves and head guards, as part of an event supporting Cancer Research UK.

Michael said: “I’ve never done any boxing before but it’s something I’ve always wanted to have a go at and I’m excited about taking on a new challenge. I’m nervous about the fight but I know that nearly all the participants will also be amateurs and it’s for a great cause.”

The event, which is being organised by Ultra White Collar Boxing, gives amateurs the chance to perform in front of a live audience at an event with all the adrenaline-fuelled excitement of a major professional bout. These types of events take place around the country, often to raise funds for charity.

Michael has previously raised funds for other charities. Last year he took part in a ‘Tough Mudder’ challenge to raise funds for Help the Heroes.

## A special thank you

Patients often send cards and other thank yous for the care they receive at Spire Leeds. A patient who recently attended our physiotherapy department after treatment for breast cancer wanted to show her appreciation in a different way – and leave a legacy for future patients. The patient – who wishes to remain anonymous – was so impressed by the treatment she received from physiotherapist, Sharon Kleiman, that she asked if she could contribute towards Sharon's further professional development. Sharon went on to attend a two day 'Breast Cancer Survivorship Masterclass' and is now able to help even more patients following breast cancer.



Spire Leeds joined in with Macmillan's 'World's Biggest Coffee Morning' in September. Staff, patients and visitors enjoyed the cakes and buns kindly donated by Spire staff - and raised more than £600 which will help the Macmillan charity provide advice and support to people affected by cancer.

## New-look website

We are delighted to announce that Spire Healthcare will be unveiling a new website at the end of the year.

The site has been redesigned to offer user friendliness and appeal. Utilising the latest responsive web design technology, the new site is now easily accessible from all devices including smartphones and tablets. It is currently undergoing rigorous internal testing and will be launched to the public very soon – watch this space!



### KEEP IN TOUCH

To keep up with our latest news, follow us on Twitter @spireleeds and 'like' the Spire Leeds Hospital Facebook page: SpireLeedsHospital



## A Fab visit

Leeds North East Labour MP and Shadow Foreign Minister, Fabian Hamilton recently visited Spire Leeds to meet the hospital's team and hear about the benefits which the community is seeing as a result of the hospital's sustained financial investment programme. He was given a tour of the hospital to see the latest developments including a visit to the newly equipped x-ray suite which has been fitted with digital technology following a £250,000 investment.

## FREE MINI CONSULTATION EVENTS

Our series of 'meet the surgeon' events remain popular with patients considering cosmetic surgery, varicose vein treatments and other types of surgery. The events take place at Spire Leeds and at our outreach clinics in Harrogate and Ilkley.

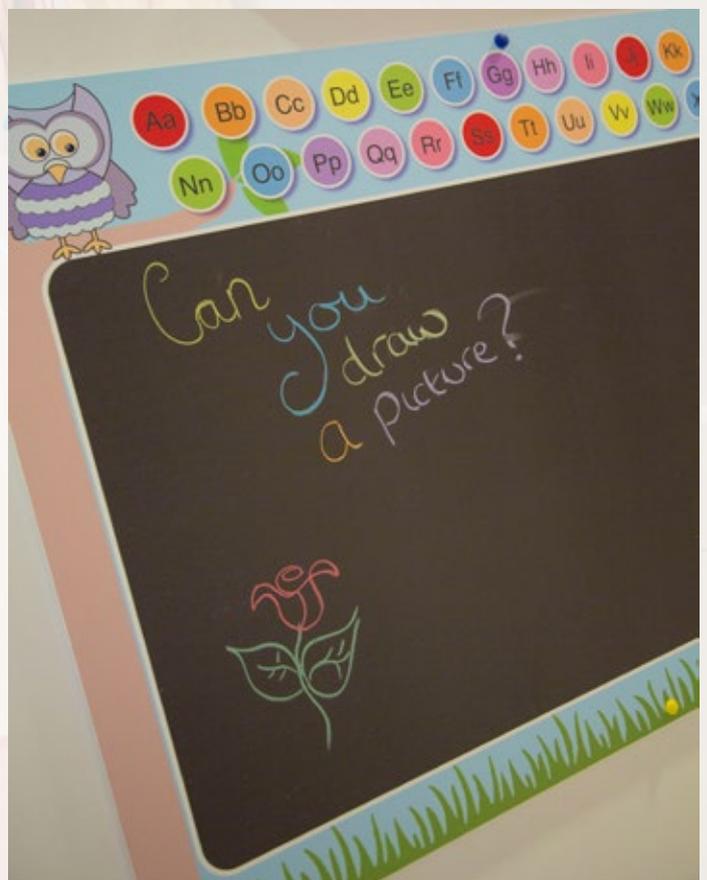
For further information on forthcoming events, visit [www.spireleeds.com](http://www.spireleeds.com), call 0113 218 5977 or email [info@spireleeds.com](mailto:info@spireleeds.com)



## Child's play

We take a look at the newly refurbished paediatric ward at Spire Leeds Hospital.

Spire Leeds is the only private hospital in Leeds providing surgery for children weighing 10kg and upwards. Patient numbers have grown steadily and we now have a full team of specialist children's nurses working closely with consultant colleagues. Our newly-designed and refurbished children's department provides a friendly environment to help put children at ease when they come to hospital. The welcoming floor designs include the 'Spire elephant' and a slithering snake along with games such as hop scotch and snakes and ladders. Interactive sensory equipment has been installed on the walls along with a book rack so that children can easily access a variety of books during their stay. A mounted blackboard also encourages the young Picassos visiting! Large framed photos of children having fun adorn the walls as does a child-friendly patient information board which describes a fictional young patient's visit to Spire Leeds. The revamped ward is already proving to be a big hit with patients and their families.



# A new look

An extensive £2 million refurbishment programme at Spire Leeds Hospital is now nearing completion. With new facilities, equipment, refurbished areas and general improvements across all areas, it has never looked better.

## Hospital courtyard

The entrance and courtyard have been completely re-landscaped. Cobbled areas have been replaced with sandstone paving and new seating areas have been provided. A marble statue in the shape of the Spire icon takes pride of place just outside the main hospital entrance.

## Conservatory

The conservatory has been repainted and carpeted. New furniture now provides a more welcoming and relaxing space for visitors and patients, and bold new signage has been installed in all patient areas.

## X-ray

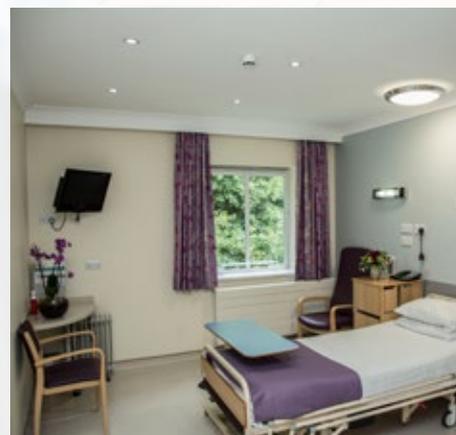
The new digital x-ray units produce x-rays faster whilst also enhancing image quality, producing x-rays of larger areas of the body (including long leg x-rays and 'stitching' of images for full spinal views) and reducing patients' radiation exposure.

## New receptions, theatre and physio areas

All patient reception areas including theatres and physiotherapy have been fully modernised. Blue sky tiles provide a relaxing atmosphere in our main reception.

## Bedrooms and bathrooms

Patient bedrooms have been fully re-decorated and en-suite bathrooms re-designed and equipped with walk-in showers.







## Words of wisdom

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Harrogate mum, Jo Beagley who was diagnosed with ovarian cancer aged just 39, is raising awareness of her condition through an inspirational blog.



Photo: Carl Summerscales

When mother of two small boys, Jo Beagley was diagnosed with ovarian cancer aged only 39 it turned her world upside down – this condition more typically occurs in women over the age of 65.\*

“I was a pretty fit and healthy person and had no obvious symptoms other than a bit of abdominal bloating and pain,” she said.

Jo was diagnosed with stage 3 (fairly advanced) ovarian cancer in July 2014 which left her shell shocked.

She said: “Cancer was the word I was desperately hoping not to hear, despite a gut feeling that the news wouldn’t be good. My immediate thoughts were – am I going to die? When am I going to die? My boys are going to grow up without a mother!”

Jo, a management consultant from Harrogate had only become aware of symptoms three weeks before her diagnosis. It started with bloating and abdominal pain. When the pain continued for five days and then worsened she went to an out-of-hours GP at her local hospital who found an unexplained abdominal mass and referred her for further tests.

One week later, Jo was admitted to hospital and had a full hysterectomy. This was followed by four months of chemotherapy at Spire Leeds Hospital under the care of Dr David Jackson, oncology and palliative medicine consultant.

For 16 months she was taking an angiogenesis inhibitor drug treatment which she completed in December and tests just before Christmas last year showed her to be clear. She will now continue to be monitored as there is a risk of recurrence.

Ten months into her illness Jo started a blog writing down her day-to-day reality of living with the diagnosis and going through treatment. She hopes her candid insights will help raise awareness of symptoms and also describe how a cancer diagnosis impacts on a family. She said: “I hope that my experience is helpful to others who find themselves having to adapt to life with cancer.”

In her blog, she writes: “As a working mum of two boys life was a hectic juggling act but between my husband Rob and myself, we muddled through. What we didn’t have

a plan for was a diagnosis of ovarian cancer completely out of the blue.”

Jo points out the symptoms are difficult to spot particularly because of their similarity to other ailments and the lack of a national screening programme.

She said: “It turns out that the cancer may have unknowingly been part of my life since early in 2013. I think there’s a considerable communication effort required to raise awareness of these symptoms so women can recognise them and get them checked out at an early stage.”

Jo says in her blog that her family has helped her through the ordeal and been there every step of the way. Jo and her husband Rob talked to their sons James and Henry, who were aged four and six at the time of diagnosis, about Jo’s illness so they had some understanding of why their mum was feeling poorly.

She said: “From the outset I’ve been determined to adopt a positive outlook, accepting there’ll be times when I’ll wobble, but on the whole I’m going to be a fighter and cancer’s not going to get the better of me.”

Early diagnosis is key and according to Yorkshire Cancer Research, ovarian cancer claims the lives of more than 300 women in Yorkshire every year, yet it is easy to treat in its early stages. Four in 10 cases of ovarian cancer in Yorkshire are diagnosed at a late stage when it is more difficult to treat.

### Symptoms include:

- Increased abdominal size and persistent bloating.
- Persistent pelvic and abdominal pain.
- Difficulty eating and feeling full quickly.
- Needing to urinate more urgently and more often.

You can read Jo’s blog posts at:  
<http://yorkshirecancerresearch.org.uk/blog/josblog/1-when-mummy-turned-into-an-alien/>

\* <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/ovarian-cancer/incidence>

From the outset I’ve been determined to adopt a positive outlook, accepting there’ll be times when I’ll wobble, but on the whole I’m going to be a fighter and cancer’s not going to get the better of me.”



Leeds Hospital

# Take control of your health

A private medical insurance plan called "inSpire" that gives you fast access to treatment at Spire Leeds Hospital.

## Key benefits for "inSpire" policy holders:

- Receive treatment at any Spire Hospital. Spire is the UK's 2nd largest private hospital network (your local Spire hospital is Spire Leeds in Roundhay)
- Diagnosis and treatment in over 30 medical specialties
- Clean, safe hospitals offering private en-suite rooms
- Arrange an appointment with a consultant quickly and hassle free.



"We do not believe in penalising you for using your insurance. This is why we promise that your "inSpire" premium will never increase because of your claims history."

## What's covered?



**Out-patient consultations with a consultant of your choice**



**Diagnostic tests (X-rays, MRI, CT)**



**Surgical procedures, chemotherapy and surgical tests**



**Hospital and consultant charges**

## Premiums start from a little over £1 a day

Age	Monthly premium
20	£33.12
25	£34.78
30	£39.74
35	£42.39
40	£46.36
45	£56.98
50	£64.56

Premiums based on single cover, moratorium underwriting, with £100 excess. Prices correct as of October 2016.



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# A day in the life

Name: Alison Munro

Role: Lead paediatric nurse

Department: Paediatrics

I initially qualified as an adult nurse before moving into neonatal and then paediatric nursing. Before joining Spire in 2010, I worked in the community as well as at various hospitals across the country including Great Ormond Street. Since joining Spire Leeds, I have been instrumental in developing the paediatric service here and I am proud to be the lead nurse at what is now one of the largest paediatric centres in the UK's independent sector.



As a children's nurse, there is never a 'typical' working day as it varies so much – but here is an example of just one of my days:

**7am** I arrive at work and get the ward/bedrooms ready for today's admissions. This involves performing safety checks of the equipment in the bedrooms and making sure there are age appropriate toys in each room.

**7.30am** Patients and families begin to arrive for admission. After greeting them and showing them to their room, I talk them through the day – what is going to happen and when. I perform the usual observation checks to ensure the child is fit to go to theatre and apply the 'magic cream' which we use to numb the hand before the anaesthesia is administered. The surgeon and anaesthetist also come to see the patient and family before surgery.

**9.00am** Today, the first patient to go to theatre is a five-year-old little boy who is having tonsillectomy surgery. I take the parent and child to the anaesthetic room and stay until the patient goes into theatre. I bring the parent back to the ward where the other relatives can wait and offer them both a coffee or tea. Part of our role is to look after the family as well as the patient. We know it

is a stressful time for the family and we try to make it as calm an experience for them as possible.

**9.30am** Over the course of the morning, I take several more children to theatre and look after their families as they wait.

**10.30am** After about an hour and a half, I take the parents of the first little boy to the recovery room so they can greet their child after surgery. We then bring him back to the bedroom.

**11.30am** As the child recovers in the bedroom, we perform regular observations and when he is ready, we offer him something to eat and drink.

**12.00** Around noon, I grab a quick sandwich and spend a few minutes catching up with emails and a few administrative jobs.

**1.00pm** This afternoon we have a pre-assessment clinic. All of our child patients come to the hospital for a visit prior to admission. We meet them and perform health checks to make sure the child is clinically fit enough for surgery. It also gives us the opportunity to prepare the child and family for hospital. We show them around the ward and let them play with the toys. We have a photo album which illustrates Rosie's (a fictional patient's) journey through hospital.

**3.00pm** As one of the hospital's safeguarding officers, one of my responsibilities is to deliver mandatory training. This involves educating staff on the legalities around caring for children and vulnerable adults.

**5.00pm** Over the last few years, I have continued my education and been awarded a Masters level qualification in Advanced Practice, and this allows me to prescribe medications without waiting for a doctor. This afternoon, I am able to assess which medications the patients need to take home with them – such as pain relief – and discharge them.

**7pm** Around this time, I go home for some much needed quality family time!





Picture by Rex Features

# An Olympic legacy

Dr Jonathan Power, consultant in sports and exercise medicine at Spire Leeds Hospital, offers an insight into how being inspired by the Rio Olympic Games can be good for your health.

Hot on the heels of the Rio Olympic Games, many of us have been inspired to get out and take up sports such as running and cycling but even if you're not competing for Olympic glory, you should be properly prepared.

The Olympic Games, dubbed 'the greatest show on earth' took place at Rio four years after London hosted a fantastic festival of sport with many memorable moments.

I was lucky enough to work at both the Olympic and Paralympic Games as a sports medicine doctor in the aquatics centre and the basketball arena and watching athletes perform at the culmination of their four year journey from pool and court side was truly inspirational.

It's possible that the exploits of the sports men and women could inspire you to become more physically

active or take up a new sport. Becoming more physically active and increasing your fitness levels is an effective, proven method of improving quality of life and life expectancy. It has also been shown to be useful in the treatment of illnesses as diverse as cancer and diabetes as well as joint problems.

National guidelines suggest that adults should aim to be active every day, aiming to complete a weekly total of 150 minutes moderate intensity activity such as brisk walking or cycling, or 75 minutes of vigorous exercise such as running or team sports. Minimising sedentary behaviour should also be a priority.

If you're up for the challenge, what are the best ways of making the habit stick? On the next page are a few tips that are proven to help.



Becoming more physically active and increasing your fitness levels is an effective, proven method of improving quality of life.



- 1** Attempt to change one habit at a time. It will be easier to track success and you will often find that there will be other knock on effects without you deliberately focusing on other areas of your life.
- 2** Think SMART! Goals should be Specific, Measurable, Achievable, Realistic and Timely. An example of a SMART goal for a novice runner would be to follow the excellent NHS Couch to 5k programme, (a nine-week running plan for beginners) ticking off training sessions over 9 weeks.
- 3** Ritualise your behaviour and set a trigger for physical activity. Pick something that you always do already (get changed after work, watch the news) and mentally pencil in the physical activity into your schedule.
- 4** Tell people! Post your goal publicly using social media or websites such as stikk where you can post your commitments to new habits to a selected group of friends. You can even set wagers on your success or failure. Keep people updated as you progress step by step towards your goal.
- 5** Take regular measurements. This allows you to benchmark yourself and your progress. Parkrun offer free, timed 5k runs all over the world which are a great way of tracking your improvements.
- 6** Prepare yourself with the correct kit and equipment. There is a huge, often intimidating industry around sports apparel with a dizzying choice available. As a starting point, a comfortable pair of well fitting, affordable running shoes will be enough to get you started.
- 7** Just do it! Often once the first domino falls, the others follow. The first step of just doing it can only be done by you!



## About Jonathan Power

Dr Jonathan Power is a sports and exercise medicine consultant at Spire Leeds Hospital's state-of-the-art sports and exercise medicine centre, 'Perform Leeds'. He was the sports medicine doctor at the 2012 Olympic and Paralympic Games.

Jonathan was one of the first consultants to complete specialist training in sports and exercise medicine in Yorkshire. He won the Macleod Medal for best performance in the Faculty of Sport and Exercise Medicine Diploma exam and was awarded a distinction for his MSc in Sports and Exercise Medicine from Nottingham University. He is head of medical services for Leeds Rhinos and Yorkshire Carnegie rugby clubs.

He sees athletes ranging from the elite to recreational in clinic where he treats a wide range of sports injuries and assesses performance improvement.

# Back on track

Three patients from Spire Leeds Hospital reveal how treatment has helped put a smile back on their faces and given them a new lease of life.



It was such a relief to finally know what was causing it so it could be treated.



**Karen Watson** had a hysterectomy under the care of consultant gynaecologist, Mr Tim Broadhead after suffering for many years with debilitating pain.

Karen Watson thought the constant pain she lived with was something that she would just have to put up with for the rest of her life.

She tried to live a normal life and carried on working but the pain became so debilitating she knew there must be something wrong.

Karen from Leeds, explained: "I've had crippling pains and heavy bleeding since I was 14 years old. It settled down a little when I had my children, then over the last ten years it got a lot worse. Sometimes it was so bad that I cried with the pain."

Two years ago she went to see her GP and was referred to Mr Tim Broadhead. An ultrasound scan revealed two ovarian cysts, each measuring almost 5cm. Mr Broadhead suggested keyhole surgery should be carried out to assess matters further and treat the problem. This revealed severe endometriosis, which was also affecting the lower bowel and bladder along with some fibroids on the womb.

"It was such a relief to finally know what was causing it so it could be treated," said Karen.

Mr Broadhead said: "Without surgery Karen would have faced the prospect of several more years of heavy and painful periods causing major disruption to her quality of life and ability to function normally on a daily basis. After considering the various options we decided that, in Karen's case, hysterectomy and removal of the ovaries was the best option for a permanent and long-term solution."

Prior to surgery Karen had a six-month course of injections called GnRH analogues, which cause a temporary menopause and help to shrink the endometriosis and the fibroids. This meant when Karen finally came to surgery, instead of having a large abdominal incision she was able to have a minimally invasive keyhole procedure.

Karen said, "Although I was young at 47 to have a hysterectomy, it was an easy decision. Life had become so grim with the pain and disruption."

Karen describes the surgery as 'life changing'. She said, "I feel so much better. It almost feels like I haven't had surgery and there's only a tiny scar to remind me. I'm very happy to get my life back on track!"



## Jane Hilton suffers with osteoarthritis in both knees and underwent two partial knee replacements under the care of Mr Aaron Ng.

Jane, a married mother of four grown children and Head of HR for a company in Leeds, has always enjoyed an active life. She has also been an avid hiker and fell climber.

But in 2009 Jane started to suffer with osteoarthritis in her knees which steadily worsened to the point where she could barely walk.

Jane, who has seven grandchildren said: "The quality of life was non-existent and I was beginning to feel old before my time."

An x-ray, taken in September 2015, showed that in addition to the osteoarthritis, a piece of bone had chipped off in her left knee.

"The pain was incredible. It was the worst pain I had ever experienced," said Jane.

She was referred to Mr Aaron Ng, consultant orthopaedic surgeon at Spire Leeds and instantly felt comfortable with him. "I knew I would have to have surgery eventually. Then when I met Mr Ng he explained everything so clearly I felt confident in him and decided to go ahead."

Jane underwent two partial knee replacements (unicompartmental knee replacement) within four months. Each surgery took between 60 and 90 minutes and she explained: "I had no nerves at all for the second surgery. I knew exactly what to expect and I had complete confidence in my surgeon and that's one of the reasons I decided to have the second knee done so soon after the first."

Partial knee replacement replaces only the damaged part of the knees and avoids dislocation of the kneecap. During the surgery Mr Ng removed the worn out cartilage and resurfaced with metal components, which are fixed onto the bones using bone cement.

A programme of physiotherapy followed and Jane was able to return to work six weeks after surgery and able to drive after nine weeks.

"It's amazing. I'm completely pain free and they feel very natural, like my own knees. Mr Ng gave me my life back."

## Julie Bowyer had bunion surgery under the care of consultant orthopaedic surgeon, Mr Nick Harris.

Julie Bowyer from Alwoodley, Leeds suffered from prominent and painful bunions. To add to the misery, she also had bunionettes – a bump that develops on the outside of the foot near the base of the little toe. "It felt like I was walking on a pebble," said Julie.

She's a keen runner and over the years has participated in 10k charity fundraisers. However, after doing those runs she would be in excruciating pain and eventually had to reduce her activity.

"After running, the bunions would throb for days. It was like living with a constant toothache that sometimes becomes more severe. I kept putting off having surgery but finally decided I couldn't carry on in this way; it was stopping me from leading the life I wanted."

Julie chose to have surgery under the care of Mr Nick Harris at Spire Leeds Hospital. She underwent excision of the bunion and bunionette together with corrective osteotomies in February 2016. After discussing options with Mr Harris she had surgery on her left foot first which meant she could be mobile during her recovery. She plans to have the other foot done in the coming months.

Mr Harris said Julie was suffering from severe pain around both her big toe and fifth toe. She had great difficulty with shoe wear and was also experiencing pain in her knees due to her altered posture. Surgery involved breaking the bones and re-fixing in a corrected position to realign the big toe and fifth toe.

Mr Harris said: "Julie did particularly well. The surgery not only cured her foot pain but also settled her knee pain and improved her walking."

"The best thing about it now is there is no pain in that foot whatsoever. I feel that Mr Harris has performed a miracle," she said.

Julie has set herself a challenge. She plans to run in all the Jane Tomlinson 10k races the year she turns 60 in four year's time. "I did it four years ago. I think there are eight challenges now, and I aim to complete all of them."

Your opinion is important to us

If you would like to share your thoughts regarding a current article, have ideas for future articles or simply want to provide feedback on your hospital experience, please contact: [info@spireleeds.com](mailto:info@spireleeds.com) or call 0113 218 5977



# Coping with chronic pain

Nearly 28 million people in the UK are living with chronic pain according to UK scientists in a recent review published in the British Medical Journal.<sup>1</sup> Here we look at how to cope with this debilitating condition.

## So what is chronic pain and how is it treated?

If untreated, the impact of chronic pain on a person's quality of life can be profound – both physically and mentally. Consultant in pain management Dr Sanjeeva Gupta explains:

“Pain can be described as an uncomfortable, unpleasant sensation that tells the body something is wrong. It tends to be considered as either ‘acute’ or ‘chronic’

“Acute pain – also known as short term pain - tends to come on suddenly and alerts us to possible injury. This kind of pain can vary in severity and in the length of time experienced. It might be mild and last for a few seconds or it might be intense and last for weeks. Either way, acute pain generally disappears once the underlying cause of the pain has healed or been treated.

“In contrast, chronic pain is long term pain that persists for longer than three months. It may arise from an initial injury – for example a broken bone, from an ongoing illness such as arthritis or in some instances, there may be no clear cause.

“Chronic pain is often accompanied by other health problems such as fatigue, decreased appetite, mood changes and sleep disturbance. In addition the pain may limit a person's mobility – reducing strength

and flexibility. This can often lead to disability and mental health illnesses such as depression and anxiety.

“The earlier a person begins effective treatment therefore, the less the pain will affect their day-to-day life.”

## Common pain conditions include:

- Spinal pain, neck pain, thoracic pain and low back pain
- Nerve pain (neuropathic pain, lower limb and upper limb, radicular pain)
- Pain due to decreased blood supply (vascular pain)
- Pain secondary to diabetes
- Pain secondary to shingles (postherpetic pain)
- Post surgical and post traumatic pain
- Pain after amputation (phantom limb pain)
- Joint pain
- Headache and facial pain
- Abdominal pain
- Pelvic pain
- Chest wall pain
- Cancer pain

Dr Sanjeeva Gupta added: “Before treatment can commence, the first step is to try to identify the underlying cause of the pain. As many pains involve the musculoskeletal or nervous system, pain management specialists tend to work in close liaison with consultant neurosurgeons, orthopaedic surgeons, rheumatologists, neurologists as well as physiotherapists, psychologists and occupational therapists.

“Diagnostic studies usually involves blood tests, CT and MRI scanning. Once the cause of the pain has been identified, an individual, tailored treatment plan will then be offered to the patient.”



## What a treatment plan may include:

### Medication therapy

Drugs are mostly given by mouth. Occasionally they are given via patches (the drug is absorbed through the skin). In special situations, sometimes in those with cancer, a pump can be implanted into the body to place drugs into the spinal fluid. Pain specialists have expertise in managing arthritic pain and nerve pain using a combination of medications.

### Injection therapy

There are a wide range of injection therapies available specific to individual complaints. X-ray guided precision diagnostic facet joint nerve injection techniques can be used to identify the exact origin of low back pain and neck pain. In selected groups of patients radiofrequency techniques can be used safely to cauterise the tiny nerves carrying pain message. Some of the other injections include: epidural steroid injections, nerve blocks, caudal steroid injections, facet joint/sacro-iliac joint injections and ultrasound guided joint injections.<sup>2-4</sup>



### Stimulation techniques

The simplest of these is a TENS machine, however more sophisticated stimulation devices such as implanted spinal cord stimulators, for people with severe and localised nerve pain, are also available. These techniques may be particularly helpful for spinal pain, pain due to nerve damage, abdominal or pelvic pain and pain due to poor circulation.

### Physiotherapy

Physiotherapy can be helpful in preventing disability, keeping our body mobile and improving the core muscle strength. It is important that patients with pain learn physiotherapy exercises and do them regularly. Some patients will also benefit from complementary approaches such as acupuncture and massage.

**Spire Leeds Hospital is one of the region's largest hospitals for pain medicine and works with a team of four specialist consultants. One of the team, Dr Ganesan Baranidharan, has an international reputation in neuro modulation and fitment of spinal implants for the management of pain. Patients can be seen by a consultant within a matter of days and do not always need a GP referral or a scan result. For further information on our pain medicine services, call 0113 218 5977.**

<sup>1</sup> <http://bmjopen.bmj.com/content/6/6/e010364>

<sup>2</sup> Manchikanti L, S Gupta, et al. A systematic review of efficacy and best evidence synthesis of therapeutic facet joint interventions in managing chronic spinal pain. *Pain Physician* 2015; 18: E535-E582

<sup>3</sup> Lee, S Gupta, et al. Low back and radicular pain: a pathway for care developed by the British Pain Society. *British Journal of Anaesthesia* 2013; 111 (1): 112-120

<sup>4</sup> S Gupta. Double Needle Technique: An Alternative Method for Performing Difficult Sacroiliac Joint Injections. *Pain Physician* 2011; 14: 281-284

# An inspired choice

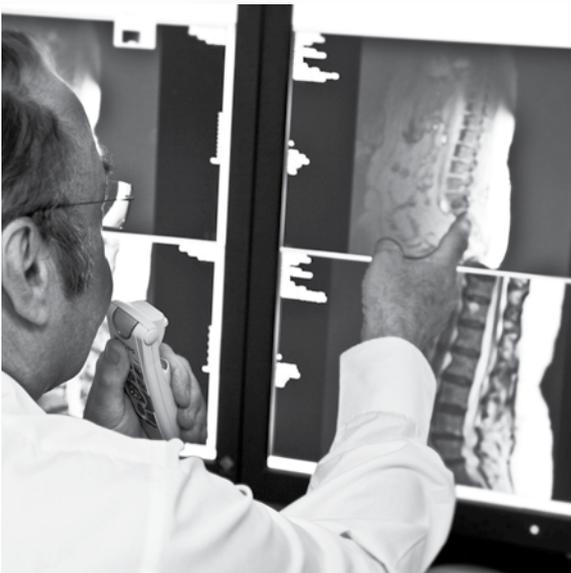
## Introducing the service of Spire Leeds Hospital

Spire Leeds Hospital is one of Spire Healthcare's largest UK hospitals and is committed to providing the highest quality of service to all patients using the hospital.

More than 350 specialist consultant surgeons, physicians, anaesthetists, radiologists and pathologists choose to base their private practice at the hospital and offer expertise in over 30 surgical and medical specialties.

The hospital enjoys a national and international reputation for many specialist services including:

- Plastic and reconstructive surgery, including microsurgery
- Liver surgery
- Weight loss surgery
- Orthopaedic surgery
- Cancer treatments
- Children's surgery



## What are the advantages of private healthcare for patients?

- Patients can research and choose when to come for their appointment, test or treatment. We offer out-patient clinics Monday-Saturday, 9am to 9pm (Saturdays 9-1pm)
- Patients can choose an expert consultant who will then see them for every consultation to provide full continuity of care
- Patients have access to consultants in over 30 specialties
- We link up with community health providers to ensure that when discharged, patient care is continued by the local GP and support services
- Patients can pay for procedures which may not be available on the NHS or which are newer procedures not yet available on the NHS
- Patients can opt to have a private treatment and then transfer to the NHS or vice versa, if they wish
- Patients can choose to stay in a private, en-suite bedroom with flexible visiting hours
- Patients and visitors have the reassurance of coming into a hospital with 0% MRSA\* levels since 2008
- A full range of appetising meals prepared by the hospital's own on-site chefs

\*Bacteraemia

## Ease of arranging private treatment

Patients can see a consultant or have medical treatment at Spire Leeds Hospital very easily.

To have any sort of medical treatment with us, patients are generally:

- **Insured with private healthcare schemes**

Patients have health insurance schemes through their company or a relative who has company medical insurance. Alternatively, some patients have their own private insurance cover which is not connected to a company scheme

- **Self-paying**

Patients can choose to pay for treatment at Spire hospitals for most types of tests, operations or treatments. Spire can usually provide a single, all-inclusive price in advance of the treatment

- **Overseas patients**

Patients fund their own surgery or are funded by a company health office, embassy or employer scheme. Spire Leeds has an established International Patient team who organise hospital admission and treatment for patients coming to Leeds for specialist treatment which may not be available in their home countries

- **NHS patients**

Some services are also offered as NHS services so are free to the patient. The patient needs to be referred by a GP for these services

## Guide prices

### for common surgical procedures and tests

The most common types of appointments and surgical procedures:

Full private consultation, examination and assessment with a consultant (Depending upon specialty)	£150-£300
X-rays	From £111
MRI scan	From £531
Colonoscopy (Endoscopy)	From £1,725
Hip replacement	From £11,975
Removal of tonsils	From £2,599
Hernia repair	From £2,435
Breast enlargement	From £4,625
Reversal vasectomy	From £3,040
Mole removal	From £671
Cataract removal	From £2,670



# A-Z of services at Spire Leeds Hospital

**Children's services from birth (for out-patient visits) and from weight of 10kg for surgery.**

**Adult services across all specialties.**

- Allergy
- Audiology
- Back pain
- Breast surgery and screening
- Cancer screening
- Cardiology
- Cardiac surgery
- Cardiac CT scanning
- Clinical immunology
- Colorectal surgery
- Continence
- Cosmetic surgery
- Counselling
- Dermatology
- Diabetes management
- Dietetics
- Ear, Nose and Throat surgery
- Endocrinology
- Endoscopy
- Fertility medicine and surgery
- Foot and ankle
- Gastroenterology
- General medicine
- General surgery
- Genetic counselling
- Genito-urinary medicine
- Gynaecology
- Hand and wrist surgery
- Haematology
- Hearing testing
- Hepatobiliary and pancreatic surgery
- Impotence testing
- Infertility
- Medico-legal consultations
- Menopause
- Musculo-skeletal medicine
- Neurology
- Neurophysiology
- Neurosurgery
- Obesity surgery
- Oncology
- Ophthalmology
- Oral and maxillofacial surgery
- Orthopaedic surgery
- Paediatric medicine
- Paediatric surgery
- Pain medicine
- Pathology
- Physiotherapy
- Plastic and reconstructive surgery
- Prosthetics
- Psychiatry
- Psychology
- Radiology
- Renal medicine
- Respiratory medicine
- Rheumatology
- Sexual health
- Sleep studies
- Spinal surgery
- Sports injuries
- Thoracic surgery
- Travel injection service
- Urology
- Vascular surgery
- Visa health check service
- Weight loss surgery
- X-ray, CT and MRI scanning



# The silent killer

After surviving sarcoma, Leeds company director, Jeremy Carter wants others to be aware of the symptoms

It can affect almost any part of the body, on the inside or the outside.

Sometimes called a 'silent killer', because symptoms of sarcoma are not well known, this type of cancer is often not discovered until the late stages when successful treatment is much more difficult.

In the case of Leeds company director and married father of two, Jeremy Carter, the symptoms were slow to develop and could easily have been mistaken for another condition. Luckily he requested a medical check in time for it to be treated successfully and he is now clear.

It started in 2014 as a dull ache in his left knee. "The pain was intermittent. There was no sign of a lump, which I now know is one of the symptoms of sarcoma. I thought it was due to cartilage damage from an old football injury which I had aggravated by exercising and running" said Jeremy, 58, who lives in Rawdon.

His personal trainer recommended physio and acupuncture but neither gave long term relief. The pain increased and became more frequent over the next 12 months and he decided to make an appointment with his GP. He was initially referred to a knee surgeon who removed a lump the size of a marble in February 2015. A biopsy of the tissue revealed it was grade 2 sarcoma and he was immediately referred to a sarcoma specialist, Mr Ian Smith, consultant plastic surgeon and sarcoma lead clinician at Spire Leeds Hospital, who he saw three days later.

"When I received the diagnosis it was a massive shock. I had never heard of sarcoma before" said Jeremy.

Two weeks later he had surgery under the care of Mr Ian Smith at Spire Leeds Hospital who removed a wider margin to ensure all the cancer had been eliminated. Jeremy was able to go home after an overnight stay and returned to normal life and work a few weeks later. He is now pain free, has resumed his fitness regime at the gym and also runs twice a week. He returns to see Mr Smith every three months for tests to ensure the sarcoma has not returned.

Mr Smith said, "The earlier this condition is diagnosed, the better chance we have of survival. Unfortunately delays in diagnosis for sarcomas are common. It can be in an advanced stage before it's discovered because sarcomas often present as slow growing lumps, sometimes accompanied by pain and sometimes not, which can be difficult to detect. However, it's important to have any lump greater than 5cm that's increasing in size seen by your doctor and, if necessary, referred to a specialist sarcoma centre such as Spire Leeds Hospital which has a number of sarcoma multi disciplinary team (MDT) members specialising in this type of cancer."

Jeremy said, "I feel lucky to have had the surgery in time and been given the all clear. My experience shows how difficult the condition is to detect. I failed to spot a lump the size of a marble in my knee joint despite the discomfort."

## About Sarcoma

According to a public poll run by Sarcoma UK in 2015, 53% of people have not heard of sarcoma and only 26% knew it was a cancer.

Sarcomas are rare cancers that can develop in the muscle, bone, nerves, cartilage, tendons, blood vessels and tissues. They can occur at any age and affect children as well as adults. Around 3,800 new cases of sarcoma are diagnosed each year in the UK.\*

There are two main types; soft tissue sarcomas and bone sarcomas. As with most types of cancer, the outlook depends largely on how far the cancer has advanced when it is diagnosed.

Sarcoma is also in the national spotlight this year, being chosen by 10 Downing Street as its Charity of the Year for 2016 in memory of Chris Martin, principal private secretary to the Prime Minister, who died of sarcoma in November 2015.

The symptoms of soft tissue sarcoma to look out for include:

- Any lump, especially if it is increasing in size and is larger than 5cm(2in)
- Any lump that is painful or tender
- Any lump that has come back after being surgically removed

\* Sarcoma UK: <https://sarcoma.org.uk/about-sarcoma/understanding-sarcoma-0>

# Doctor, Doctor...

Consultants at **Spire Leeds Hospital** answer some of your medical questions.



**Dr Lynne Rogerson**  
Consultant  
urogynaecologist



**Mr Deb Pal**  
Consultant neurosurgeon

**Q:** For the past six weeks I've been experiencing pain, usually a burning sensation, when I urinate and a couple of days ago I noticed a small amount of blood in my urine although there has not been any blood since then. What could be the cause of this and do I need to see my GP? I'm a forty two year old female.

**A:** It is very important to see your GP. The most likely diagnosis is 'cystitis' which means 'inflammation of the bladder' but is most commonly used to describe the symptoms of a bacterial infection of the urine, or urinary tract infection (UTI). UTIs are very common and present with symptoms including pain when passing urine (dysuria), passing small amounts of urine very frequently, and sometimes there may be blood present in the urine (haematuria).

UTIs are usually treated with antibiotics but it is important to ensure a sample is sent to the laboratory to identify the bacteria and ensure the appropriate antibiotic has been prescribed. UTIs can be recurrent (more than three per year), and sometimes low dose preventative antibiotics are prescribed.

If the urine sample does not confirm a UTI, your GP may send your sample for further analysis to check for more serious conditions such as bladder cancer. Bladder cancer is more common in men and in smokers but it may be prudent to carry out a cytology test to check for cancer cells shed into the urine.

Other investigations may include an ultrasound of the kidneys and bladder along with a cystoscopy (camera into the bladder). This is a simple day case procedure and if there is any sign of a bladder tumour, your consultant may be able to remove it at the same time.

The content of this page is provided for general information only, and should not be treated as a substitute for the professional medical advice of your doctor.

**Q:** I have been suffering from chronic neck and arm pain for about two years following a car accident. My GP has suggested that he refer me to see a neurosurgeon. Can you tell me what will happen at the appointment and what a neurosurgeon will need to do to diagnose and treat my problem?

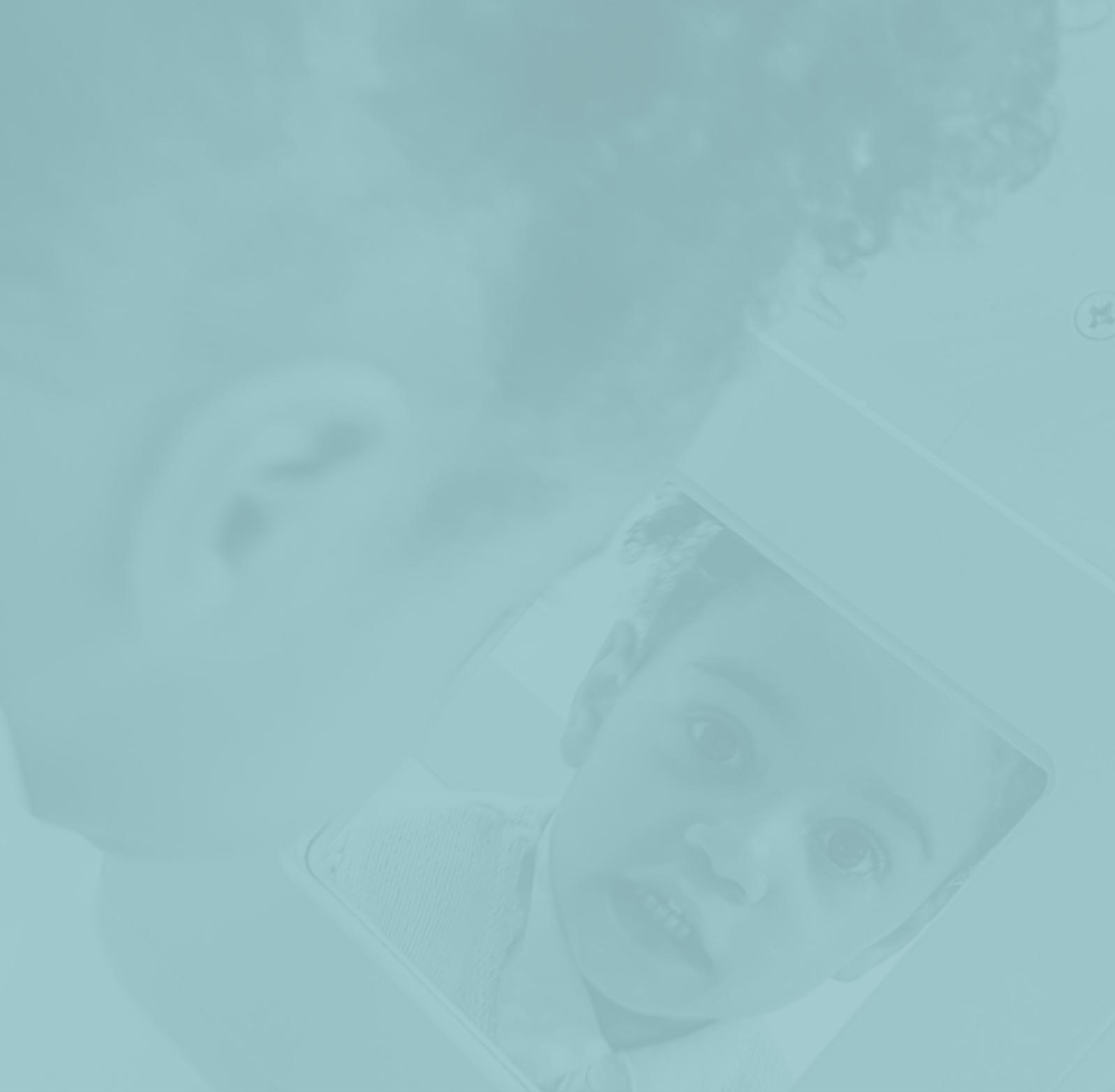
**A:** The three most common causes of chronic neck and arm pain that we see in practice are:

1. Discogenic pain- bulging disc between the vertebra in the neck
2. Facet syndrome- wear and tear in the joints between the vertebra from injury or repetitive strain to neck.
3. Spondylosis- wear and tear process causing bony growth at edges of vertebra (bony spurs)

Any of the above could be responsible for your symptoms. When you see the neurosurgeon, they will take a detailed history from you focusing on the onset, intensity of pain, its radiation to the precise distribution in your arm and whether there are problems with grip, walking or balance. They will try to establish if your symptoms are static or progressive. They will then examine you to identify any muscle weakness or signs of neurological deficits.

If appropriate they will then refer you for a MRI scan of your neck, which will help to see if any nerves are trapped. They will then correlate any abnormal scan findings with clinical findings to make a definitive management plan.

The first line of management is generally conservative with physiotherapy and modification of lifestyle. If this fails and you have a big bulging disc or significant compression of the nerves, the option of surgery will be discussed. In the correct patient, the surgical outcome is usually excellent.



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*Looking after you.*