

# *the* GIST

News from Guy's and St Thomas' Issue 17 | 2016



## *Danny's insight*

Why everyone with diabetes should get their eyes tested





## Welcome

As I take up the role of Chief Executive of Guy's and St Thomas', having been Acting Chief Executive since Ron Kerr stepped down in October, I wanted to introduce myself to you.

I have worked at the Trust as Chief Operating Officer since April 2012, so I am very aware of the amazing work that staff do every day to provide the best possible care to our patients locally, as well as to those who travel to our hospitals from further afield for specialist treatment.

The stories in this latest edition of *the GiST* are a testament to their dedication, and demonstrate how their work is literally life changing for many people.

Read about Alexandra on page 6, who was born with Pierre Robin syndrome. This condition leaves babies with a smaller than normal lower jaw, making it very difficult for them to breathe or eat normally. Now aged 24, and after more than 60 surgeries, Alexandra has fulfilled her goal to eat an apple.

Yaa and her son Rayhaan are featured on page 7. Rayhaan was born with sickle cell disease and had a stroke when he was just eight months old. Yaa donated bone marrow to her son, and after three months in hospital, Rayhaan was cured of the disease.

I hope you enjoy this edition of *the GiST*. If you have any comments please contact our communications department by emailing [press@gstt.nhs.uk](mailto:press@gstt.nhs.uk).

*Amanda Rutetard*

Chief Executive  
Guy's and St Thomas'  
NHS Foundation Trust



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Diabetes patient Danny Ball and Dr Samantha Mann, consultant ophthalmologist, are featured on pages 8 and 9.

Pick up your copy:

*the GiST* magazine is for our patients, local people, staff, members and other supporters of Guy's and St Thomas'

## TELL US WHAT YOU THINK

If you have any comments about the magazine or suggestions for future articles, please contact the communications department, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH, or email [press@gstt.nhs.uk](mailto:press@gstt.nhs.uk)

Visit us online at: [www.guysandstthomas.nhs.uk](http://www.guysandstthomas.nhs.uk)



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# New year is a new dawn for cancer care

We will be opening not one, but two, new cancer centres in 2016.

The centres – at Guy's Hospital and at Queen Mary's Hospital in Sidcup – have been designed by patients for patients, thanks to the involvement of cancer survivors.

In early summer our new centre at Queen Mary's Hospital in Sidcup will open its doors so that people living in outer south east London will no longer have to travel long distances for chemotherapy and radiotherapy treatment.

Thousands of cancer patients will avoid the prospect of 'commuting' to Guy's or St Thomas' for their treatment.

Dimbleby Cancer Care and Macmillan Cancer Support will provide an information centre to support cancer patients and their families.

In the autumn our new centre at Guy's Hospital will open to offer most cancer treatment and research under one roof.

At present patients can be treated in up to 13 locations in eight different buildings on our two hospital sites, Guy's and St Thomas'.

When the new centre opens at Guy's, clinicians and researchers will be able to develop better treatments together, which is good news for patients.

The building will be full of light, space, and art – chairs, tables and lifts have all been designed with patients in mind thanks



to Guy's and St Thomas' Charity's £1.8 million arts programme.

To find out how to support Guy's Cancer Centre Appeal, see [www.supportgstt.org.uk](http://www.supportgstt.org.uk).

## IN THE NEWS

A round-up of media activity featuring Guy's and St Thomas'.

### **BBC News and Channel 4 News**

Dr Katherine Henderson, lead consultant in A&E, was interviewed by *BBC News* and *Channel 4 News* about the additional pressures placed on A&E departments by patients who have drunk too much alcohol.

Her interviews were broadcast on *BBC News at Six*, *BBC News at Ten*, and *Channel 4 News*.



### **The Guardian**

An article in *The Guardian* explored the increase in childhood allergies and the experiences of families affected by allergic conditions. Evelina London's allergy specialists spoke about their research and possible reasons for the increase in allergies.

### **Independent**

A four-page feature about the history of St John's Institute of Dermatology at Guy's and St Thomas' was published in *the Independent* and *i* newspapers to launch a celebratory book about the Institute's 150th anniversary. See page 21 for our History Corner article.

# Opera fan becomes oldest person to have lung cancer operation

A 98-year-old opera fan has become the oldest person ever to have part of his lung successfully removed to treat lung cancer.

George Matthews was diagnosed with lung cancer in April 2014. He says: "When I was first diagnosed, I was initially offered radiotherapy, which didn't sound pleasant, and wouldn't have removed my cancer altogether.

"So when I met my doctor, and she offered me the surgery, I was amazed. I thought 'at my age?' but she was fully confident that it would be safe and successful."

Lung cancer is the leading cause of cancer deaths in the UK, killing around 35,000 people a year.

George's operation was carried out by Karen Harrison-Phipps, consultant thoracic surgeon, who says: "Older people die of lung cancer every day because they're deemed too high risk for surgery but I see no reason that fit people, no matter their age, should be denied this life-saving treatment."



Karen Harrison-Phipps, consultant thoracic surgeon, with George Matthews after his operation





## Hidden treasures

A previously unknown portrait of Edward VI, son of Henry VIII and Jane Seymour, is on display at the Florence Nightingale Museum at St Thomas' Hospital. It was discovered in the art collection of Guy's and St Thomas' Charity.

The painting is part of an exhibition titled *Hidden Treasures from the Hospital Vaults: The Remarkable Art Collection of Guy's and St Thomas' Charity*, which showcases precious and fragile items of the Charity's collection which have never been displayed in public before.

The portrait of Edward VI, who re-established St Thomas' Hospital after it had been closed during his father's Reformation, derives from an official full length portrait by William Scrots. Expert tests suggest it was painted just after Edward's death at the age of 15.

Other pieces on display for the first time include a series of curious short films from the 1950s commissioned by the Ministry of Health to train physiotherapists, 18th century silverware, artwork by renowned 20th century artists, and a gold memorial ring made for the funeral of Thomas Guy who was the founder of Guy's Hospital.

**The exhibition runs until 27 March.**

## Dr Christian backs HIV testing



Mayor of Lambeth Donatus Anyanwu with Dr Christian Jessen, Dr Laura Hunter and nurse Joel Paparello

TV doctor Christian Jessen performed an HIV test on the Mayor of Lambeth at St Thomas' to raise awareness of the importance of being tested.

Lambeth has one of the highest rates of HIV in the UK. Approximately 10 out of every 1,000 people living in the borough have the condition, more than three times the national average.

Dr Christian, who presents Channel 4 programmes such as *Embarrassing Bodies*, and Councillor Donatus Anyanwu, the Mayor of Lambeth, came to St Thomas' Emergency Department (A&E), where a pioneering new approach to HIV screening

is used. All patients having a blood test in the department are also screened for HIV.

Dr Christian says: "Testing for HIV is crucial for prevention. If you get tested and receive a positive diagnosis, you can now immediately go on to receive treatment."

"This is why proactive approaches to HIV testing like the one used in St Thomas' A&E are beneficial both for individual patients and wider public health."

Dr Laura Hunter, consultant in emergency medicine at Guy's and St Thomas', says: "Our new approach to testing is boosting HIV detection rates and saving lives."

## Smoke-free and proud

Staff, patients and visitors are reminded that smoking is banned at Guy's and St Thomas' every time they walk past new signs installed at our hospitals.

Smoking, including the use of e-cigarettes, is not permitted anywhere on the Trust's hospital and community premises, including our grounds and gardens.

Karen Proctor, Director of Nursing, Adult Services, says: "We all have a part to play in making our hospital and community sites a cleaner and healthier environment for everybody. Please do not smoke when you visit our hospitals or community buildings. Help us to stay smoke-free."

"We know that quitting smoking can be challenging for many people."

But with the support of our stop smoking advisors people can see many health benefits almost immediately. You'll also be in better shape for any treatment or surgery that you may need."

In the last 12 months our specialist Stop Smoking Service has given advice and support to almost 1,500 smokers.

**For more information about the Stop Smoking Service call 020 7188 0995 or email [stopsmoking@gstt.nhs.uk](mailto:stopsmoking@gstt.nhs.uk).**



## Parachuting in a new treatment

Patients with life-threatening heart failure have been given a lifeline thanks to an implant being offered by our pioneering heart service.

Experts at Guy's and St Thomas' are the only team in the country using the Parachute implant to help patients with severe heart failure when other medical treatments are not working. They now plan to expand their service so that more patients can benefit.

The small device, which measures 64-85mm in diameter and resembles an open parachute, is implanted into the main pumping chamber of the heart when there is damaged muscle preventing blood pumping around the body properly.

By isolating the damaged muscle, the Parachute is able

to improve the efficiency of the pumping action of the heart. This can alleviate symptoms of heart failure such as severe breathlessness and extreme fatigue.

Consultant cardiologists Dr Ronak Rajani (pictured) and Professor Simon Redwood, who run the Parachute implant service established at St Thomas' Hospital last year, say the early results have been positive.

Dr Rajani says: "The Parachute implant is an exciting new procedure to help people with severe heart failure. These are patients who have received all other conventional treatments but are still significantly debilitated by their symptoms. Their conditions are so serious that they have a reduced quality of life and indeed a lower life



expectancy.

"The Parachute can improve the efficiency of heart muscle when alternatives such as a mechanical heart pump or a heart transplant are unavailable or too risky. It's bringing real benefits to our patients and we look forward to offering it to more people with severe heart failure."

## Art brightens up revamped East Wing

New artwork in the refurbished East Wing of St Thomas' Hospital has created a more positive environment for some of our sickest patients.

The installations were funded by Guy's and St Thomas' Charity and created by artists Hsiao-Chi Tsai and Kimiya Yoshikawa. They were chosen following a competition which enabled patients, staff, and members of the public to have their say.

The colourful sculptures, *Aquatic Flora I & II*, were designed to be large and cheerful, taking inspiration from the fish tanks often seen in doctors' waiting rooms.

Two new patient lifts, installed as part of the refurbishment, make it easier and quicker to transfer critically ill patients from the Emergency Department (A&E) to the wards and intensive care units in East Wing. The building has also been weather-proofed and made more energy efficient.



Photo courtesy of Tsai & Yoshikawa, photograph by Tiffany Lin

## TOP TWEETS



**@prodnose**

Exactly 5 years since cancer diagnosis I have just been discharged from care of Guys Hospital. The NHS. That's the true face of this country



**@TomJFMonso**

Amazing kids, amazing parents, amazing staff. Just amazing @EvelinaLondon @GSTnhs



**@GSTnhs**

We're hugely grateful to @DoctorChristian & @MayorLBLambeth for visiting our A&E today & supporting #HIVtestweek



**@NHSGYWCCG**

Congratulations to @GSTnhs for winning the Healthcare Recruitment Award at yesterday's #HBAwards15



**@PeterABTaylor**

11 years ago today surgeons @GSTnhs transformed my life with a living related kidney transplant. Forever grateful. Treasuring every moment.



**@MarkTJones500**

I am very grateful for the care received over recent months. Keep doing what you do, cherish your staff and champion innovation.



**@jimleedham**

Celebrating #WorldPrematurityDay with a few of the many incredible @EvelinaLondon #NHS staff who we owe SO much to



**@RuthRobbo**

Impressed with my Sunday afternoon MRI appointment at @GSTnhs - delivered on time by friendly staff who took time to explain things to me





## 60 operations before 24

Alexandra's childhood goal was to eat an apple, just like everyone else.

Alexandra Robinson was born with Pierre Robin syndrome, a condition which leaves babies with a smaller than normal lower jaw, making it very difficult for them to breathe. Her lower jaw was almost two centimetres further back than her upper jaw.

She also had a severe cleft palate, which left her with no roof to her mouth and meant she needed to be fed by a tube for her first few months of life. Pierre Robin syndrome is a rare condition that affects around 1 in 10,000 babies.

Now at the age of 24, Alexandra has undergone more than 60 surgeries and has been visiting Evelina London Children's Hospital for nearly 10 years, often under the care of Professor Piet Haers, consultant cleft and maxillofacial surgeon with the South Thames Cleft Service.

Alexandra's mum, Jules, reflects on when they first met Professor Haers in

2001. She says: "Alexandra struggled to eat anything that wasn't soft, her jaw didn't open as it should and she was small for her age because she couldn't eat properly. I remember Alexandra told Professor Haers, 'I just want to be able to eat an apple like everyone else' and he said to her, 'Trust me, we'll get you to eat that apple.'"

Now working as a care worker in a children's hospice, Alexandra describes Professor Haers as the man who changed her life. "He's the best person ever," she says. "Visiting Evelina London is amazing compared to other hospitals I've seen, it's just so colourful and it doesn't feel like a hospital."

Alexandra lives with a tracheostomy, a small tube which is inserted into the windpipe to form an artificial airway, but it doesn't stop her living a normal life. She explains: "I work with children with life-limiting illnesses, some of whom also have

tracheostomies. They often ask me questions about my tracheostomy, or 'trachy' as we call it. I can help them by explaining how I have dealt with situations in life and how I got to be doing what I'm doing now."

Alexandra recently came back to Evelina London to celebrate the 10th anniversary of the hospital with other tracheostomy patients past and present. She delighted everyone by bringing her eight-week-old baby Penelope to the party.

Alexandra says: "We never knew if I was going to be able to have a baby, I was placed in the 'high risk' category. There was no research around whether someone with Pierre Robin syndrome has had a baby before, so throughout the pregnancy we didn't know whether or not Penelope would have the condition. We are incredibly lucky to have a healthy, happy baby girl and I feel extremely blessed.

"I loved taking Penelope to the party as I hadn't told any of the nurses who had looked after me during my time at Evelina London that I was pregnant. Without the support of the people who cared for me, especially the nurses, I don't know how I would have coped so I'll always be grateful to them. Being able to surprise them with Penelope was amazing and it also meant I could show other families that having a trachy hasn't held me back from living my life to the full."

### About the South Thames Cleft Service

The cleft team is made up of specialist clinicians including surgeons, nurses, psychologists, speech and language therapists, orthodontists, and dentists. They work together to provide care and treatment from before birth and into adulthood for people with cleft lip and palate problems.

Around 120 babies born with cleft lip and/or palate are referred every year. The team also treats children who have speech problems that need surgical treatment and adults who have previously received treatment.

[www.evelinalondon.nhs.uk/cleft](http://www.evelinalondon.nhs.uk/cleft)



## Mum's lifeline to sickle cell son

Rayhaan Kufuor-Gray, a five-year-old from Streatham, started school last September after having a successful bone marrow transplant from his mother, Yaa, in 2013. The transplant has helped him to overcome sickle cell disease, an inherited blood disorder.

Sickle cell disease affects people's haemoglobin, the protein found in red blood cells that carries oxygen around the body. Instead of having normal disc-shaped cells, their sickle-shaped cells block small blood vessels, which puts them at greater risk of stroke, chest infections, and severe pain.

Yaa says: "Rayhaan was diagnosed with sickle cell disease and I was told how to care for him so he didn't fall ill and have a crisis. Then he had a stroke at just eight months old and couldn't move his left side at all.

"I knew from the beginning that I wanted a cure for Rayhaan so we were put on the register for a bone marrow

transplant. There wasn't a suitable matching donor so the doctors said they could use my bone marrow instead.

"Rayhaan was in hospital for three months but it was worth it because he is cured of sickle cell disease. His blood count is now normal and he hasn't looked back. He started school last September and is doing really well."

Rayhaan had his bone marrow transplant at St Mary's Hospital, and received his follow-up care from Evelina London Children's Healthcare's Sickle Cell and Thalassaemia Service.

Children with sickle cell disease face a lifetime of challenges which can greatly affect their quality of life. They live in constant pain and may need to take time off school because of regular hospital visits, which can lead to psychological problems.

By transplanting healthy bone marrow from a matching donor, children with sickle cell disease can start to produce

normal haemoglobin.

A bone marrow transplant is an intensive medical treatment considered for very sick children with sickle cell disease. It involves chemotherapy and radiotherapy and a period in hospital to build up the immune system.

Dr Baba Inusa, a leading consultant from Evelina London's Sickle Cell and Thalassaemia Service, says: "Children with sickle cell disease are 300 times more likely to have a stroke than other children.

"To prevent a stroke from happening we usually give these children monthly blood transfusions but this can lead to serious complications because of high levels of iron in the blood.

"A bone marrow transplant can be a lifeline for children with severe forms of the disease and may give them the potential to lead healthier, fuller lives."



**Danny Ball** didn't get his eyes checked until it was too late to save his sight. He shares his story to help other diabetes patients understand why it is so important to have regular eye tests.

## “I thought sight loss happened to other people”

When Danny Ball found himself struggling to read a rail map at a train station, he put it down to his eyes being tired.

Similar experiences made him think that he should get his eyes checked soon, but he never got round to making an appointment for a check-up.

Danny, who is 35 and lives in Bermondsey, says: “Like many young men, I felt invincible. I thought sight loss was something that happened to other people.

“When I started finding it difficult to read, I put it down to my eyes being tired. I failed to get them checked.”

Danny has Type 1 diabetes. Everyone with diabetes is vulnerable to diabetic eye disease – one in four people with diabetes will develop sight-threatening eye changes.

His vision continued to worsen. The situation eventually became so serious for Danny that he sought help at St Thomas' eye casualty unit. Unfortunately, it was too late – his condition had become too advanced to treat.

Danny is now blind in one eye and has lost much of his sight in the other.

Eye health experts at Guy's and St Thomas' warn that soaring diabetes rates threaten an upsurge in blindness unless patients like Danny receive regular eye checks.

Diabetes is the main cause of preventable blindness for people of working age in the UK. It affects the small blood vessels in the retina in a complication called diabetic retinopathy, also known as diabetic eye disease.

Dr Samantha Mann, consultant ophthalmologist, says: “With diabetes rates higher than ever before, there has been a corresponding increase in the number of patients at serious risk of blindness, especially if they don't attend their eye appointments.

“The damage caused by diabetes needs to be identified and treated promptly to avoid vision becoming impaired. This is why we screen the eyes of people with diabetes to detect the early stages of diabetic retinopathy using special digital cameras.

“My sight could have been saved if I'd checked my eyes earlier.”



Samantha Mann, consultant ophthalmologist, checks Danny's eyes

“At Guy's and St Thomas' we screen 1,000 people with diabetes each month and we find that around 10 of these patients need urgent treatment to prevent them going blind.

“We're worried that up to 20% of diabetes patients who need to be screened aren't attending check-ups. If people don't undergo these checks they're vulnerable to developing sight-threatening complications in their eyes.”

Early detection and treatment can prevent blindness in 90% of diabetes-related cases. However, it is estimated that 590,000 people have diabetes but have not been diagnosed with the condition and not all patients are receiving the specialist eye checks needed to detect diabetic retinopathy.

Libby Dowling, senior clinical advisor





at Diabetes UK, says: “Retinopathy frequently has no symptoms until it is well advanced, so people with diabetes may not be aware of changes to the retina until their vision has already been impaired.

“That’s why it’s important to attend regular retinal screening, so that any case of retinopathy can be detected early, therefore increasing the chances of receiving the most effective treatment.”

Danny is determined to share his story so that others become more aware of the dangers of diabetic eye disease. He is also interested in researching why young men fail to engage in healthcare, just as he did when he first noticed his eye sight worsening.

His experience features in a new film – ‘Danny’s Story’ – made by Guy’s and

St Thomas’ to promote eye screening and highlight the risk of sight loss for diabetes patients.

Danny says: “My sight could have been saved if I’d checked my eyes earlier. It’s crucial to make people aware of the importance of having regular eye check-ups, particularly if they know they have diabetes.”

Find out more about the diabetic eye complication screening service and watch ‘**Danny’s Story**’ at [www.guysandstthomas.nhs.uk/decs](http://www.guysandstthomas.nhs.uk/decs).

### Diabetes is a rapidly growing problem:

**3.9 million people** in the UK have diabetes compared to 1.4 million in 1996.

An estimated **590,000 people** have diabetes but have not yet been diagnosed.

Early detection and treatment can prevent blindness in around **90%** of cases.

**Jamie Williams** nearly lost his hand after an accident last July. We find out how surgeons and the hand therapy team have worked together to save it.

## Helping hands

**"People rely so much on their hands, so it can be particularly disruptive if something goes wrong," say Rachel Box and Rachel Laddin, clinical specialists in hand therapy at St Thomas' Hospital. "What if you can't write or drive? If you're self-employed, how do you support yourself?"**

When Jamie Williams cut his arm with a saw, he thought his career as a tree surgeon was over. He was rushed by ambulance to the A&E department at his local hospital where they stopped the bleeding and transferred him to the hand and plastic emergency clinic at St Thomas' Hospital for specialist treatment.

Jamie says: "I was at home, building a pond, and I had just a little bit left to do when I picked up the circular saw. At first, I didn't know how far the saw had made it into my arm, but when I pulled it out, I couldn't move my hand at all."

Matt James, consultant plastic surgeon, operated on Jamie twice. He reattached the tendons and nerves which had been cut by the saw, and a week later Jamie went home.

### After the surgery

After his operations, Jamie was seen by the hand therapy team at St Thomas' Hospital. When they took the dressings off Jamie's hand, he saw the wound for the first time since his operation.

Jamie's hand was placed in a protective splint made by the hand therapists to stop

him from overstretching the tendons that join muscle to bone.

Rachel Box explains: "The plastic surgeon stitches together the severed tendons, then scar tissue grows over the stitch which makes the join stronger. Until the scar tissue has grown, the tendon is really weak, so we have to stop people from stretching the tendons by instinctively grabbing for something or moving their arm in their sleep."

After months of hand therapy, the movement and strength has mostly returned to Jamie's hand. Now the only limit to his movement is caused by tightness around the scar on his arm.

Rachel Laddin says: "Scar tissue is a positive thing – it is your body healing itself – but it can also create a few problems.

"The scar tissue can become thickened and sticks to the surrounding tissue. This can stop the tendons from moving properly. Techniques like massage, exercises and silicone dressings can help to reduce scar thickening and prevent the tendons from getting stuck."

Jamie will have a third operation to remove some of the scar tissue this winter while the tree surgery business is quiet.

Jamie concludes: "If I'd done this 10 years ago, I might have lost my hand. Now I'm back at work and playing with my kids like normal. It's amazing what the team has done."



Jamie leaves St Thomas' Hospital in July 2015 after two operations on his hand

### About hand therapy

Hands contain a complicated arrangement of 27 small bones, tendons and muscles all very close together.


Occupational therapists and physiotherapists in the hand therapy team have had special training to understand the way the hand is made up and how the different elements react with each other.

They work together to manage patients' wounds and scars, and restore movement, strength and function in the hand.

Most of the people who are treated by the hand therapy team have, like Jamie, injured their hand in some way, but the team also sees people with trapped nerves, arthritis or work-related upper limb disorder.

[www.guysandstthomas.nhs.uk/handtherapy](http://www.guysandstthomas.nhs.uk/handtherapy)





“Now I’m back at work and playing with my kids like normal. It’s amazing what the team has done.”

Jamie with Ellie Collen, a physiotherapist in the hand therapy team



More than 60% of adults in the UK are overweight or obese. Three patients explain how they've taken control of their weight with the help of our staff and patient support groups.



Paula Augustin

# Tackling a weighty problem

## Paula's story

When 47-year-old **Paula Augustin** felt out of breath after walking just a few yards she knew it was time to do something about her weight.

A visit to the GP confirmed that Paula, who weighed 19 stone, had high blood pressure and was at risk of developing serious conditions like diabetes or having a stroke.

Paula, who now attends the 'Healthy Heart, Healthy Weight' programme in Brixton, says: "I'm a full-time carer for my mum. During the day I'm really active but in the evenings I used to reward myself by snacking.

"I attend the classes and the walking

group in Brockwell Park. We learn about eating healthily and things to watch out for. There are about 13 teaspoons of sugar in a can of fizzy drink, for example.

"Now I think about what I put in my mouth and how I prepare food. These days the biggest portion on the plate is vegetables.

"Since joining the classes I've lost four stone and I'm off the blood pressure tablets. Mum is also seeing the benefit because she's eating more healthily.

"I love the group. Everyone goes at their own pace. There's a real team spirit."

Mandy Keene, a health promotion specialist who leads the programme, says: "Small changes really can make a big

difference, for example replacing full fat milk with skimmed milk, grilling instead of frying, reducing sugary foods and drinks and doing more exercise – even getting off the bus a few stops earlier can help."

**Call Lambeth Early Intervention and Prevention Service on 020 3049 5242 to find out about the programme.**



### Graham's story

You may associate cancer with weight loss but in fact obesity is a risk factor for many types of cancers.

**Graham Dobson**, 66, a retired solicitor from Orpington, was diagnosed with prostate cancer in October 2012 but, after surgery, he made a full recovery.

Last April he joined the 10-week weight management programme for cancer survivors.

Graham says: "I've always loved food but because of the course I realise I've been eating the wrong food in the wrong portions. I now weigh 14 stone but when I started I was 17 stone.

"It makes a big difference having the support of Rachel Bracegirdle, the cancer dietitian, and the other patients in

the group.

"Each session starts with us being weighed and we keep a diary of the food we've eaten. We talk about things like eating habits and ways to increase physical activity.

"I'm eating more fish and less meat and when I eat out I look at the menu online beforehand so I can still eat a delicious plate of food.

"I have a belt that I add new holes to when I lose weight. So far I've added five holes and lost eight inches from my waist. I'm looking forward to the summer when I can wear clothes that I don't feel like I'm bursting out of."

**For information about the Weight Management after Cancer Treatment Programme call 020 7188 4128.**



Graham Dobson



Ritchie Hooper (after)

### Ritchie's story

Weight loss surgery (also known as bariatric surgery) is often presented in the media as a 'miracle cure' for obesity – but it's not that straightforward.

Dr Barbara McGowan, medical lead for the Obesity and Bariatric Service at Guy's and St Thomas', says: "Patients considering bariatric surgery need to undergo lifestyle changes and must attend a local weight management programme for up to 12 months.

"They also undertake medical and psychological assessments and are made aware of the long-term implications of surgery.

"It's about improving patients' health, getting people back to work, and into an active lifestyle."

Guy's and St Thomas' prepares around 150 patients a year for surgery which takes place at King's College Hospital. Many more people are helped to control their weight in other ways.

**Ritchie Hooper**, 43, from Leybourne in Kent, had bariatric surgery last January.

Richie says: "At my heaviest I weighed 25 stone and had a 54-inch waist. Sometimes I wonder how I got in that position in the first place.

"The criteria for surgery are strict so it's definitely not a temporary fix. You need to be in the right frame of mind before you go ahead with something so invasive.

"I get lots of support from my specialist bariatric dietitian Charlotte Birkett, and I attend the bariatric surgery support group which meets once a month.

"Since the surgery I've lost nearly 10 stone, I'm down to a 36-inch waist, and I don't need insulin any more.

"I used to always take the shortest route or get the bus. Now I like to walk everywhere."



Ritchie Hooper (before)

**James Lowell** was a teenager when he began his career at Guy's and St Thomas' as a hospital porter. Now, 20 years later, he's worked in almost every area of the Trust and is General Manager for pharmacy, therapies and clinical imaging. We find out more about his varied and inspiring career.

## More than just a job

**Q James, when you tell people you've worked at the Trust for 20 years they probably assume you've always done the same job. They couldn't be more wrong, could they?**

**A** It's certainly true to say that I've had a varied career at Guy's and St Thomas'. I left school with four GCSEs and began working at the Trust in 1995 as an agency porter earning £3.20 an hour. Thanks to the education and training available through the Trust, I'm now a qualified pathology technologist with a masters qualification in anatomical technology, I've worked with the government on national policies, and now I'm managing some of the biggest areas of the organisation.

**Q Can you remember your first day?**

**A** I can remember it vividly. I arrived wearing a white shirt and black tie and was just hoping that I'd be able to find the portering offices. I did find them, and the manager had no idea I was coming, but was thrilled to see me as they were short-staffed that day. It was such hard work, there were no motorised

beds back then, and all oxygen had to be carried by hand. I didn't think I'd be able to walk after my first day. It felt great to have a job, it meant that I could afford to pay rent to my parents.

**Q How and when did your career begin to change?**

**A** As a hospital porter you spend some time in the mortuary. I began to be intrigued by the work and found out that they offered a lot of training on the job. This is where I started the second wave of my career at the Trust as a trainee anatomical pathology technologist. I felt like I'd found what I was good at. I went on to complete my masters in anatomical technology. From the mortuary I moved up the ranks and got involved in management roles that have brought me to where I am now.

**Q What's your proudest achievement?**

**A** The thing I feel most proud of is the difference I was able to make in the care given to bereaved families. Mortuaries are always seen as gloomy places but the team at St Thomas' tried to make the experience as good as

possible for relatives. We cared for the whole family.

**Q What advice would you give to young people looking to begin careers in the NHS today?**

**A** Work hard, act with integrity, and never ask someone to do something that you wouldn't do yourself. Organisations like Guy's and St Thomas' are full of opportunities. If you're willing to invest yourself in the organisation then they will invest even more in you. I still say hello to every person I've worked with throughout my career when I see them around. It's the people that make this place special.

**Q Where do you see yourself in 20 years?**

**A** It's hard to say. I don't like to plan ahead so we'll just have to see what opportunities come next and where they take me.





"I still say hello to every person I've worked with throughout my career when I see them around. It's the people that make this place special."





Having a baby doesn't have to involve a trip to a hospital's maternity unit. Our teams of midwives also bring their expertise into people's homes.

## There's no place like home

Baby Maya is Chiara Paderni's first baby, born on the day that she celebrated her 46th birthday. "Everyone warned me my age might be an added risk, but I still really wanted a home birth," says Chiara.

Home births have decreased in popularity over recent decades. Between the late 1940s and mid-1960s about two thirds of births in England and Wales took place in hospital and one third at home. Since 1975 home births have only accounted for around 5% of all births.

Chiara's mother was not impressed with her decision. "My mother held the typical Italian view that home birth was new-age madness. We avoided talking about it because she was so discouraging. She was mad at me. But my midwife, Laura, was always so positive and totally unconcerned about my age so I felt surprisingly relaxed about it," she says.

On the day, it was the personal and homely experience that Chiara had wanted. "I don't tell everyone they must have a home birth," says Chiara, "but for me it was just the best experience ever. I used a birthing pool. It was not messy, it was natural. In fact, because my partner Paul had made enough food for everyone, both midwives stayed for dinner after

Maya was born."

The experience changed her mother's opinion. "My mother finally said I had made the right decision," recalls Chiara fondly. "It is the only time she has ever said this."

It was a friend who had first encouraged Chiara to consider having her baby at home. When the option was raised at her first registration meeting, Chiara took the opportunity to find out more from her midwife. Guy's and St Thomas' has specialised teams providing home birth midwives across Lambeth and Southwark, like Lia Brigante and Laura Latina who helped to deliver baby Maya.

"Being at home is a blessing for the family and the midwives," says Lia. "It can be a joyous event, not a medical emergency."

New mum Jamey Fisher Perkins would agree. She had baby Avery at home and has lovely memories of lying on her own

bed with him just moments after he was born, while her midwife sat on the bed writing up her notes. "When I am in the room where Avery was born, I still find myself thinking happy thoughts about his birth," Jamey says.

"I did worry that midwives would interfere or try to convince me to go to hospital if things weren't progressing," Jamey recalls. "But when my labour slowed the midwives let me and my husband discuss the next steps privately. They gave us the information we needed and let us make our own choices. I felt like I could really trust them."

Midwife Laura Latina adds: "Not everyone would want a home birth, but it's important that women are offered choices, that the risks and benefits are explained, and their decisions are respected and supported."

Most mothers understandably want the reassurance that, in an emergency, the

"I don't tell everyone they must have a home birth, but for me it was just the best experience ever."



Midwives Laura Latina and Lia Brigante with baby Maya, mum Chiara and dad Paul





required care will be available.

Laura continues: "For women with healthy, straightforward pregnancies, real emergencies are unlikely. When it does happen, we have all the equipment we need. We're trained to identify potential problems early and act while we transfer the woman to hospital."

As Jamey is keen to point out: "Fill yourself with positive birth stories. Most births are normal, natural, boring miracles, not the dramas we see on TV."

For information about home births, and to find out if they're suitable for you, visit [www.guysandstthomas.nhs.uk/home-birth](http://www.guysandstthomas.nhs.uk/home-birth)

## Inside the Cancer Biobank

Guy's and St Thomas' is known around the world for its pioneering clinical research. To understand why diseases start, how they progress, and how they respond to treatments, researchers often study human tissue samples.

The Trust has two main resources to help researchers do this – the National Institute for Health Research BioResource and the Cancer Biobank.

Both store human tissue samples and corresponding patient information. This information is important because someone's genes or lifestyle may have an impact on why or how a disease develops. All information is anonymised and kept completely confidential.

The Cancer Biobank at Guy's Hospital is run by King's College London on behalf of the Trust. It has around 40,000 samples from around 17,000 patients.

Dr Cheryl Gillett, King's College London Head of Biobanking, says: "The Cancer Biobank is a resource which helps researchers find better diagnoses and treatments for patients. We want to give researchers the best possible resource, so that they can do good science which can be translated into better patient care."



Dr Cheryl Gillett, Head of Biobanking, looks through data records in the Cancer Biobank

The Cancer Biobank has samples and data for six cancer types – including for breast, head and neck and lung cancers. The breast cancer resource dates back to the 1970s, and is one of the largest in the country.

### The life of a sample

Cancer patients being treated at Guy's and St Thomas' may be asked to donate tissue and blood samples for clinical research.

If patients give their consent, samples including tumours and healthy tissue are collected by the Cancer Biobank. Information about the individual such as their family history, lifestyle and genetic make-up is also gathered and stored by the Biobank.

The samples and data can then be used for research studies aimed at improving the diagnosis and treatment of different cancers. More than 300 studies using Biobank resources have been published in scientific journals, including studies into the benefits of using genetic information to classify breast cancers.

**Imam Abdul Choudhury** and **Reverend Nana Kyei-Baffour** discuss their roles as chaplains and their shared interest in making spiritual care accessible to everyone.

## Role reversal

**A** How long have you been working here as a chaplain?

**N** In all, it's been 12 and a half years. I started as a volunteer and for the past 11 years, I've been a part-time member of staff.

**A** How do you occupy your time when you are not working here at the hospital?

**N** I am a local church minister and I also like working in bible colleges. So when I'm not here, I am often teaching, marking papers, or providing pastoral care in the community.

**A** What do you enjoy most about your role as a hospital chaplain?

**N** I enjoy supporting those who are suffering from illness – being by a patient's bedside and praying for them. I also enjoy training new chaplains and volunteers. Recently I have been working on a very rewarding project aimed at making spiritual care more accessible for people with disabilities and learning difficulties. We have been trying to understand and reduce the barriers these patients face in accessing spiritual care.

“We have chaplains representing the Muslim faith, different types of Christianity, Buddhism, Judaism, Hinduism, Sikhism and Humanism.”



Reverend Nana Kyei-Baffour and Imam Abdul Choudhury in the newly refurbished chapel at St Thomas' Hospital

**A** What improvements have you introduced so far?

**N** We have provided information for staff on our wards and I hope we've made it clearer for patients exactly who the chaplains are, what we can do, and where we can be found. I have produced a spiritual care passport for patients with disabilities and learning difficulties. Patients can fill it out to tell us about their religion, or if they have no religious beliefs, and also about the people who are important to them. It has been designed to capture the things that give people hope and strength. It should help patients feel more at ease and cared for.

**A** I wish you every success and I'd like to support you as much as I can. Tell me about the people you have met in developing this work.

**N** It has been a collaborative journey. We have worked with patients, staff and charities, such as Kairos Forum and L'Arche Community. The project has led to some great discussions, and the feedback has been very positive so far. I hope that other hospitals might be inspired by how we have improved communication between patients and chaplains. What do you like best about working here?

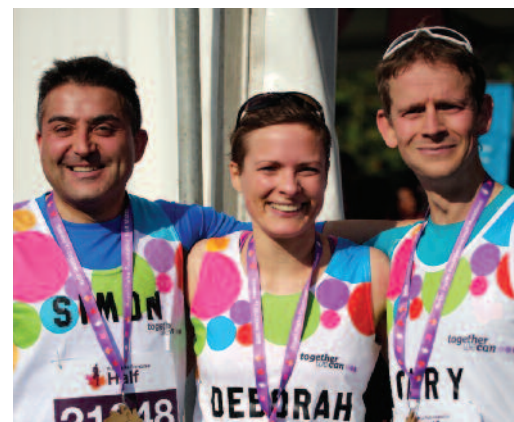




“Between us we speak a dozen different languages. I’m very proud of the work we do.”

**A** I love meeting new people from all walks of life and bringing a smile to someone’s face. Every day is different and slightly unpredictable. One day I might have to rush to a patient’s side very urgently. On another day I might find myself having a meaningful conversation over a coffee or even in the lift. I think it is wonderful that our chaplaincy team reflects the diversity of the community we serve here in south London.

**N** Yes, the patients we serve are very diverse in terms of ethnicity, language and faith. We have chaplains representing the Muslim faith, different types of Christianity, Buddhism, Judaism, Hinduism, Sikhism and Humanism, and between us we speak a dozen different languages. I’m very proud of the work we do.



## Why I fundraise

In 2012 Gary Saunders was treated at Guy’s for testicular cancer. He says: “I am indebted to Dr Simon Chowdhury, my consultant oncologist, and his colleagues for their skill and excellence, which helped me to fight and survive this terrible disease.”

In October 2015, Gary, Simon and senior research fellow Deborah Enting took part in the Royal Parks Half Marathon. In fact, Deborah spent most of 2015 in trainers. She set herself a target to run 1,500 miles, the equivalent of more than a marathon every week, and hopes to raise £150,000, which would cover the costs of a year of her research.

Deborah is investigating ways in which the immune system can be taught to fight prostate cancer. She is also running a clinical trial to assess the potential effects of a common diabetic drug on prostate cancer.

In May this year, Gary and Simon will be cycling from Land’s End to Guy’s Hospital to fund research into prostate, bladder, testicular and kidney cancer at Guy’s and St Thomas’.

“My family and I will be forever grateful,” says Gary. “I wanted to find a way to say thank you, so Simon and I formulated a plan to do something rewarding and memorable to raise funds so that more people can benefit from their life-saving research.”

Find out how you can support our cancer research and care by contacting [info@supportgstt.org.uk](mailto:info@supportgstt.org.uk) or call 020 7848 4701.

## Ask us: What is a district nurse?

District nurses from Guy's and St Thomas' go on more than 26,000 home visits across Lambeth and Southwark every month. We speak to **Ted Kargbo** who manages a team of district nurses at the Townley Road Clinic in East Dulwich.

### What do district nurses do?

We see people at home who are housebound or not mobile enough to go to their GP or local health centre for treatment. Most have long-term conditions like diabetes or severe breathing problems. We are also beginning to see more patients with multiple and complex problems. One of our main priorities is supporting patients at the end of their life and their families in their own homes.

Generally we work alone so, unlike a ward, there's no one to give a second opinion. That's why we do peer review, which means that the next visit is always carried out by a different district nurse. That way everything is checked and we can make sure the best standards of care are always provided.

### How is technology helping you to spend more time with patients?

We have been given digipens to help record details of the visit there and then. The pen reads what we have written on a special form and sends it back to a computer in the office so we don't need to record the information twice. The technology means we're spending less time record keeping and more time with our patients.



### What's it like providing nursing care in someone's home?

I always remember I'm a guest in our patients' homes. There are some patients who I've worked with since I started district nursing 12 years ago. It can be like going on a journey with them as sometimes they develop other conditions over time. You become an important part of the patient's life and their families are often very grateful for the care provided. When I leave a patient's home I feel valued and fulfilled.

GPs and other health professionals can refer to the district nursing team by emailing [gst-tr.DNreferrals@nhs.net](mailto:gst-tr.DNreferrals@nhs.net) or calling 020 3049 4020.



Madonna and Child by Jason Brooks

## Art in St Thomas' Hospital Chapel

The Chapel at St Thomas' Hospital has recently reopened after months of painstaking renovation work. A team of expert conservators brought the space back to the splendour of the 1870s, when it first opened. They stripped off layers of paint from the walls and carefully restored the original reliefs and memorials.

The painting *Madonna and Child* (pictured) by British artist Jason Brooks has been a focal point of the Chapel since 2005. It was kept safely in storage while the works took place, and it can now be enjoyed in its restored surroundings.

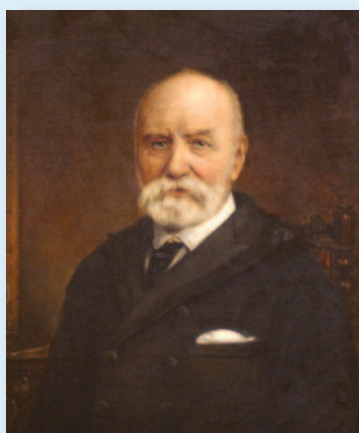
Tucked away in a corner for quiet reflection, Brooks' painting is a contemporary take on the classic representation of Mary and baby Jesus. It was modelled on an unknown woman and Brooks' own daughter, who was born at St Thomas'. Brooks spoke to many users of the chapel as he approached the task and took several months to complete the 'hyper-realistic' portrait.

The painting was commissioned by Guy's and St Thomas' Charity and is part of its large fine arts collection which is used to enhance our hospitals and community sites.



# St Johns – 150 years as the world's leading dermatology institute

St John's Institute of Dermatology has come a long way in the past 150 years. It evolved from humble beginnings in two rooms in Soho to today's newest facilities at Guy's Hospital, which have six specialist departments providing leading edge treatments and research.



John Milton



Lisle Street



The Bermondsey Centre

John Milton founded St John's Hospital for Diseases of the Skin in 1863. He was a surgeon who suffered from hand eczema so severe it ended his career. His personal experience of skin disease triggered his interest in dermatology.

The hospital was based in several different locations in Soho in the early 20th century. After World War II it occupied premises in Lisle Street, Leicester Square.

St John's Hospital for Diseases of the Skin moved to St Thomas' Hospital in the mid-1980s. Soon after, St John's was formally renamed St John's Institute of Dermatology.

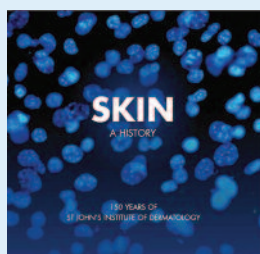
St John's was based at St Thomas' until very recently when the newly refurbished Bermondsey Centre opened at Guy's Hospital in November 2015. The state-of-the-art facilities allow multi-disciplinary teams from all of St John's specialities to be based in the same

premises, along with their King's College London research colleagues.

The Bermondsey Centre now sees the Institute's 36 consultants and 25 clinical nurse specialists treating patients with the most challenging skin conditions who come from across the country and the globe.

A book telling the story of the world-renowned St John's Institute of Dermatology at Guy's and St Thomas' has been published to mark its 150th anniversary.

***SKIN, a history*** was written by esteemed health journalist Jeremy Laurance. It takes the reader on a journey through the history of St John's, and looks forward to even greater successes over the next 150 years as St John's leads the way with modern, multi-disciplinary medical care.



***SKIN, a history*** can be purchased online from Wiseman Press: [www.wisepress.com/skin-a-history-150-years-of-st-johns-institute-of-dermatology](http://www.wisepress.com/skin-a-history-150-years-of-st-johns-institute-of-dermatology).

The production of ***SKIN, a history*** was made possible through the support of Guy's and St Thomas' Charity.

# Say what?

**Aneta Anyszek,**  
Sewing room operative

**Q Growing up, what did you want to be?**

**A** I've always wanted to be a seamstress. My sister is a seamstress and ever since I was tiny I've loved making things.

**Q What's the best thing about your job?**

**A** The people I help. Up to 50 members of staff visit me each day for new uniforms and uniform adjustments. They appreciate the service I provide.

**Q If you could learn one thing?**

**A** I'm about to start a business studies course at university. I want to learn everything I can to allow me to start my own business.



**Q What's your dream?**

**A** I want to have my own successful seamstress business and employ a big team of people.

**Q If you could change one thing?**

**A** I'm originally from Poland. I love London but miss my family. I wish we could see each other more often.

**Q What's your best advice?**

**A** Enjoy what you do. My sewing room is down in the basement of St Thomas' Hospital and some people would find taking up pair after pair of trousers repetitive, but I enjoy my job and know I'm helping make people more comfortable.

## From the frontline

Physician associate **Sadia Quidwai**



Physician associates are quite new in the UK but you can find us across the NHS, working in everything from intensive care to general practice.

The first physician associate at Guy's and St Thomas' started early last year. I was the first physician associate in the orthopaedics team but now there are five of us.

We work closely with consultants and junior doctors as part of the medical team. Like doctors, I take patients' histories, do physical examinations, provide diagnoses, run tests, and help patients to understand what they're going through. I often act as a bridge between all the people who work with a patient – radiographers, occupational therapists, physiotherapists, nurses and doctors. I help patients to get really well-rounded care.

In the orthopaedics team, we see a

lot of elderly patients who need knee replacements, mainly due to severe osteoarthritis. Knee surgery is becoming more and more common as the population gets older and obesity rates continue to increase.

When we give someone a new knee, we're giving them a new start. It's hard to understand the pain that arthritis can cause, but it's so common.

The most important thing to help a patient recover after a knee replacement is movement. Part of my job is to make sure patients understand how they can take control of their own recovery. I think it really helps when patients have an important role to play in their own recovery.

I love it when you see someone moving around on their own for the first time after surgery – they get really excited and it's a privilege to share that moment with them.



# What's On

## Now until 27 March

**Exhibition: Hidden Treasures from the Hospital Vaults: The Remarkable Art Collection of Guy's and St Thomas' Charity**  
Florence Nightingale Museum,  
10am - 5pm  
Call 020 7620 0374 or visit  
[www.florence-nightingale.co.uk](http://www.florence-nightingale.co.uk)

## 17 February

**The Friends of St Thomas' Hospital Book Sale**  
10am - 3pm,  
Birdsong Corridor, St Thomas'

## 1 - 31 March

**The Great Daffodil Appeal (Marie Curie Cancer Care)**  
Call 0800 716 146 or visit  
[www.mariecurie.org.uk](http://www.mariecurie.org.uk)

## 2 March

**The Friends of St Thomas' Hospital Book Sale**  
10am - 3pm,  
Birdsong Corridor, St Thomas'

## 8 March

**Seminar for Foundation Trust Members – Prostate Cancer**  
6 - 7.30pm, Robens Suite,  
Guy's Hospital  
Call 0800 731 0319 or email  
[members@gstt.nhs.uk](mailto:members@gstt.nhs.uk) to  
book your place

## 9 March

**No Smoking Day**

## 10 March

**World Kidney Day**

## 7 April

**World Health Day**

## 18 - 24 April

**Orchid Male Cancer Awareness Week**  
Call 0808 802 0010 or visit  
[www.orchid-cancer.org.uk](http://www.orchid-cancer.org.uk)

## 21 April

**The Friends of St Thomas' Hospital Mini Market**  
11am - 3pm, Central Hall and  
Birdsong Corridor, St Thomas'

## 25 - 30 April

**Allergy Awareness Week**  
Call 01322 619898  
or visit [www.allergyuk.org](http://www.allergyuk.org)

## 27 April

**Joint Board of Directors and Council of Governors Meeting**  
3.45 - 7.30pm,  
Robens Suite, Guy's

## Every Monday:

**Free lunchtime concert 1-2pm, Central Hall, St Thomas'**

## Every Wednesday:

**Free lunchtime concert 1-2pm, Hospital Chapel, Guy's**

## Raise money for your hospital

For all the latest news about  
our amazing fundraisers and how you can support  
Guy's, St Thomas' and Evelina London,

follow  [@SupportGSTT](https://twitter.com/SupportGSTT)  
and  [@SupportEvelina](https://twitter.com/SupportEvelina)  
and like  [facebook.com/SupportGSTT](https://facebook.com/SupportGSTT)  
and  [facebook.com/SupportEvelina](https://facebook.com/SupportEvelina)

## Competition



We have two pairs of tickets to the London Eye up for grabs. To be in with a chance of winning one pair, simply complete the wordsearch below.

C	P	N	L	I	L	A	C	D	Y	Q	R
R	D	A	K	M	A	R	I	G	O	L	D
O	A	C	O	P	O	B	S	G	P	D	S
C	F	A	R	P	S	L	U	A	R	A	N
U	F	R	C	A	D	U	N	N	I	N	O
S	O	N	H	N	C	E	F	E	M	D	W
K	D	A	I	S	Y	B	L	M	R	E	D
P	I	T	D	Y	B	E	O	O	O	L	R
A	L	I	W	S	T	L	W	N	S	I	O
N	Z	O	H	E	X	L	E	E	E	O	P
S	G	N	W	A	D	S	R	Y	O	N	D
Y	K	T	U	L	I	P	L	I	L	Y	M

Anemone	Daffodil	Lily	Primrose
Bluebell	Daisy	Marigold	Snowdrop
Carnation	Dandelion	Orchid	Sunflower
Crocus	Lilac	Pansy	Tulip

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Send your entry by **Friday 11 March** to the GiST competition, Communications Department, 4th floor, Staircase C, South Wing, St Thomas' Hospital, Westminster Bridge Road, SE1 7EH; or you can email [communications@gstt.nhs.uk](mailto:communications@gstt.nhs.uk).

The winners will be selected at random and notified within seven days of the draw. The result will be final and we will not enter into any correspondence regarding the competition winners. The prize is non-transferable.

# Are you 65 or over?

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If you feel like you're getting a cough or a cold, get advice from your pharmacist before it gets more serious.

Come and speak to us today.

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**STAYWELL  
THISWINTER**

