

Living360 HEALTHCARE INNOVATIONS

We're living in a brave new world of technological advancements and medical innovations, where we can seek out expert help at every turn rather than silently suffering through our ailments. Here are some of the best, most cutting-edge healthcare products and services available right now



AN EXPERT IN ORTHOPAEDIC SPINE SURGERY

Ben Okafor is a senior consultant in orthopaedic spine surgery at Barts Health, London

Having been actively engaged in complex spine surgery for over 30 years, Ben Okafor has unique experience in the treatment of spine conditions, including cervical spine diseases. He applies his expertise to many conditions, including: lumbar spine, neck pain, lower-back pain, scoliosis, spinal surgery, slipped discs, sciatica, degenerative spine disorders, spinal injury, back pain, spine fracture, spinal injections, decompressions, discectomies, cervical spine surgery, kyphoplasty, spine fusions, spine reconstructions and disc replacements.

Ben Okafor has undergone comprehensive and rigorous medical and surgical training, initially at St Bartholomew's Medical College at the University of London, as well as postgraduate training in the UK and overseas centres, including spine fellowship training, which has been an important part of providing insight and expertise in his clinical practice.

As an experienced surgeon, Ben Okafor has seen an evolution in the treatment of spinal disorders. He has been able to tailor treatment that is evidence based and holistic, by working closely with a multidisciplinary team. Ben Okafor has conducted the full spectrum of spinal surgery treatments,



abiding by guiding principles of minimal surgery, rapid recovery and early mobilisation. He performs a large volume of procedures, such as:

Kyphoplasty

For sufferers with vertebral compression fractures and pain, and who are recalcitrant to medication. Reduction of pain and early mobilisation can have a transformative effect on patients, both physically and mentally. The procedure can be done as a day case under light anaesthetic or sedation.

Sacroiliac fusion

Often misdiagnosed or unrecognized, sacroiliac issues can account for 25% of people suffering from back pain. Newer, evidence-based treatments in carefully selected patients include minimally invasive sacroiliac fusion.

Cervical disc replacement

This is indicated as a motion-preserving solution for patients with cervical disc disease. Careful evaluation and investigation is crucial in decision making. Alternative solutions in appropriate patients include cervical fusion.

Spine fusion

Ben Okafor has significant experience in performing this type of surgery and is uniquely placed to evaluate and offer insight into this type of treatment, based upon his wealth of knowledge and training.

● **londonspinehealth.co.uk**
Practice: The Holly Private Hospital, IG9 5HX T: 020 8936 1201
Spire London East Hospital, IG4 5PZ T: 020 8709 7878
The London Clinic, W1G 6HL T: 020 3613 3937



A REVOLUTIONARY NON-SURGICAL TREATMENT OPTION FOR HEARTBURN

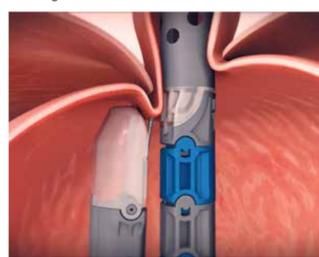
A new procedure that avoids surgery is now available in London for patients suffering from indigestion symptoms. This often causes a condition known as gastro-oesophageal reflux disease (GORD), which is associated with being overweight and drinking alcohol above recommended limits. GORD is important to diagnose because, if left untreated, it can lead to oesophageal cancer (cancer of the gullet). Data suggests that about one in 10 people suffer GORD symptoms on at least a weekly basis.

The most common cause of GORD is a hiatus hernia, which is when a portion of the stomach protrudes through the diaphragm, into the chest. This can lead to malfunction of the normal valve, which forms a barrier between the food pipe and stomach – see illustration below of a healthy valve, left, and unhealthy valve, right – at the gastro-oesophageal junction (GO). Although many patients use 'over-the-counter' antacids and/or proton pump inhibitors (PPIs) to neutralise stomach acid production, neither of these tackle the underlying cause or reverse the long-term outcome of GORD. There are also increasing concerns regarding the potential side effects of long-term PPI use, including increased susceptibility to infections of the digestive tract and bone thinning. Although GORD caused by a hiatus hernia can be treated by anti-reflux surgery, this approach is invasive and can be associated with side effects, including difficulty swallowing, chronic trapped wind and even a recurrence of GORD.



Transoral incisionless fundoplication (TIF)

Now, thanks to technological advances, it's possible to treat GORD without the need for an operation. Transoral incisionless fundoplication (TIF) – see illustration below of the TIF procedure to correct a hiatus hernia – is a new treatment option that can be performed endoscopically (using a flexible telescope inserted into the food pipe and stomach). This repairs the hiatus hernia without the need for a surgical scar.



90% of patients are free from symptoms up to three years after the TIF procedure
Longer-term studies have suggested that TIF can achieve symptom resolution in almost 90% of patients, of whom more than two-thirds no longer required regular PPIs. The TIF procedure is performed safely under general anaesthesia and usually only takes 45 minutes, meaning most patients are able to go home after an overnight stay. Patients having the TIF procedure can return to a normal diet and regular physical activity after only six weeks.

Meet the expert

Dr Vinay Sehgal is a consultant gastroenterologist and interventional endoscopist at University College Hospital, London. Dr Sehgal has a specialist interest in the early detection and treatment of GORD and has been awarded numerous awards for his cutting-edge and landmark research in this field.

Dr Sehgal is one of only a handful of experts who perform the TIF procedure in the UK and Europe. Dr Sehgal says, "I spend a lot of my professional time treating patients with oesophageal cancer, where the underlying cause was either undetected or untreated GORD. This has become an increasing problem during the pandemic where eating and drinking habits have changed such that many of us indulge more regularly to excess. The TIF procedure is an exciting, non-surgical intervention that allows me to repair a hiatus hernia and reconstruct the GOJ at the same time, usually in less than one hour. By reversing the underlying mechanism of GORD, patients are generally free of symptoms, don't require long-term medications, which can be inconvenient to take regularly and, importantly, may have a lower risk of progression to oesophageal cancer. I would encourage everyone with regular reflux symptoms to visit their doctor and get checked in case they need further tests and treatment for their reflux symptoms."

Dr Sehgal currently offers the TIF procedure to patients he treats at The London Clinic and The Riverside Clinic. For more information and to see if you're suitable for the TIF procedure, please contact Dr Sehgal using the details below.

● T: 020 38410828
E: secretary@drvinaysehgal.co.uk
Find out more at thelondonclinic.co.uk or riverside-clinic.org.uk



ROBOT-ASSISTED HIP AND KNEE REPLACEMENTS

MAKO by Stryker is transformative technology which allows better planning before surgery
Robot-arm assisted hip and knee replacement also offers a customised surgical approach and precise implant positioning for patients.

The technology combines pre-operative CT images with 3-D technology to allow surgeons to create a surgical plan that's tailored to the individual patient's anatomy. This means patient specific implant positioning, which is individualised to each patient.

At the time of surgery sensors are placed around the joint, which allows the software and robot to locate the joint in three dimensions. The robot arm enters the surgical field and is able to precisely and accurately remove the correct amount of bone, while preserving soft tissues. This is carried out to fractions of millimetres.

Patients generally have less pain, reduced length of hospital stay, quicker recovery and quicker return to work. It should translate to a higher likelihood of longer-lasting joints and joints that feel normal.

This technology provides much more information than was previously available to the operating surgeon. In the knee, the surgeon is able to balance the knee very accurately and precisely throughout the range of movement, while ensuring stability and alignment of the knee is optimised in a way that wasn't previously possible.

In the hip, the centre of rotation of the hip's restored. This means the patient has reduced risks of unequal leg lengths, hip catching and dislocating after surgery. It should translate into longer lasting and natural feeling hip replacements.

This technology is accelerating the trend towards more minimally invasive surgery such as partial knee replacements, where a less invasive approach can be used and the soft tissues are preserved. It's increasingly recognised that

patients with partial knee replacements functionally do better. However, patient selection for partial knee replacements remain key. Your surgeon will assist in deciding whether this is a suitable option for you.

With this technology, surgeons have the confidence to perform partial joint replacements due to precise and accurate implant positioning. Surgeons can choose a procedure which is less major and bone conserving, while retaining the option of a full knee replacement if that's ever necessary in the future.

The technology allows surgeons to evaluate adjacent joints when performing hip replacements, ensuring precise and individualised hip-implant positioning. This is particularly important in ensuring longevity and stability of the joint, and is performed to help improve the quality of life for patients who wish to be restored to an active life.

Robot-assisted joint replacements reassures patients in relation to the technical approach to surgery so they can focus on their recovery and rehabilitation, which remains important after hip and knee replacements.

Mr Kim, who practises at The Alexandra Hospital in

Cheadle, Greater Manchester, performed the largest number of MAKO robot-assisted hip and knee replacements in Northern England in 2021 and the second highest number in the UK, with more than 200 procedures and more than 500 performed or listed robot-assisted hip, knee and partial replacements.

For further information, call 0161 4476753 or visit manchestherhipandknee.com



DON'T SHRUG OFF SHOULDER PAIN

It could be that you have one of the most common disorders affecting the area: shoulder impingement or a rotator cuff tear



Rotor cuff tear

A rotator cuff tear occurs either as a result of ongoing subacromial impingement or due to trauma such as a fall, called a traumatic tear. It can also occur due to wear and tear, known as degenerative tears.

Some tears, partial tears, can be less severe, while others may be more extensive – these are full thickness tears and may involve one or more of the four rotator cuff tendons. The symptoms are similar to subacromial impingement, but can be more severe, with weakness and reduced movement.

For both conditions, patients will undergo a consultation including an examination, before having X-rays and often being offered an ultrasound or MRI to look at the quality of the shoulder muscles and tendons. At King Edward VII's Hospital outpatient and diagnostic centre, these results can come back within as little as 24 hours, meaning you can start your treatment as soon as possible.

If rotator cuff repair surgery is needed this is often a day case procedure via a keyhole operation, although more extensive tears or revision operations may need a mini-open incision at the side of the shoulder.

Mr Majed undertakes a high volume of both simple and complex rotator cuff repairs at King Edward VII's world-class orthopaedic surgical department, including keyhole procedures, complex revision and reconstructive surgery, as well as routine upper limb injuries.

The advances in technology are helping patients achieve good outcomes. Mr Majed says, "In addition to a high volume of simple and complex revision tendon repairs, we also use complex surgical solutions such as tendon transfers and superior capsular reconstructions in order to address these difficult injuries, which can have a significant impact on patients' lives."

● **Speak to an expert orthopaedic consultant at King Edward VII's Hospital's shoulder specialist unit, such as Mr Addie Majed, on 020 3925 1746, Mon-Fri 9am-5pm. kingedwardvii.co.uk**



Mr Addie Majed, an orthopaedic consultant and shoulder specialist at King Edward VII's Hospital, explains why you might be feeling pain and the potential treatment options.

It happens when the rotator cuff tendons of your shoulder or their surrounding tissues become swollen, reducing the space they can move in, which causes painful rubbing. Shoulder impingement encompasses inflammation of the rotator cuff tendons leading to tendonitis, inflammation of the bursa (a sac of fluid lying over the tendon helping them glide), which is called bursitis, or a bone spur from the shoulder blade that's positioned over the tendons, called a subacromial spur.

The condition is caused by repetitive injury such as overhead sports, overhead manual work or due to injuries such as a fall. Patients feel pain on the outside of the shoulder, especially when raising their arm above shoulder height. Reaching forward, behind your back or lying on your side may cause pain and reduces your range of movement.

Thankfully, the condition is treatable and the majority of patients don't need surgery. Treatment options include improved analgesia and physiotherapy, but you may be recommended simple outpatient procedures such as injections with a radiologist. King Edward VII's Hospital offers a shoulder assessment package for just £350, including consultation, X-ray and follow-up appointment to help you find the right course of treatment for your lifestyle.

However, those with recurrent symptoms that don't fully settle with conservative measures may benefit from surgery in the form of a keyhole (arthroscopic) procedure called a subacromial decompression.





PETER F HILL
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NHS Frimley Health NHS Foundation Trust
London Sports Orthopaedics

CONSULTANT KNEE SURGEON

Frimley Health NHS Foundation Trust
and London Sports Orthopaedics.

www.fhft.nhs.uk / www.sportsortho.co.uk



BREAST HEALTH DURING COVID-19

Ms Monika Kaushik is a specialist oncoplastic and reconstructive breast surgeon who practises in the East Midlands
Ms Monika Kaushik works with a multidisciplinary team and has a bespoke care approach to breast cancer management.

How has Covid-19 affected breast cancer care and where are we now?
During the first wave, Covid-19 affected breast cancer management and changed many aspects of care. Hospitals reduced the number of visitors, there was more use of telemedicine, breast reconstructions were delayed, risk-reducing procedures to prevent cancer were stopped, there were delays in routine screening and surveillance imaging, and some patients received endocrine treatments before surgery to reduce the exposure to Covid-19.

As things adjust to the new 'normal', there are long waiting lists for patients with breast symptoms and patients who are undergoing breast screening and there's a huge backlog of patients who are waiting for reconstructive procedures.

Is it possible to reduce your risk for breast cancer?

A person can do everything 'right' but can still get breast cancer. But, for some people, there are ways that can help you reduce your risk.

- Exercise regularly and maintain a healthy weight
- Have a balanced, healthy diet
- Reduce your alcohol intake
- Limit hormone replacement therapy
- Know your risks
- Be breast aware

When to see a specialist?

It's important to examine your breasts regularly and see a specialist as soon as any change is detected. These changes or signs can include things like a lump, thickening of tissues, unusual pain, feeling of heaviness, swelling, redness,

puckering or dimpling of the skin (like an orange peel), changes to the nipple, nipple discharge, nipple retraction, any change in shape and outline of the breast or a rash.

What's a one-stop breast clinic?

In this clinic, patients with breast problems are assessed for immediate and accurate diagnosis in a matter of hours. Patients are examined clinically, have radiological tests and also have a biopsy, if needed, in the same visit.
● **Ms Monika Kaushik consultant oncoplastic and reconstructive breast surgeon East Midlands. monikaushik.co.uk**
Online appointments: topdoctors.co.uk/doctor/monika-kaushik T: 0116 281 1081
Clinics: Spire Nottingham Hospital, Spire Leicester Hospital, Nuffield Health Leicester, The Health Suite Clinic



DON'T LEAVE BUNIONS UNTREATED

Don't live with bunions longer than you need to. Have them removed at the Sussex Foot & Ankle Clinic and walk out the same day

Bunions aren't only unsightly but are often painful, too. They can commonly make finding footwear difficult and can limit your options of what you're able to purchase. Many people suffer in silence thinking that there's little that can be done or that the treatment is worse than the condition.

Apart from the bony bump at the base of the big toe, bunions can cause a number of other problems in the foot if left untreated for prolonged periods of time. These problems include hammer toes, crossing over of the second toe, overload of the lesser toes and pain under the ball of the foot (metatarsalgia). The deformity can be hereditary and usually becomes worse with time.

Thankfully now, with modern surgical techniques, bunion surgery is almost always done as a day case procedure. Patients walk in and a few hours later walk out of hospital. Mild to moderate painkiller medication is typically supplied, but



after the first week, most patients stop taking them. Even the most severe bunions and toe deformities can be helped.

There are many different techniques to perform bunion surgery including minimally invasive ones. Most of them involve making careful calculated cuts in the bone to change its position and fixing the bone with special screws to hold it there. Most have similar recovery times and most of them allow you to walk immediately after surgery. The best technique is chosen after careful clinical examination of the foot along with analysis of X-rays. Surgery is always tailored to patient. After the operation, two or three follow-up visits are necessary to remove dressings and to check on progress. X-rays are often taken at one of these visits to check on bone healing and position.

Bunion surgery generally has high patient satisfaction rates. Gone are days when plaster of Paris was used after surgery and patients were advised not to put weight on their foot for weeks on end. As with any surgery, depending on the techniques used, there are always associated risks to be mindful of and these can be discussed at consultation. Thankfully, they're usually quite rare and steps can be taken to reduce them. More information about the different techniques can be found on foot-ankle-surgeon.co.uk/bunion-surgery

Adam Aji is founder of the long-established and highly regarded Sussex Foot & Ankle Clinic with locations in Chichester, Worthing and Brighton. He's a consultant orthopaedic surgeon specialising in all disorders of the foot and ankle. Another specialist area of expertise and experience is the use of patient-specific ankle-replacement surgery. He frequently provides surgical solutions to patients from Sussex, the UK and internationally.

● **Visit foot-ankle-surgeon.com for more information**
T: 0233 050 8662



RESTORE YOUR EYESIGHT

Improve your vision with cataract or vision correction surgery performed by experienced, high-volume eye surgeon, Mr Aaron Ng

Mr Aaron Ng is an experienced, award-winning consultant eye surgeon with expertise in corneal and external eye disease, cataract, laser and lens-replacement surgery and known for his kind, patient-centred care.

He's currently the corneal and external eye disease lead consultant at the Worcestershire Acute NHS Trust and runs his private practice from BMI The Droitwich Spa Hospital.

After graduating from King's College London, Mr Aaron Ng undertook his basic medical and surgical training in London, Kent, Surrey and Boston (US) before



obtaining surgical ophthalmology training at the West Midlands School of Ophthalmology with further advanced specialist training in cornea and external disease at the University Hospitals Birmingham NHS Trust, Royal Wolverhampton NHS Trust, as well as the Birmingham and Midlands Eye Centre.

Mr Aaron Ng is certified and accredited by the Royal College of Ophthalmologists to perform both laser and lens surgery for vision correction and holds the Certificate in Laser Refractive Surgery (CertLRS) and Fellowship of the Royal College of Ophthalmologists (FRCOphth).

He regularly performs complex cataract and vision correction surgeries; astigmatism correction and premium intraocular lenses implants to restore eyesight. Offering a bespoke vision correction service, Mr Aaron Ng will perform a comprehensive assessment by understanding your vision requirements and taking into account the health condition of your eyes before offering suitable vision correction surgical options to you and informing you of their associated risks and benefits.

With a passion for quality improvement, Mr Aaron Ng had undertaken projects in refining cataract and refractive outcomes and had previously won a prestigious international audit prize at the Royal Australian and New Zealand College of Ophthalmologists Congress and a national prize at the British Society for Refractive Surgery.

From previous patients' feedback, Mr Aaron Ng has been often described as a calm and caring surgeon, who ensures the service he provides is in the best interest of the patient and produces excellent vision and refractive outcomes.

● **Judith Coles, Secretary T: 07976 545083**

● **Dr Aaron Ng, aaronng.co.uk
BMI The Droitwich Spa Hospital, St Andrews Road, Droitwich Spa, Worcestershire WR9 8DN T: 0121 295 3777 aaronng.co.uk**



THE NEW ERA OF PERSONALISED PROSTATE SURGERY

Contemplating prostate surgery? There are many different approaches now available – but how do you choose the right option for you?

Many, indeed, most men will develop urinary symptoms as they get older. This usually relates to non-cancerous enlargement of the prostate. These symptoms can have varying impacts on overall quality of life and, for a small proportion of men, their work/life can come to dominate and limit their day-to-day activities. Just as importantly, this can have an impact on those around them, too.

Traditional approaches include fluid management, then trials of medication and, finally, potential surgery. Over the past decade or more, a string of new,

innovative surgical approaches have been developed, looking to improve outcomes or decrease unwanted side effects, particularly around sexual function. In 2022, men suffering with these symptoms and thinking about surgery should be offered a number of different options, each with its own advantages and disadvantages.

Current surgical options range from plasma TURP and lasers to the so-called minimally invasive approaches of UroLift, Reazor and, soon, TriMod. Most recently, there's the arrival of the Aquabeam system, robotically delivered, heat-free surgery, in the form of Aquablation of the prostate using the Aquabeam system. Published five-year data demonstrates the same symptomatic success compared with standard surgical approaches, but with a much lower risk of unwanted side effects concerning sexual function. And, unlike some of the other newer options, it is equally effective with prostate glands of all shapes and sizes.

Neil Barber, a consultant urologic surgeon, has been at the front end of many of these recent developments, recruiting into pivotal trials, sitting as an expert on NICE medical-technology panels relating to innovation in this area and introducing these technologies to the NHS.

This experience allows him to offer all surgical options to his patients, and also to have an informed discussion about which options may be most appropriate for an individual patient. Truly, this is personalised prostate surgery. You'll find the full array of choices including, uniquely, Aquablation, available through The London Clinic.

● **For more information about the different surgical approaches available, visit urologypartners.co.uk/treatment-and-procedures To make an appointment, contact:**

● **barber.secretary@urologypartners.co.uk T: 01252 623 543 thelondonclinic.co.uk T: 020 4527 1744**



CUTTING EDGE ENDOSCOPY

London's Wellington Hospital has recently launched its double-balloon endoscopy (DBE) service, making advanced minimally invasive care more accessible

The Wellington Hospital is the only private hospital in the country equipped to provide this advanced, minimally invasive procedure to investigate and treat several small bowel diseases without the need for major operative surgery.

The service is run by Dr Edward John Despott, an interventional endoscopist and world-recognised expert, with over 15-years of experience in this field.

DBE has established itself as the safest, most-effective, gold-standard endoscopic technology for investigation and minimally invasive management of suspected small bowel disease. DBE uses a long camera-based instrument (enteroscopy) and an over-tube; these are both equipped with an inflatable balloon at their tip. When these balloons are inflated, they gently grip the small bowel, allowing the endoscopy specialist to control deep insertion into the small bowel. DBE has revolutionised management of several conditions, including small bowel bleeding.

abnormal narrowing of the small bowel (strictures) and polyps. It also allows the specialist to take samples of tissue from the small bowel (biopsies) and to retrieve any foreign objects.

Another service that's also been recently introduced at the Wellington Hospital by Dr Despott is endoscopic submucosal dissection (ESD), another advanced minimally invasive endoscopic procedure that helps to enable the specialist to remove pre-cancerous growths (polyps/lesions) from the stomach or the large bowel (colon/rectum) in a single piece. This technique allows the single-resected specimen to be examined more accurately under the microscope and has also been shown to help reduce the risks of any recurrence.

● **endoscopyspecialist.co.uk**

● **topdoctors.co.uk/doctor/edward-john-despott**
E: nadine.mclaren@hcahealthcare.co.uk T: 07599104983

