

# HCA GOOD HEALTH

Autumn/Winter 2015

**IN FOCUS:**

PERSISTENT ACID REFLUX

**ALLERGIC RHINITIS**

10 Best: **Olive Oils**

**INNOVATIONS**

IN PAEDIATRIC CANCER

**ROBOTIC SURGERY**

FOR GYNAECOLOGICAL PROBLEMS

Health Talk with  
**LARRY  
LAMB**



# The benefits of Health Screening

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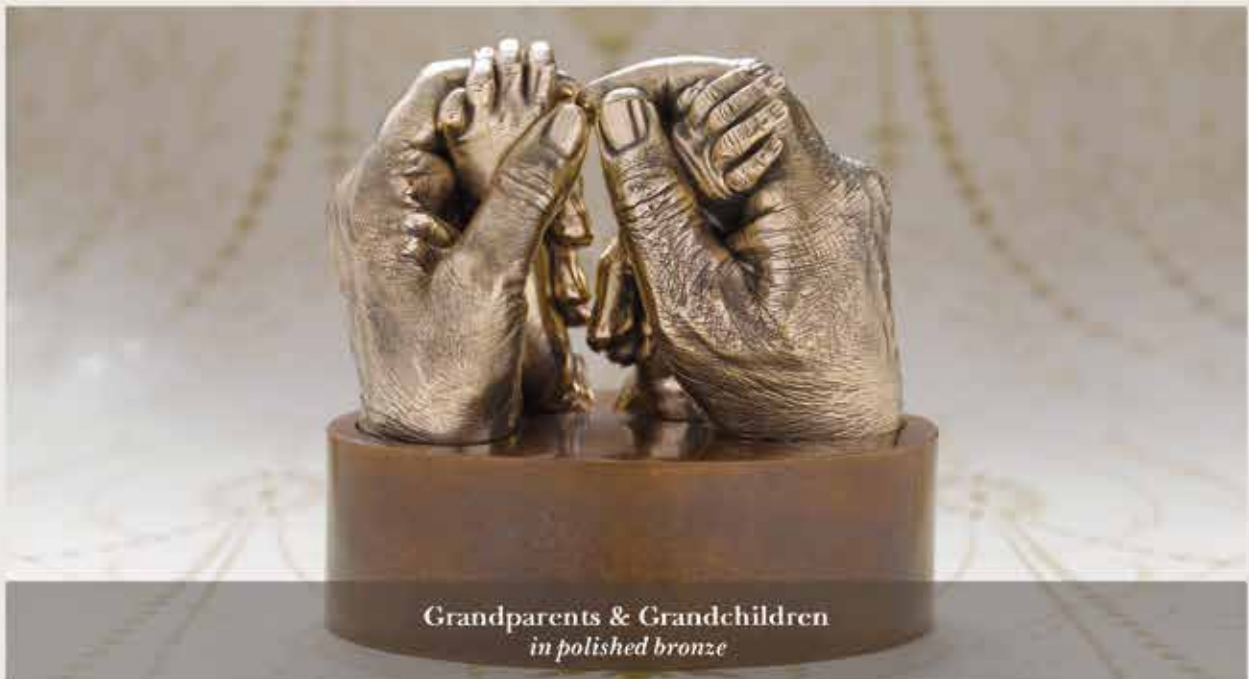
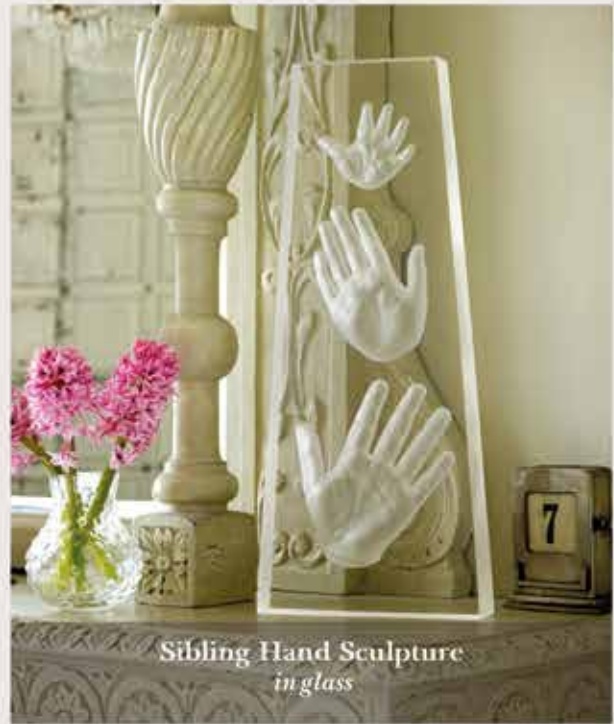
### The Assure Level 1 includes:

- Online pre-screening questionnaire – reviewed with the doctor to cover all aspects of medical and family history and lifestyle including sleep, diet and psychological wellbeing
- A full medical examination with the doctor with time for discussion of specific problems or queries
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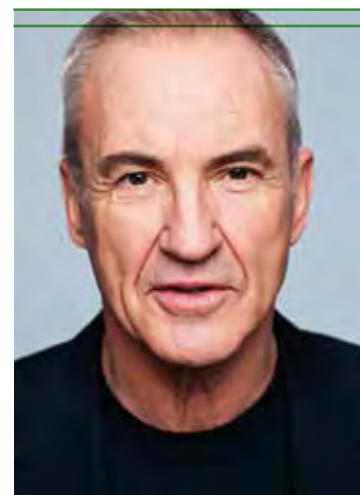
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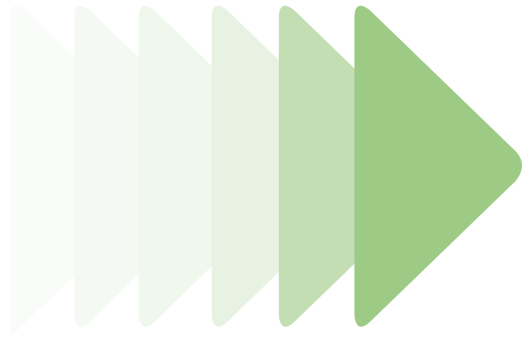
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with Dr Gill MacLeod

## ON THE COVER



©Neil Cooper

15: Larry Lamb



# WELCOME



**H**ow we manage our health and the challenges it throws at us is very individual.

Just as no two people are the same, nor is our response to ill health. We may have similar symptoms to another person with the same condition, but the way we deal with it may be completely different.

In this third edition of HCA Good Health magazine, we show how tailoring treatment and advice to the individual patient makes all the difference as to how they cope and respond to their condition.

We feature the amazing work of the Living Well Programme, run by Leaders in Oncology Care, which helps patients through their cancer journey.

By giving patients advice tailored to their individual needs, on everything from fitness and nutrition to how to disguise their missing eyebrows, it enables a smoother and, hopefully, less stressful experience as they undergo treatment and on to recovery.

Pioneering research, featured in the magazine, also means that treatments are now much more individualised. Take, for example, the amazing innovations in paediatric cancer to target tumours much more precisely which mean that more than 80 per cent of children now survive the disease compared with around 40 per cent in the 1970s.

We also welcome British actor Larry Lamb – best known for his roles in EastEnders and Gavin and Stacey – to the magazine. In a candid interview about his health, he reveals the challenges he has faced with his joints and his determination to stay young as long as possible.

Enjoy the magazine!

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# NEWS IN BRIEF

**TAKING statins, which are common cholesterol-lowering drugs to help prevent heart attacks and strokes,** can also cut the risk of dying from cancer. Two major studies, presented at the American Society for Clinical Oncology conference in Chicago earlier this year, found that taking the drugs can reduce the risk of dying from cancer by up to 50 per cent. While the drugs do not seem to prevent cancer in the first place, it is believed they boost survival rates by slowing the rate at which tumours grow. Experts say GPs should make patients aware of the cancer-fighting benefits of these drugs.

Reduces the risk of dying from cancer by up to

**50%**

    = **131 million** sick days each year

**OFFICE workers are being urged to stand for at least two hours a day to prevent a range of health problems.**

Doctors, commissioned by Public Health England, say constant sitting is leading to health issues including obesity, cancer and Type 2 diabetes. It can also cause back, neck and muscle pain, which is responsible for 131 million sick days each year. Research shows that people spend on average nine hours a day sitting down - 60 per cent of their waking time.

## **THE less you sleep, the more you eat.**

That's the message from experts, writing in the *Journal of Health Psychology*, who revealed that tiredness alters hormones which control appetite and stress levels, making you much more likely to overeat if you've had a poor night's sleep. People also consume more food when they are tired to compensate for low energy levels. According to the researchers: 'Health psychologists should be mindful of the link between sleep and eating, and sleep should be actively considered in efforts to modify dietary behaviour.'

## **THE secret to being happy...**

is keeping a diary and writing down things that make you smile, according to German researcher and author Dr Stefan Klein. Taking note of what lifts your mood by writing it down means we can learn how to cheer ourselves up, he says in his book *The Science*

of Happiness. And if you recommend this technique to others, you become even happier. Happiness occurs when the brain releases endorphins - chemicals that trigger positive feelings - and scientists have found this occurs not only when we achieve one of our own goals, but when we help someone else achieve theirs.

# WE KNOW WHAT FAMILIES LIKE TO DO ON HOLIDAY



## IT'S WHAT OUR FAMILY LIKES TO DO ON HOLIDAY



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## Royal Academy of Arts

CHINESE artist Ai Weiwei opens a major exhibition at the Royal Academy of Arts this Autumn. Works from the time he returned to China from the US in 1993 right up to the present day will be on show, using materials from marble and steel, to tea and glass. And, with typical boldness, the chosen works will explore a multitude of themes, including creative freedom, censorship and human rights, as well as examining contemporary Chinese art and society. The exhibition runs from September 19 to December 13. Tickets £16.50, friends of the RA and under 16s go free.



# What's On

THEY come in every colour and heel height, some are comfy, others painful. Now, 200 of the most extreme pairs of shoes from around the world are going on display at the Victoria and Albert Museum in London. The exhibition entitled Shoes: Pleasure and Pain, which runs until the end of January 2016, features shoes ranging from a sandal decorated in pure gold leaf originating from Egypt, to the most elaborate contemporary designs. Tickets cost £12, members go free.



CELEBRATED for his sold out performances at the BBC Proms, conductor John Wilson and his orchestra return to the Royal Albert Hall with a sensational new show celebrating the genius of George Gershwin. The show will feature some of the composer's greatest hits such as I Got Rhythm, The Man I Love, Somebody Loves Me, Fascinatin' Rhythm and Strike Up The Band. For more information about the performance on Monday November 16 at 7.30pm please visit [www.johnwilsonorchestra.com](http://www.johnwilsonorchestra.com)

## National Theatre

DON'T miss the new musical wonder.land, inspired by Lewis Carroll's iconic book Alice in Wonderland. The National Theatre production, with music by pop star Damon Albarn, is the story of a child who loves the extraordinary virtual world. But real life and wonder.land begin to collide in curious and dangerous ways. Performances at the Olivier Theatre, London, start on November 27, with tickets ranging from £15 to £55.



# SAVING TINY LIVES

**W**hen Marina Osborne was born by emergency caesarean section at 31 weeks and six days, in April this year, she weighed just 1.9kg - less than a large bottle of mineral water. With her premature lungs not developed enough for her to breathe for herself, she was immediately put on a ventilator in The Portland Hospital's Neonatal Intensive Care Unit (NICU).

'I couldn't hold her for a week,' recalls her mother Genevieve, 30, who lives in Parsons Green with her husband, James, 33. 'I'd already had two babies - Stella, now 3, and Agnes, 22 months - who had both been born at 39 weeks, so I knew what it was meant to be like. That was the hardest part, looking at her, but not being able to hold her.'

Genevieve had been on her way to her routine 32-week check-up with her obstetrician when she started to have what she thought were strong Braxton-Hicks contractions.

'Initially, I dismissed them,' she says. 'Even though I had the same funny feeling that I'd had previously when I was going into labour, I just put it down to the fact that I'd been very busy. I actually wasn't even going to mention it to the obstetrician, but when I did, she suggested that I went straight to The Portland.'

By the time she arrived there, her contractions were every two minutes and within an hour she was three centimetres dilated.

Specialist care from The Portland Hospital's Neonatal Intensive Care Unit saves premature baby Marina, born at 31 weeks.

By Claire Coleman

'When a baby is at risk of being born too early, they give you a steroid injection to help the baby's lungs develop more quickly. Unfortunately, because my labour progressed so quickly, I'd only had the steroid injection 45 minutes before Marina was born, so it wasn't effective,' says Genevieve.

Although, at just shy of 32 weeks, survival rates for premature babies in developed countries are very good - around 95 per cent - they are not without their challenges, as Dr Zoe Smith, Neonatal Consultant at The Portland, explains.

'Premature babies sometimes don't have enough lung liquid, called surfactant, for them to be able to breathe effectively for themselves. Without this liquid, their lungs are at risk of collapsing every time they take a breath. So, as well as putting them on a ventilator that breathes for them, we put a tube into their windpipe and give artificial surfactant into the lungs which helps their lungs to work more effectively. We support them on the ventilator until they are stronger and able to breathe without assistance.'

Marina needed help with her breathing for around a week but had to stay in hospital for almost a month altogether.

'The care and attention both Marina and I received was second-to-none. I really can't fault it. And, as well as knowing that we were in safe hands from a medical perspective, we also had a huge amount of emotional support and reassurance,' says Genevieve.

*Premature babies don't have enough liquid in their lungs for them to be able to breathe effectively for themselves. Without this liquid, their lungs are at risk of collapsing every time they take a breath.*

Marina 8 weeks old



Home with her sisters 5 weeks old



Marina 24 hours old

'When a baby is that small you just worry about everything. One day I was worried her eye looked a bit sticky, and another time I was worried that she was going blue when she was feeding so I asked a consultant to sit with me while I fed her.'

She particularly appreciated The Portland's facility that lets parents have their own room even if they're not staying in the hospital 24/7.

'It was somewhere I could express milk, have my lunch, or just sit with visitors. And, towards the end of Marina's time there, I took advantage of their "rooming in" service where you look after the baby entirely by yourself for 48 hours in a room right opposite the baby unit, so you know that if there are any problems, there's someone there. It really gave me the reassurance I needed to feel that we were both ready to go home,' says Genevieve.

With two cots in the (NICU) and four in the Special Care Baby Unit (SCBU), new parents at The Portland can be assured that their children are receiving the highest standard of care.

'Staffing ratios at The Portland are significantly higher than you might find elsewhere,' says Dr Smith. 'Each patient will normally have a dedicated nurse, and there are resident medical officers present 24 hours a day, but everything is led by the consultants and, with so few patients, that means they get much more of our time. When I'm

working within the NHS, I can be responsible for up to 46 babies. At The Portland, it's usually a maximum of six.'

Such high levels of patient contact mean strong bonds are fostered between families and staff.

'We're still in touch with the nurses who looked after us,' says Genevieve. 'They email to find out how we are and I send them photos of Marina.'

But it's not just about the number of staff on site, it's also the access they have to the best doctors in the country.

'For me one of the most important things is that any specialists that you need are just a call away,' says Dr Smith. 'If I need a paediatric cardiologist, I know I can get hold of one of the best in the country at Great Ormond Street Hospital and ask them to come and look at my patient. It's that instant access to multiple specialised professionals that makes a real difference.'

*At the Portland Hospital each patient will normally have a dedicated nurse, and there are resident medical officers present 24 hours a day, but everything is led by the consultants.*

'I am so grateful to The Portland,' says Genevieve. 'The hardest and most difficult time in my life was made bearable by the incredible care given to both Marina and me by all the doctors and nurses there.'

'I was actually born at The Portland and I've had all three of my children there. I wouldn't want to have been anywhere else.'

**To find out more about The Portland Hospital's Maternity Services, call the Maternity Services Advisor on 020 7390 6068 or visit [www.theportlandhospital.com](http://www.theportlandhospital.com)**

# WHEN HEARTBURN BECOMES A SERIOUS PROBLEM

*A new minimally-invasive treatment is changing the way patients with Barrett's Oesophagus are treated.*

By Rachel Ellis

**H**eartburn is a very common condition, affecting one in five people every week.

An attack is often triggered by eating certain foods, particularly spicy foods, alcohol, coffee, citrus fruits, carbonated drinks or high-fat foods. Symptoms include regurgitation, burning chest pain, discomfort when eating and, rarely, cough or voice changes.

For most people these symptoms are uncommon and can be managed with over-the-counter antacids. In some, however, these symptoms persist for more than a few weeks or happen daily, and represent an on-going health problem known as chronic Gastro-Oesophageal Reflux Disease (GORD).

Around one in ten of patients with GORD – 600,000 people in the UK – will have an underlying condition called Barrett's Oesophagus, a pre-cancerous cell change in the lining of the gullet caused by chronic acid exposure.

Men are much more likely to develop this condition than women – men account for around 80 per cent of cases – and it is more common in people who are obese, Caucasian and middle aged (average age at diagnosis is 55). The condition can run in families.

For the vast majority of sufferers, these cell changes will never progress any further. In a few, however, approximately one in 20 men and one in 33 women, cancer of the oesophagus will develop at some point in their life.

'Barrett's Oesophagus is caused by a chronic accumulation of acid and bile from the stomach which causes damage to the lower third of the gullet,' explains Dr Jason Dunn, a Consultant Gastroenterologist at London Bridge Hospital.

'It is a pre-cancerous condition which means some people diagnosed with Barrett's Oesophagus will go on to develop oesophageal cancer, although the risk is low and it is difficult to predict. One problem is that patients often present late and may not be able to be offered a chance of a cure. Cases of the disease are increasing in the Western population as more people become obese.

'The challenge is identifying patients with Barrett's Oesophagus early and intervening in those at highest risk, before they develop cancer.'

The UK has the highest rate of oesophageal cancer in both men and women in the European Union. Such is the concern about the rise in cases that Public Health England

*Barrett's Oesophagus is caused by a chronic accumulation of acid and bile from the stomach which causes damage to the lower third of the gullet*

## Using special instruments which are fed through an endoscope, specialists first cut away the affected area which is often raised or depressed – a procedure known as Endoscopic Mucosal Resection.

earlier this year launched a campaign to raise awareness of the link between acid reflux and oesophageal cancer.

Yet research by Public Health England shows that almost two thirds of people don't know that heartburn could be a sign of cancer. In fact, a recent awareness campaign in North East England revealed that the majority do not know what or where the oesophagus is.

'If you have acid reflux for more than three weeks, you should consult your doctor – particularly if you are over 55,' says Dr Dunn, who also works at Guy's and St Thomas' NHS Foundation Trust in London.

# 600,000

people in the UK will have an underlying condition called Barrett's Oesophagus

Barrett's Oesophagus is diagnosed by having an endoscopy – where a long, thin flexible tube with a light and tiny high-definition camera at one end, is passed down the throat into the oesophagus. This can be under sedation or with local anaesthetic spray.

Images and cell samples taken during the procedure are used to identify subtle changes in the lining of the oesophagus. If Barrett's Oesophagus is confirmed, treatment depends on its severity.

If there are normal cell changes of Barrett's Oesophagus then, typically, a repeat procedure is undertaken in two to five years depending on the length of the affected area.

If abnormal cell changes are present, called dysplasia, then treatment is based on the severity. Low grade changes are only treated

if they are persistent, so more intensive surveillance is usually required. If high-grade changes are present, however, then treatment is recommended immediately as there is a 60 per cent chance of cancer developing over the next five years. In about 15 per cent of cases, dysplasia is diagnosed at the very first endoscopy.

For years, the only treatment for patients with Barrett's Oesophagus was major surgery to remove the affected area, often followed by chemotherapy.

'Surgery involves removing the entire oesophagus and pulling up the stomach into the chest to make a new one,' explains Dr Dunn. 'It is a major operation, involves at least two days in intensive care and patients need chest drains and feeding tubes, although almost all with dysplasia do recover. Around a third of patients suffer problems with eating afterwards.'

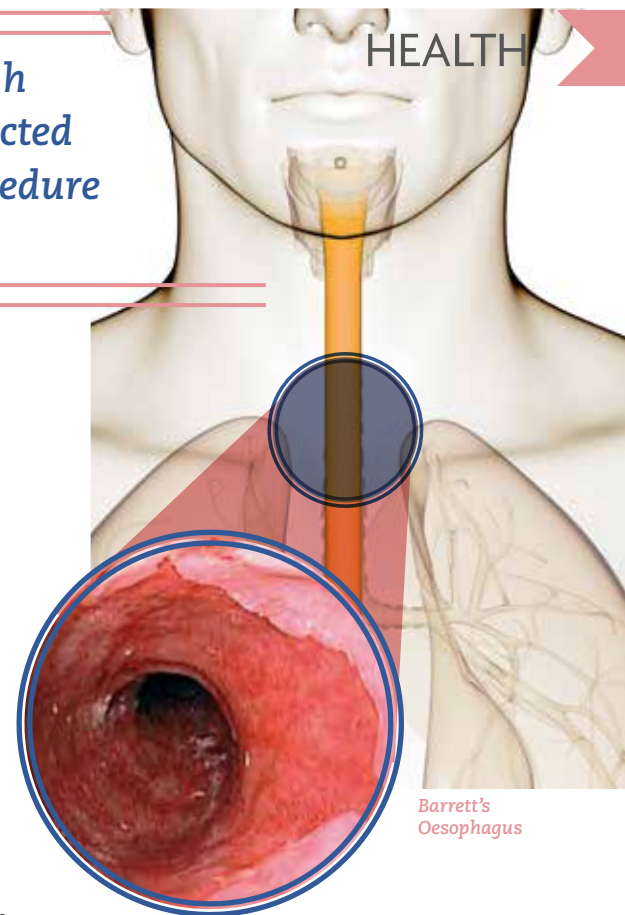
A new minimally-invasive treatment is now available at London Bridge Hospital which can save patients from undergoing major surgery.

Using special instruments which are fed through an endoscope, specialists first cut away the affected area which is often raised or depressed – a procedure known as Endoscopic Mucosal Resection.

Patients are then given two or three sessions of radio-frequency ablation – using endoscopic devices that deliver high doses of radiowaves which destroy the pre-cancerous lining of the oesophagus, allowing a healthy lining to grow back.

Numerous studies have shown that radio-frequency ablation is both safe and successful in completely eradicating Barrett's Oesophagus, and preventing the disease developing into cancer.

'Radio-frequency ablation salvages the oesophagus,' says Dr Dunn. 'There is a slight risk



of narrowing of the oesophagus but what you are left with is an intact oesophagus, and that is a great benefit to patients.

'The procedure can be carried out under sedation and patients are sent home the same day.'

Once patients have completed their course of treatments, they have follow-up appointments every six months for two years, and then annually after that.

Dr Dunn urges anyone with either persistent acid reflux or a family history of Barrett's Oesophagus or oesophageal cancer to go to their GP as they may need an endoscopy.

Treatment of Barrett's Oesophagus is now very effective, he says, while if you are diagnosed with oesophageal cancer, there is just a 15 per cent chance of surviving five years.

'It is great that we can now offer this minimally-invasive technology for patients with Barrett's Oesophagus, essentially turning the clock back and removing the risk of it developing further,' says Dr Dunn.

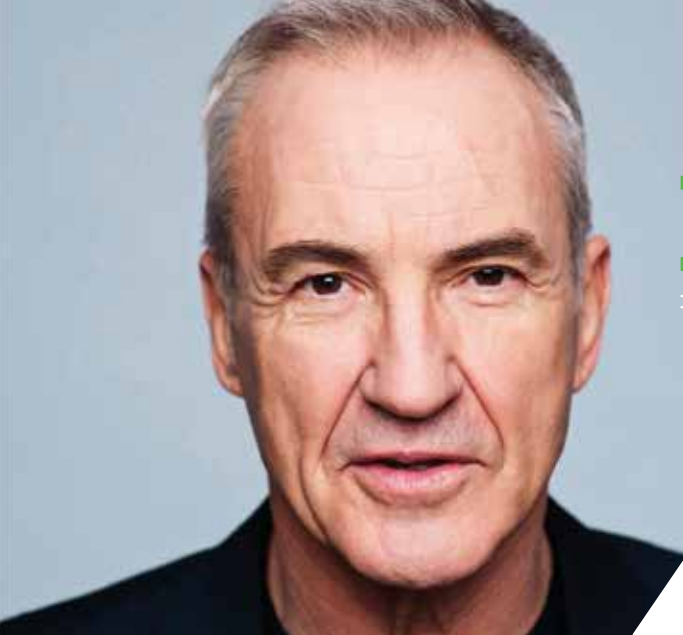
**To book an appointment at London Bridge Hospital, call 020 7234 2009 or email [info@lbh.hcahealthcare.com](mailto:info@lbh.hcahealthcare.com)**

# The future's Cosy

Fluffy sheepskin and burnished copper set the scene for the most decadent winter hibernation.

1. **Bronte Alpaca throw**, £195, Amara.com
2. **Lene Bjerre Anna copper table lamp**, £211.50, Occa-home.co.uk
3. **Tom Dixon large scented candle**, £100, Occa-home.co.uk
4. **Vintage ampersand light**, £300, Amara.com
5. **Cluster feather cushion**, £34.95, Dwell.co.uk
6. **Auskin long wool sheepskin rug**, £120, Heals.co.uk
7. **Copper cocktail shaker set**, £30, Houseoffraser.co.uk
8. **Frame Square X 4**, £24, Oliverbonas.com





# LARRY LAMB

*British actor Larry Lamb, 67, a father-of-four, is best known for his starring roles in EastEnders and Gavin and Stacey. But one of his biggest challenges has been overcoming joint pain to keep fit and healthy.*

**Q. How health conscious are you?**

A. I would say I am pretty health conscious. I try to keep as healthy, happy and fit as I can in the hope of extending my life for as long as possible.

**Q. What's your usual exercise regime?**

A. I do some physical activity every morning – nothing too strenuous, half an hour of core muscle exercises, followed by half an hour on the exercise bike. I eat healthily too, and have always tried to. It is of utmost importance to follow a healthy diet, whatever your age.

**Q. Do you enjoy sport?**

A. I have never been really 'big' into sport, especially extreme sports, but I did start running eight years ago in a bid to keep myself fit. However, I had to put it to one side as I was experiencing pain in my hips and knees which I had never suffered before.

**Q. What activities do you enjoy with your family?**

A. Banter!

**Q. Do you find staying fit and healthy harder as you get older?**

A. Of course, it's a given that staying fit and healthy as you age is harder than when you were in your 20s. However, I have come to recognise that, as one gets older, one appreciates certain things so much more. The amount of time one has left reduces day by day and suddenly you realise you're not immortal after all and that at some point there is going to be a shut off, that things finally will have to come to an end. This is why I am so keen to stay as active as I can so I can live to 100!

**Q. When did you start to notice joint pain?**

A. In my early 60s I started to notice problems with my hips – just the occasional twinge here and there – and, like most, I ignored the pains and got on with it. However, my knees also started to give me gyp and they were becoming increasingly painful and stiff at times. I've always lived a very active and busy life and I put my aches and pains down to my age and the fact that I travel a lot with my work.

**Q. How did/does it affect your life?**

A. I decided to stop running.

**Q. What treatment have you received for joint pain?**

A. I tried a few supplements, including fish oil for joint pain, and then I read an interview with choreographer Arlene Phillips and she was talking about GOPO capsules (which contain rose-hip). I'd met her a few times during my career and thought, 'she was a dancer and so must know what she's talking

about' so let's give it a go. Within six weeks I noticed a difference and I can honestly say I have never felt better. Not only has GOPO eradicated the pain I had in my hips and knees, it has also improved my overall wellbeing; and I now feel ready to take on my next physical challenge.

**Q. Any tips on how to reduce joint pain?**

A. I would suggest strengthening your core stomach muscles. I feel this takes a lot of pressure off my joints. I would also watch what you eat as extra weight can increase pressure on your joints. And obviously I would recommend GOPO. It is the only thing I have tried which eradicates the pain completely and even allows me to think about running again.

**Q. What's your biggest health fear?**

A. I am at the age now where a knee or hip replacement is an actual possibility and this is something I am really keen to avoid.

**Q. How do you prepare for a long day of filming?**

A. Sleep and then exercise first thing for an hour no matter how early.

**Q. Do you find it hard to eat healthily while filming?**

A. No not at all. On sets there is a large variety of food options and I am pretty good at eating healthily, so I just make sure I watch what I eat.

**Q. Which had the more health-conscious cast – EastEnders or Gavin & Stacey?**

A. They were both about the same.

**Q. What are your three vices?**

A. Secret!

**Q. What's your favorite meal?**

A. Rib of beef grilled over embers of an open fire.



**LARRY'S DIET TIP:**

Eat everything in moderation and enjoy your meals

**Q. Do you have any diet tips?**

A. Just be sensible about what foods you eat. Eat everything in moderation and enjoy your meals. I no longer drink alcohol which has definitely helped me keep healthier as I have got older.

**Q. What do you do to relax?**

A. Read, listen to music and spend time with my family.

# Beating childhood cancers

*More children than ever are surviving cancer thanks to significant treatment breakthroughs – and new developments in the pipeline mean a brighter outlook for even more children with the disease.*

By Jo Waters

Childhood cancer is thankfully rare, affecting one in 500 children before the age of 14 in the UK.

Five year survival rates are now 82 per cent overall – more than double the rate of the early to mid-1970s.

But some types of cancer have proved harder to beat than others, admits Dr Stergios Zacharoulis, a Consultant Oncologist at The Harley Street Clinic Children's Hospital Cancer Department, who specialises in brain tumours and cancers of the nervous system.

'The use of chemotherapy in leukaemias (blood cancers) - the most common type of childhood cancer - has been able to control the disease very effectively and survival is now around 85 per cent,' says Dr Zacharoulis, who also works at The Royal Marsden Hospital.

'But this is not the case with solid tumours such as brain tumours, where five year survival is only 15 to 25 per cent.

'We are currently making some significant breakthroughs and developing highly personalised treatments which target individual tumour types - so we are hoping this will change for the better in the near future.'

## THE SERVICE WE OFFER

Cancer services at The Harley Street Clinic Children's Hospital are unique in London in the holistic approach they offer, with all services and specialties available under one roof, including endocrinology, physiotherapy, radiotherapy and chemotherapy.

'Services are now much more enhanced and this is extremely beneficial for the children,' says Dr Zacharoulis.

'Consultants are from top London hospitals including The Royal Marsden, UCLH and King's College, and are able to treat solid tumours, blood cancers and neurological cancers of the brain and spine.

'The care we offer is cutting edge and we are at the forefront of new developments in paediatric cancer care.'

**To make an appointment to see a Cancer Services Consultant at The Harley Street Clinic Children's Hospital, call 020 7034 8181.**

# 82%

survival rate for common types of childhood cancers





## PERSONALISED MEDICINE TARGETED RADIOTHERAPY

Neuroblastomas, cancer of specialised nerve cells, which affect just under 100 children a year in the UK, currently have a five year survival rate of 67 per cent. These types of tumour are the second most common type of solid tumour in children, accounting for six per cent of all childhood cancers. They can start growing in any part of the body, but are common in the adrenal glands (which produce hormones and are attached to the top of the kidneys).

'Not all neuroblastomas are the same. We know there are differences in their biology and should not be treated in the same ways,' explains Dr Zacharoulis.

'We have taken treatment a step further by conducting research that will predict how an individual's tumour will respond to particular drugs and this information can be used to inform oncologists who are directing treatment.'

New targeted radiotherapy is being used to treat children with neuroblastomas – with good results. To ensure the radiotherapy gets to the right place, a peptide called octreotate is labelled with a radioactive isotope called Lutetium 177 which is able to attach to receptors on the neuroblastoma tumours.

'The octeotrate brings the radioactivity closer to the cancer cells so it can attack them directly, while causing minimum damage to healthy tissue,' explains Dr Zacharoulis.

Recent research has shown the treatment can decrease tumour size and stop it growing.

## TUMORGRAFTS

TumourGrafts are a new cancer treatment being trialled by Dr Zacharoulis, along with Professor Justin Stebbing of University College London's Molecular Oncology Unit. The technique involves collecting a piece of the patient's tumour at the time of surgery and implanting it into an immune-compromised mouse for propagating. The mouse is then tested with a series of drugs to see which one the tumour responds to best. This information can then be used to make decisions about the patient's treatment.

A research paper published by the team last year, based on TumourGrafts in 29 patients with soft tissue sarcomas (cancers that develop in nerves, muscle, bones, blood vessels, fatty and fibrous tissue and cartilage), concluded they were useful for making decisions about patients' treatment, although further bigger studies are needed.



## IMMUNOTHERAPY

Immunotherapy is another major area where British doctors are leading the world in cancer care.

This treatment uses your own body and immune system to help fight cancer. The body's immune system normally destroys small tumours as they form but, when the immune system is weaker, cancer cells are able to resist the defences of the immune system and tumours start to grow.

'What immunotherapy does is enhance the natural activities of the body's immune system - some boost the body's immune system in a general way and others train the immune system to attack cancer cells specifically,' says Dr Zacharoulis.

Other immunotherapy treatments help the immune system recognise cancer cells and strengthen its response so it will destroy them.

'We started using immunotherapy two years ago and we now have patients coming to The Harley Street Clinic from all over the world,' says Dr Zacharoulis.

'We have used the approach on some paediatric patients and they have since had bone marrow transplants and are now clear of cancer. We are seeing some responses that we have never seen before.'

'Trials of immunotherapy are ongoing and are now being extended to more areas of the UK.'

*What immunotherapy does is enhance the natural activities of the body's immune system - some boost the body's immune system in a general way and others train the immune system to attack cancer cells specifically.*

# TREATING ALLERGIES

**ALLERGIC RHINITIS AFFECTS ONE IN FOUR PEOPLE IN THE UK. BUT WHAT'S THE BEST WAY TO TREAT IT?**

By Nicole Mowbray

**A** runny, blocked and itchy nose, sneezing fits, sore eyes and even ear pain; the symptoms of allergic rhinitis (inflammation of the nasal lining) can be both diverse and debilitating.

And the condition is affecting an increasing number of people every year.

Whether it's triggered by pollen, house dust, pet hair, mold spores or other irritants, allergic rhinitis is now thought to affect one in four people in the UK - and about 30 per cent of the Western industrialised population.

Although it's commonly mistaken for a cold in the initial stages, many sufferers often experience symptoms in the summer when there are increasing numbers of grass, tree and other pollens in the air.

Dr Florentina Dumitru, a Consultant Allergist working at The Lister Hospital, explains that, if left untreated, allergic rhinitis can severely affect people's quality of life and interfere with their ability to work, sleep and go about a daily routine.

'The prevalence of this condition has substantially increased in the last three decades,' she says.

'It's most common in big cities. In London, one in four people will suffer with this condition, while outside it's around 20 per cent of the population.

'It's thought that modern lifestyle and pollution have played an important role in this increase, which means that external factors contribute significantly to the development of this condition in people who are genetically predisposed to it.'

However, a new immunotherapy treatment available at The Lister Hospital offers sufferers a long-term solution to the condition.

'Current guidelines recommend three lines of treatment,' Dr Dumitru explains. 'Firstly, there's allergen avoidance, which means trying to steer clear of the substance that's irritating your nasal passages.

'This is very difficult to achieve for many people, especially those with seasonal allergies such as pollen, or for people who perhaps work with the substance causing them irritation – a vet who is sensitive to pet hair, for example.

'Then there is symptomatic treatment such as antihistamine pills and nasal steroid sprays.

'While these treatments can be effective for many people with mild-moderate problems, their effects are short-term and often cause side-effects.

'Lastly and most excitingly, there's allergen-specific immunotherapy, which is where an allergist vaccinates a patient with small quantities of the substance they are allergic to.

'The aim is to desensitise the body to the allergen and build-up immune tolerance. Symptoms become progressively less severe and can even disappear after a course of this treatment, so it offers the best potential for reducing symptoms in the long-term.'

Allergen immunotherapy is administered outside the pollen season in people with tree or grass pollen allergies, and all year round in dust allergy sufferers.

While this treatment is not new (it's been practised for more than 100 years), it is difficult to obtain on the NHS where allergy services are often under-resourced and overstretched.

'NHS criteria for offering allergen immunotherapy is quite strict,' says Dr Dumitru. 'Patients have to undergo a series of treatments before being deemed suitable, even if they have a long history of the condition.'

This therapy is especially beneficial for patients with seasonal allergies such as pollen, house dust allergies or patients who come into contact with animal allergens on a daily basis. It's worth noting that the treatment is not suitable for patients with moderate-severe asthma, on regular inhaler treatment.

'Suitability for allergen immunotherapy is a clinical decision,' says Dr Dumitru. 'Firstly, we have to ascertain whether a patient's rhinitis is caused by an allergy – about one in three adults are allergic.

'We can commonly do this on the first appointment. After taking a detailed history of the symptoms and any related conditions, and finding out whether the symptoms are intermittent or persistent, we perform a skin prick allergy test on the forearm to determine what – if anything – a patient is allergic to. The test is safe, painless and provides immediate results.'

If a patient is suitable for allergen immunotherapy, they will return to the clinic to begin a course of treatment.

Commonly, minute doses of the irritant are administered either under the tongue (with drops or tablets) or by injections under the skin.

As the treatment progresses and the patient becomes accustomed to the allergen, doses become more substantial.

The aim is to improve a person's tolerance to the substance they are allergic to, and gradually decrease their IgE response (which

stands for immunoglobulin E, an antibody which plays an important part in creating allergies within the body).

After completing the course, many people stay symptom-free for a number of years.

'It is also possible to gain natural tolerance to an allergen,' says Dr Dumitru. 'Over time, people can have less severe or less frequent symptoms, or indeed the opposite can happen – and things you weren't allergic to in childhood can become irritants further down the line.'

In which case, it's comforting to know that using immunotherapy, a sneeze-free future could be just around the corner.

**To book a consultation at The Lister Hospital, call 020 7881 4000.**



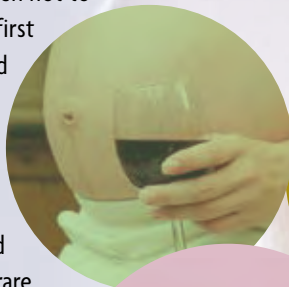
**IT'S MOST COMMON IN BIG CITIES. IN LONDON, ONE IN FOUR PEOPLE WILL SUFFER WITH THIS CONDITION, WHILE OUTSIDE IT'S AROUND 20 PER CENT OF THE POPULATION.**

# Pregnancy: myths vs reality

As soon as you announce you're pregnant, everyone is only too pleased to offer their advice about whether you are having a boy or a girl, what you should and shouldn't eat, and how much weight you should gain. Here **PROFESSOR ELLIS DOWNES**, a Consultant Obstetrician and Gynaecologist at The Portland Hospital, who has been looking after pregnant women and delivering babies for over 25 years, sorts the facts from the fiction.

## Can you drink alcohol during pregnancy?

This is a really controversial area and official organisations give different advice. The Department of Health and the Royal College of Obstetricians and Gynaecologists advise against drinking any alcohol in pregnancy. The National Institute for Health and Care Excellence (NICE), which issues guidance to the NHS, advises women not to drink any alcohol during the first 12 weeks of pregnancy, and then to drink a maximum of 1-2 units up to twice a week. A high alcohol intake can increase the risk of miscarriage, or lead to the development of a rare combination of fetal abnormalities known as Fetal Alcohol Syndrome. While many women go off alcohol completely during pregnancy due to changes in taste, I believe the occasional glass of wine does no harm in pregnancy, for the mother and her baby!



## Does raspberry leaf tea bring on labour?

Drinking raspberry leaf tea has long been recommended in pregnancy as it allegedly helps promote uterine contractions and makes the uterus more sensitive to the effects of oxytocin, the hormone released by the pituitary gland in the brain during labour. Research examining the effects of the active ingredients of raspberry leaf tea on uterine muscle has shown it has no beneficial effects on promoting contractions. Drink it if you like the taste, but it won't help get you into labour.

## Does more morning sickness mean I'm having a girl?

Possibly. There have been a few studies showing a slightly higher chance of having a girl in pregnant women who suffer from severe morning sickness (medically known as hyperemesis gravidarum). This link tends to be more statistically significant if the hyperemesis is so severe that the pregnant woman needs to be admitted to hospital before she is ten weeks pregnant, which is very rare. For the majority of women with much less severe pregnancy sickness, there is no such bias and they are equally likely to have a boy or a girl.



## Can I dye my hair in pregnancy?

In a word, yes. This myth has arisen because some studies have shown that, in very high doses, the chemicals used in some hair dyes can be toxic. However, in the very low levels that are used in hair dyes, they are completely safe. Hair changes a lot during pregnancy due to the effect of pregnancy hormones, especially oestrogen and progesterone, and many women notice good hair growth and shiny hair in pregnancy.

### *Does flying increase the risk of pregnancy complications?*

No. Modern aircraft are pressurised and the amount of oxygen reaching the placenta and the baby in a normal healthy pregnancy is not significantly different at ground level or forty thousand feet. That said, it's well recognised that flight attendants flying regularly may have a higher risk of infertility, which is probably more likely to be due to changes in their hormones with disrupted sleep patterns and different time zones affecting ovulation rather than flying itself.



### *Does the shape of my bump show whether I'm having a boy or a girl?*

This is one of the oldest old wives' tales about pregnancy. There is absolutely no scientific evidence that the shape of the bump is in any way related to the sex of the baby. It's much more likely to be due to a combination of the size of the baby, the position it's lying in, how much fluid is around the baby and how strong mum's abdominal muscles are.



### *Can I eat cheese in pregnancy?*

The vast majority of cheeses are fine to eat in pregnancy. All hard cheeses and cooked cheeses are safe. The main cheeses to avoid are certain uncooked soft white cheeses which have been ripened with mould (such as brie). Soft blue cheeses such as Roquefort should also be avoided as they may have a higher chance of being infected with listeria, which is a nasty disease to develop in pregnancy and can, in rare cases, cause miscarriage and stillbirth.

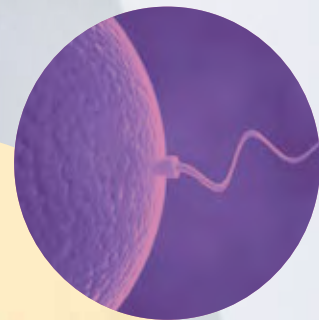


*We advise safe, sensible eating in pregnancy, with plenty of fresh fruit and vegetables and a normal calorie intake.*



### *Should I eat for two?*

No, no, no! It used to be said that a pregnant mum should "eat for two" to give her unborn baby plenty of energy to help it grow. We now know this is very bad advice. Modern obstetric advice is to encourage safe, sensible eating in pregnancy, with plenty of fresh fruit and vegetables and a normal calorie intake. We are seeing a rise in the number of obese pregnant women which is leading to a series of problems. Not only are they more likely to have forceps deliveries and caesarean sections compared to normal-weight pregnant women, but they also have a higher chance of developing diabetes in pregnancy, high blood pressure and stillbirth. Sensible eating is the key to a healthy pregnancy, and the average weight gain should be about 13-15 kilos (28 to 33 lbs).



### *Is it safe to have sex in pregnancy?*

In normal pregnancies, regular sex is quite safe and won't cause any problems for mum or her baby. With certain pregnancy conditions where there has been bleeding, a low-lying placenta or high blood pressure, it's best not to have sex. However, for the vast majority of pregnant mums this isn't an issue.

[www.ellisdownes.com](http://www.ellisdownes.com)

**If you want to see a pregnancy expert, contact The Portland Hospital on 020 7390 6068.**



# EXERCISE YOUR WAY TO BLADDER CONTROL

By Louisa Pritchard

*A complex set of reflexes control the bladder, but sometimes they don't work effectively causing the bladder muscle to contract without warning, creating a strong urge to pass urine which can result in urinary incontinence (UI).*

'Another cause can be an overactive bladder. The bladder is basically a muscular sack which should only empty when it is completely full. A complex set of reflexes control the bladder, but sometimes they don't work effectively causing the bladder muscle to contract without warning, creating a strong urge to pass urine which can result in urinary incontinence (UI).'

An overactive bladder often also includes night time leakage. Meanwhile, overflow incontinence is when the bladder can't empty completely, causing it to swell and urine to leak.

Bladder problems are more common in women than men, and being overweight or diabetic can also increase the risk of them developing. Other common causes are childbirth and the menopause.

'Post-natally, women can sometimes be left with stretched stomach muscles and weak pelvic floor muscles', says Emma.

'Meanwhile, the change in hormone levels during the menopause can result in a change in the tissue in the vagina, urethra and bladder area, leaving us more prone to continence problems.'

But there are ways to help.

'Many women adapt their lifestyles and struggle on with a condition that is often easily treatable,' says Emma. 'Some don't seek treatment because they feel the only option is surgery, but this could not be further from the truth.'

'Guidelines from the National Institute for Health and Care Excellence recommend physiotherapy as the first treatment option for most people.'

'There is so much that can be done and research has shown that physiotherapy can be effective in the treatment of urinary incontinence and pelvic organ prolapse, often eliminating the need for drugs or surgery.'

## Specialist women's health physiotherapy can include:

- **Exercises** – many women only need an intensive programme of pelvic floor muscle training to see a noticeable improvement in their symptoms.

- **Bladder training** – there are specific techniques that can be taught to train the bladder to hold more urine and therefore need emptying less often.

- **Biofeedback** – equipment can be used to teach us how to use the pelvic floor muscle correctly and effectively.

- **Muscle stimulation** – in cases where the pelvic floor muscle is unable to contract independently, equipment can be used to remind the muscle how to work.

- **Relaxation techniques** – anxiety and tension make bladder problems worse. Specific relaxation techniques can help to gain control over your bladder.

**N**early nine million women in the UK have some form of bladder problem.

Yet it is largely an unspoken issue, with 70 per cent of incontinence sufferers failing to seek medical help.

According to Emma Brockwell, Chartered Physiotherapist at London Bridge Hospital, the effects of poor bladder control are wide-ranging.

'It can vary from being a slight inconvenience, to seriously affecting a woman's quality of life', she says.

'Women can become dominated by bladder problems causing them to feel self-conscious, lose confidence and even become depressed.'

Female incontinence – defined as 'any involuntary leakage of urine' – can be caused by a variety of factors, explains Emma.

'A weak pelvic floor means there is a lack of support for the bladder neck. Leaking occurs when the area is put under strain, for example, when you cough or sneeze.'

**70%**  
of incontinence  
sufferers fail to seek  
medical help

**To book an appointment with London Bridge Hospital Physiotherapy Department call 020 7234 2500 or email [lbh.physiotherapy@hcahealthcare.co.uk](mailto:lbh.physiotherapy@hcahealthcare.co.uk)**

# 10 BEST Olive Oils



- 1 Vassilakis Estate Extra Virgin Olive Oil from Crete, 200ml, £8, [maltbyandgreek.com](http://maltbyandgreek.com)
- 2 Naturvie Full Moon Extra Virgin Olive Oil from Spain, 500ml, £12.50, [purespain.co.uk](http://purespain.co.uk)
- 3 Roi Monocultivar Taggiasca Extra Virgin Olive Oil, 500ml, £10.95, [divertimenti.co.uk](http://divertimenti.co.uk)
- 4 Truffle-infused olive oil, 200ml, £21.18 (29.50 euros, free shipping over 50 euros), [aixetterra.com](http://aixetterra.com)
- 5 Olivar de la Luna Cold Extraction Organic Extra Virgin Olive Oil from Andalucia, £13.99, [melburyandappleton.co.uk](http://melburyandappleton.co.uk)
- 6 Chateau d'Estoublon Grossane Premium Single Variety Olive Oil from France, 500ml, £29.99, [finefoodspecialist.co.uk](http://finefoodspecialist.co.uk)
- 7 Olivo Unfiltered Extra Virgin Italian Olive Oil, 500ml, £13.15, [88italia.com](http://88italia.com)
- 8 Nudo Olio d'Oliva Extra Vergine First Cold Press with 100% Italian olives, 500ml, £8.95, [divertimenti.co.uk](http://divertimenti.co.uk)
- 9 Colonna DOP single estate Molise Extra Virgin Olive Oil from Italy, 750ml, £19.99, Waitrose or mail order from [oilmerchant.co.uk](http://oilmerchant.co.uk)
- 10 A L'Olivier 1822 Pimento Flavoured Extra Virgin Olive Oil, 500ml, from £15 at Harvey Nichols and Harrods or mail order from [oilmerchant.co.uk](http://oilmerchant.co.uk)

# HELPING YOU THROUGH CANCER

By Nicole Mowbray

**Lectures, group workshops and one-to-one sessions on subjects such as eating well, coping with anxiety, going back to work, or understanding your condition are all provided.**

**R**eceiving a cancer diagnosis is the first step on a long and sometimes difficult journey.

There are so many hurdles to overcome as you make your way from treatment through to recovery.

The Living Well Programme at Leaders in Oncology Care (LOC) is there to give patients a helping hand.

Located on Harley Street in Central London, it is a unique facility where patients and their families or carers can receive help and advice on all manner of topics around coping with cancer treatment – from fitness and nutrition, to specialist advice about symptoms and side-effects, and managing follow-up care.

Lectures, group workshops and one-to-one sessions on subjects such as eating well, coping with anxiety, going back to work, or understanding your condition are all provided.

The Programme is suitable for any patient, with any type of cancer, at any stage of treatment, and beyond.

'We're here to give people going through cancer psychological support,' says Dr Michelle Kohn, Founder and Director of LOC's Living Well Programme.

'This Programme enables people with cancer to get through treatment with fewer side-effects.

'People undergoing chemotherapy may have treatment for quite a while. Here, we can address any issues that may pop up in a timely way, which gives patients an opportunity to manage their care better.'

As everything is under one roof at LOC, multiple needs can be addressed without having to travel around the city.

'Our aim at Living Well is to pre-empt and prevent,' says Dr Kohn. 'We carry out a holistic needs assessment where we work out what people require, and home in on the specifics. Our aim is to make patients feel less overwhelmed and break things down into manageable steps.'

Here is a round-up of some of the services on offer.



## CA125



Fitness

'Exercise plays a very important part in helping someone deal with a cancer diagnosis,' says Dr Kohn. 'People who are physically active during treatment often tolerate it better and recover quicker.'

Not a gym bunny? Don't fear. 'We can show patients a way to work out without going to an exercise studio if that's not for them,' Dr Kohn says. 'So much can be done during treatment – and afterwards – from the comfort of their own home or outdoors.'

If you do enjoy the gym, however, LOC can recommend group exercise classes or one-on-one training sessions.

Dr Kohn adds: 'Our aim is to find a way to make exercise do-able, to encourage patients to move more throughout treatment and afterwards. It gives people a sense of comfort, joy and inspiration to realise that activity isn't impossible. Often, the results of the fitness programmes far exceed expectations, with patients finding they are fitter than ever before.'



Mindfulness and relaxation

Mindfulness - the practice of living in the moment and being aware of the here and now – is said to be very helpful to those learning to live with a cancer diagnosis, and has been shown to lower blood pressure, improve mental health and enable people to relax.

'Lots of patients understandably feel very anxious when they first find out about an illness, and rudderless and goalless at the end of treatment,' says Dr Kohn.

'Mindfulness helps them regain their sense of self and focus on the here and now, instead of dwelling too much on the past or the future.'

Introductory sessions or five-week courses in mindfulness are available.

'Mindfulness teaches people how to sit with their thoughts in a non-judgmental way. It helps people prepare for the situation they are in now and in the future,' adds Dr Kohn. Simple focused breathing and relaxation techniques are also offered through Living Well.



Hair and image

'Losing your hair is something many people worry about during cancer treatment,' says Antonia Rudebeck of Cancer Beauty Aid at LOC.

'It can be a reminder every time you look in the mirror that you're unwell.'

While there are many effective ways of disguising the loss of hair on the head, eyebrows have been a problem until recently.

'It is not advised to have the eyebrows tattooed during chemotherapy which is why we use Sleek Brows – a waterproof eyebrow treatment that lasts between two and three weeks,' says Antonia.

Ideally, patients are seen before they lose their hair so that Antonia and her team can identify the correct colour shade for the individual. Once they've matched your shade, application takes about 45 minutes.

### ***A blood test can help doctors diagnose women with ovarian cancer before they have any symptoms.***

The test checks for a protein called CA125 (Carbohydrate Antigen 125) which is often found in higher quantities in women with early-stage ovarian cancer.

'This is a useful test if a woman has been suffering from any other symptoms of ovarian cancer such as persistent bloating, needing to use the loo quickly or more often, pelvic or abdominal pain and a lack of appetite,' says Alex Lawrence, a Consultant Gynaecologist at Harley Street at Queen's in Essex.

'If she's asymptomatic but worried – perhaps because she has a family history, then the CA125 test can also reassure.'

The test can also be used to determine whether a lump in the pelvis or a cyst on the ovary (which sometimes show up on scans) have the potential to be cancer – without the need to undergo surgery.

'Usually, we take three or four blood samples over successive months to get a good idea of what is a woman's normal CA125 level,' explains Miss Lawrence.

'If someone is high risk, we repeat the test every three months. Persistent elevated levels of the protein in the future could provide a good early warning.'

However, elevated CA125 levels don't necessarily mean you have ovarian cancer.

'Levels of this protein can be raised in women with endometriosis, fibroids, pelvic inflammatory disease, pregnancy, menstruation – even a chest infection,' Miss Lawrence warns.

# CHECK IT OUT!

Zandra Rhodes check tunic dress, £48, Peopletree.co.uk



From gingham to tartan, there's no question that it's hip to be square this winter...



Camel and blue plaid miniskirt, £39, Missselfridge.com



Diane von Furstenberg Vera gingham twill and leather sandals, £275, Net-a-porter.com



Back tie double-breasted coat, £2,250, Victoriabeckham.com



Gingham top, £35,  
Atterley.com



Maison Margiela black checked  
jacquard maxi dress, £1,245,  
Harveynichols.com



M&S Collection coat, £65,  
Marksandspencer.com



Cara check scarf,  
£29.50,  
Oliverbonas.com



Mini canvas check  
crossbody bag, £395,  
Burberry.com

# HELP YOUR CHILD HAVE A HEALTHY HEART FOR LIFE

*Heart disease is often associated with late middle age and beyond - but actually it can begin in childhood.*

By Jo Waters

**H**eat disease is the UK's biggest killer causing 73,000 deaths a year. Although most deaths are in older people, damage to our arteries actually begins decades earlier in childhood.

According to Dr Alessandro Giardini, a Consultant Paediatric Cardiologist at The Harley Street Clinic Children's Hospital, it's never too early to start thinking about your child's future cardiac health.

'There are lots of studies and statistics that show that being overweight or obese, not taking enough exercise and being exposed to tobacco through passive smoking in childhood can affect a child's arteries later on in life,' says Dr Giardini who also works at Great Ormond Street Hospital.

'The damage can start right after birth. One study shows that passive smoking exposure in childhood can result in your arteries at 25 being three years older than your real age - it has a very big effect so it's really important not to smoke around young children.'

## **Being overweight**

Childhood obesity is a big problem in the UK, with a third of children now classed as overweight or obese, according to figures published in 2015. The problem is most severe in the 11 to 15 age group in which 38 per cent of boys and a similar number of girls are too heavy.

'We know that if you consume too much sugar and are overweight or obese as a child, your metabolism can change and you are at

higher risk of being overweight or obese for the rest of your life,' explains Dr Giardini.

'Children need to eat healthy meals based on lots of fresh fruit and vegetables, lean protein, dairy and carbohydrates. They should avoid too much sugar and saturated fat - which make up a high proportion of the content of processed foods; sugary drinks in particular are best avoided.

'They should also avoid too much salt as this is associated with high blood pressure later on in life so is not a good habit to get into.'

Babies under one need no more than 1g of salt a day as their kidneys can't cope with a high salt intake; children aged one to three need no more than 2g of salt a day, children

age four to six a maximum of 5g a day, and those aged 11 and over a maximum daily intake of 6g a day.

'I also think it's important that families sit down and eat meals together, rather than snack and graze all the time,' advises Dr Giardini.

### Taking more exercise

Being physically active in childhood is hugely important for your heart health.

Intense physical exercise - such as playing football, rugby, running, cycling fast, swimming, gymnastics - which raises your heart rate and makes you feel out of breath is particularly important.

'Exercise is important in young people because it keeps them lean, means they have better control of their blood sugar and slows down their heart rate (there's a concept that your heart has a finite number of beats and that the slower you use them up the better. For example, elephants and turtles have very slow heart rates and long life spans),' says Dr Giardini.

'Children should have at least five hours of intense physical activity a week, on top of everyday activities such as walking to school and the shops.

'However, less than 50 per cent of young people actually meet these daily exercise recommendations.'

A sedentary lifestyle, less time playing outdoors and more time sitting down using

computers, tablets and watching TV are largely to blame.

'On top of this, many schools schedule less sport into the curriculum and there is a lot of pressure to study hard for exams. Adolescence is the worst time for this, particularly amongst teenage girls who seem to significantly reduce their physical activity levels,' adds Dr Giardini.

'Parents need to make sure their children are getting enough exercise and preferably lead by example and get out there running and playing football with their kids.'

### Exercise in children with congenital heart defects

Exercise is still important if your child has a heart defect, says Dr Giardini.

'In the past, children with heart defects were either not given any advice on what type and intensity of exercise they could undertake, or they were significantly restricted in their physical exercise, often with no real underlying justification for it,' he says.

'Actually, both were bad advice. Children with heart problems can exercise and benefit from it, but it is very important they get individualised advice on which type and the intensity - it's definitely not one size fits all.'

Dr Giardini is currently carrying out research at Great Ormond Street Hospital using Wii Fit devices to encourage children with heart conditions to exercise more.

### Cardiac screening in the young

Every week 12 young people in the UK die from a sudden cardiac death, often without any previous warning of a problem. Screening for heart abnormalities is not offered routinely in the UK to children who do a lot of sport, unlike other European countries.

'Parents whose children do a lot of sport at a high level sometimes ask me about cardiac screening as they want their children to be safe. I always encourage them to get their child screened for peace of mind - 12 deaths a week is not rare,' says Dr Giardini.

**To make an appointment to see a Cardiac Services Consultant at The Harley Street Clinic Children's Hospital, call 020 7034 8181.**

*Children should have at least five hours of intense physical activity a week, on top of everyday activities such as walking to school and the shops.*

*'Children need to eat healthy meals based on lots of fresh fruit and vegetables, lean protein, dairy and carbohydrates.'*



# How to EXERCISE SAFELY

Hips and knees can take a battering during exercise. So what's the best way to protect them?



Start with short workouts or a walk-run pattern and increase the distance or time by no more than **10% a week**

By Deborah Arthurs

One of the Holy Grails of health is joints that are flexible and pain-free. In reality though, overuse, micro-tears and injuries are all too common and, if left untreated, can lead to stiffness, bony growths and even osteoarthritis.

So, how can we protect them?

'The best way to preserve joints is to use them,' says Richard Villar, a Consultant Orthopaedic Surgeon at The Princess Grace Hospital.

'People are commonly told to give up exercise because they have an arthritic joint. My advice is the complete opposite.'

Cartilage cells in joints respond favourably to exercise - they get nutrition from the joint fluid that moves around in the cavity. Stop moving your joints and the cells wear away, increasing the risk of damage.

So, exercise is a must - but what's helpful and what's harmful?

'The focus should be on maintaining a full range of motion,' says Mr Villar. 'Not every joint can have full range, but do what you can,' he says.

Here Mr Villar and Ali Bajwa, an Orthopaedic Sports Surgeon and veteran of North Pole expeditions who also works at The Princess Grace Hospital, advise how to exercise safely and when to seek help for a problem.

## **Impact vs non-impact**

Short of flying to the moon, you cannot take impact out of exercise - but you can minimise it.

Running is fine, but keep your volume in check and choose your surface if possible. The best surfaces are track, grass, cross country trail, treadmill, pavement - in that order - and it's a good idea to substitute one training run for cross-training or cycling.

Opt for closed-chain exercise where possible - where your feet are in a fixed position (cross-trainer, ski machine, leg press, upper body cycle) to limit the risk of injury.

'Choose high intensity or high volume, not both - or the body, which is designed for low intensity, high volume, will break down,' says Mr Villar.

For weight loss or gain, high intensity may be required but, in that case, reduce the volume.

### Take it easy

Start with short workouts or a walk-run pattern and increase the distance or time by no more than 10 per cent a week.

By doing this, you can almost double your exercise input in 10 weeks. However, it is important to build in rest days. Even elite athletes take one or two days off per week to allow their body to recover.

### Get the right footwear

Trainers for running are unlikely to be suitable for weight-training or racket sports.

If you have a foot imbalance, you can use insoles - but Dr Bajwa advises against buying off the shelf.

'They need to be moulded to your foot by a trained person, and your shoes should be changed every 500 miles,' he says.

### Avoid end-of-range of motion

Do you have to do a deep squat? If you just take it to the point where your thighs are horizontal to the ground, it will protect knees and hips.

Ask a physiotherapist to recommend modifications if your regular exercises are triggering joint pain.

### Rest, recover, replenish

Whether you're an elite athlete or simply a keen exerciser, proper recovery is crucial.

Icing the joints for 20 minutes after exercise to calm the inflammatory response is a good idea. Also vary your routine to allow muscle groups to rest. And sleep: those doing lots of exercise a week need at least six hours a night to allow the body to repair itself.

### Keep weight in check

'The heavier you are and the longer you are heavy, the greater the chance of degenerative change to your weight-bearing joints,' says Mr Villar. 'It's not universal, but you're not helping yourself by being overweight.'

So, get the needle on the scales down and you could find your joints hurt less without treatment.

### When to seek treatment

Soreness that occurs only during training may be a sign of overuse or inflammation and may not require medical attention.

Unless you have a competition to train for, take a four-week break, ice the joint and take anti-inflammatories.

If pain persists, see a GP or physiotherapist. If they deem the problem to be more serious, you will be referred to an orthopaedic surgeon.

'Ultimately, no joint should be painful,' says Mr Villar. 'If the pain is clearly not going away, you should seek help.'

### What form does treatment take

'We will always go for minimal intervention, with joint replacements as a last resort,' says Dr Bajwa. 'We want to preserve the joint.'

New footwear, an exercise programme or weight loss may be enough. Other options include injection therapy - such as viscosupplementation to lubricate the joint or growth PRP (platelet rich plasma) - or steroids.

Once all non-invasive options have been exhausted, surgery is considered.

'We aim to do as much as we can by doing as little as possible,' agrees Mr Villar.

Stem cell treatment is improving too, he says.

'Even though we recognise that hip and knee replacements are brilliant, they can only, at best, mimic a normal hip or knee. How wonderful would it be if we never had to do one? We are beginning to use stem cell therapy to recreate the cartilage and we are getting better results than ever before.'

### Return to form

Recovery depends on the joint and the operation. After keyhole ligament surgery to the hip, Mr Villar has seen at least five patients go on to win gold Olympic medals, and he has operated on many professional ballerinas.

'You can return to a very high level of activity afterwards,' he says. 'There are plenty of athletic types who even have full joint replacements. Mountaineering, sky diving, golf - all sorts of activities are possible.'

Mr Villar has seen at least five patients go on to win gold Olympic medals.

# DECODING BLOOD TESTS

They are probably the most common medical test around, but what can blood tests really tell you?

By Claire Coleman

**A**lmost everyone will have a blood test at some point or other.

These days, whether you're struggling with infertility, suspect you may have arthritis, or simply feeling inexplicably under the weather, a blood test is probably one of the first investigations your GP will order.

'Blood tests have transformed the way we work with patients,' says Dr Chris McNamara, a Consultant Haematologist who works at Harley Street at University College Hospital and The Princess Grace Hospital.

'Between 80 and 95 per cent of clinical work in developed countries relies on information that comes from lab work. We really can't do our jobs without it. Even if you've just broken your ankle, you'll probably have a blood test to look at your coagulation profile, your biochemical profile and whether you're fit enough to have an operation.'

While many patients might see pathology labs - the laboratories where blood samples, urine samples and biopsies are assessed -

as an important but not frontline service, doctors insist that what they offer is actually just as important as the treatment.

'A slight change in the nature of the diagnosis can have a profound effect on the treatment you give a patient, and that diagnosis is informed by the information that comes back from a blood test,' says Dr McNamara.

'Many patients will go to their GP with non-specific symptoms. They may present with weight loss and fever which could be caused by any number of conditions. But add in the information that a blood test can give - information on liver function, kidney function and inflammation in the body - and you suddenly have a far better idea of what's going on.'

Blood tests are not only essential for diagnosis, they can also help with monitoring the progress of a condition. People who have diabetes will regularly have their blood glucose levels tested to check that their current medication levels are effective, while those diagnosed with prostate cancer often have the levels of prostate-specific antigen

(PSA) in their blood assessed to gauge progression of the disease.

'Blood tests can also let doctors know whether it's safe to proceed with chemotherapy, or safe to stop antibiotics,' says Dr McNamara.

But just how accurate is the information you can get from a blood test? According to the experts, most blood test results will be accurate and precise because they're highly automated.

'When a sample arrives in the lab, a machine uses a needle to take a measured dose of blood which is then split into different channels,' explains Dr McNamara. 'One channel will count red cells, another will count white cells, and so on, using light or energy technology which calculates how many of each particle is present.'

However, not every patient is going to get the correct result every time.

'Even if a test is 99 per cent accurate, that still means one person in a hundred may get the wrong result,' warns Dr McNamara.



## *It's about picking the right test for the right person at the right time - and interpreting the results in the right way.*

'Tests are a trade-off between sensitivity and specificity - you don't want to miss a case of breast cancer, but you also don't want to cause unnecessary psychological harm either.'

There are some situations where blood tests simply aren't appropriate.

'In the case of a urinary tract infection (UTI), for example, it might not show up in a blood test until much later, and even then, it wouldn't indicate a UTI, it would just indicate an infection. Instead, we take a sample of urine, which should be sterile, and see if bacteria will grow in it. That confirms a UTI far better and more quickly than a blood test would,' says Dr McNamara.

And there are some blood tests that need to be taken after fasting or at a specific time of day.

'If you're having lipids or cholesterol checked, these levels can be affected by what you eat. Foods rich in fatty particles can temporarily

inflate the levels of fat in your blood, but what we're really interested in is what the baseline level of fat is, that's why fasting beforehand is important,' he says.

'Other blood tests, for example those for people who are on medication to stop the body rejecting an organ after transplant, have to be carried out just before the morning dose of the drug so that tests on different days can be compared.'

But it's not just about feeding blood into a machine in order to get a diagnosis. A lab result always needs to be sense checked against what the patient is complaining of, so a lab needs to know the patient's medical history.

'A kidney function test could look really odd if you didn't know that the patient only had one kidney. And a blood count will look very abnormal if you aren't aware that a patient had their spleen removed several years ago,' says Dr McNamara.

Fundamentally, blood tests are an essential part of medicine today, helping doctors diagnose and treat a huge range of conditions.

'It's about picking the right test for the right person at the right time - and interpreting the results in the right way,' says Dr McNamara.

*Even if a test is*  
**99%**  
*accurate, that*  
*still means*  
*one person in*  
*a hundred*  
*may get the*  
*wrong result*



# Safira Batha

## Embryologist and Unit Manager at The Lister Fertility Clinic in London

As told to Louisa Pritchard

### Q WHAT DO YOU DO?

**A** I'm the laboratory and unit manager at The Lister Fertility Clinic in London, the busiest fertility clinic in the UK which carries out approximately 2,500 fresh and frozen cycles of IVF annually. I'm trained in embryology so I help create the embryos in the lab and I also help manage our team of 60 people.

### Q HOW ARE YOU INVOLVED IN THE IVF PROCESS?

**A** When a woman has her eggs collected under general anaesthetic, it is my job as an embryologist to find the eggs. While this is happening, the male partner is producing a sperm sample on site which we then wash ready for insemination. Usually, we put the sperm and eggs together and leave the sperm to penetrate the eggs naturally overnight. However, if the sperm is poor quality, we then have to do a procedure called ICSI – Intra-Cytoplasmic Sperm Injection – which involves picking up a single sperm with a very fine needle and injecting it directly into the egg.

### Q CAN YOU DESCRIBE A TYPICAL DAY?

**A** I get into work at 7.30am, change into my scrubs and go into the lab to check that all the 20 incubators are working correctly. They're kept at a constant temperature of 37 degrees centigrade, the same as our bodies. The incubators look like sandwich toasters and, in an average week, we can have embryos from 60 patients in them. I then check the embryos' development and call the patients to give them an update and a time to come in to get the embryos transferred.

### Q HOW DID YOU BECOME AN EMBRYOLOGIST?

**A** It was quite by chance! I did a pharmacology degree at Kings College and ended up on a work placement at the Bridge Fertility Clinic. Observing embryology was a 'wow' moment and I realised that's what I wanted to do. I've now been in the field for 19 years and love my job more and more every day.



### Q WHAT WAS THE ATTRACTION OF THE LISTER FERTILITY CLINIC?

**A** The Lister Fertility Clinic is run by Mr Hossam Abdalla, who started the unit over 25 years ago. His reputation and the consistently high success rates were definitely the attraction to work here.

### Q WHAT'S THE TOUGHEST PART OF YOUR JOB?

**A** We phone the patients to let them know how well the eggs have survived overnight. The majority of the time it's good news. However, occasionally, we have to break the devastating news to them that, despite all the drugs they've injected into themselves and the procedure they've undergone to have their eggs retrieved, they have no embryos. We're one of the few units in the country that offers free counselling, but for that initial phone call I'm simply there to listen and let them vent or sob.

### Q WHAT IS THE BEST PART ABOUT YOUR JOB?

**A** Answering the phone and hearing a patient tell me they've got a positive pregnancy test. One of my patients had 14 cycles of treatment with us and along that journey she miscarried and had an ectopic pregnancy. But she wasn't going to give up. Then last year she got pregnant and delivered a little girl. We were invited to her first birthday party a couple of weeks ago. That's what makes it worth it.

# Lighten up

Highlighters are something akin to make-up magic. They define cheek and brow bones, make us look younger and can transform lifeless complexions. Here are a few of our favourites.

Rodial Instaglam Highlighter, £25, [Harveynichols.com](http://Harveynichols.com)



Charlotte Tilbury Wonderglow Skin Illuminator, £38.50, [Selfridges.com](http://Selfridges.com)



No7 Instant Radiance Highlighter, £9.95, [Boots.com](http://Boots.com)



Topshop 5 Years of Beauty Glow Pot, £9, [Topshop.com](http://Topshop.com)



Laura Mercier Face Illuminator, £31, [SpaceNK.com](http://SpaceNK.com)



RMS Beauty Living Luminizer, £30, [net-a-porter.com](http://net-a-porter.com)

# INNOVATIONS IN ENDOSCOPY

The latest advances in endoscopy mean doctors can get a more detailed and accurate picture than ever of what is going on inside our bodies.

By Sophie Goodchild

**A**n endoscopy allows a doctor to look inside your body to check for a range of conditions, including cancer.

Endoscopes – the devices used to carry out these procedures – come in all different shapes and lengths, but most are long, thin flexible tubes, which have a light and tiny camera at one end.

Each type has a different name because they're designed for specific parts of the body.

A bronchoscope, for example, goes down the windpipe to examine the lungs, and a cystoscope looks inside the bladder.

Some endoscopes even have needles attached so that doctors can take a tissue sample for testing, called a biopsy.

Before carrying out an endoscopy, the consultant will usually give you a sedative to relax you.

If they are looking in your stomach, they might simply use anaesthetic spray to numb your throat and then pass the endoscope through your mouth and down into your body.

Or the doctor might insert it via your anus or your urethra, the tube which takes urine out of the body – it depends which part of the body they need to examine.

Acting like a telescope, an endoscope can take detailed pictures of the inside of hollow organs such as the stomach, colon, womb and lungs.

This means doctors can investigate symptoms such as bleeding, and also detect any abnormalities which could signal the start of cancer.

The whole procedure usually takes about ten minutes.

'Detecting symptoms early is important as this increases the chance of survival if it's cancer,' explains Dr Sean Preston, Director of Endoscopy at The Princess Grace Hospital.

'An endoscope can confirm exactly what the cancer is and at what stage.'

Other health conditions can also be picked up using an endoscope such as gallstones or Crohn's disease, where the lining of the digestive system becomes inflamed.

The advantages of an endoscopy compared with other investigative tests include no scarring and a quick recovery time, according to Dr Preston.



## Here is a round-up of the most advanced techniques:

### ADVANCED ENDOSCOPIC IMAGING

A built-in zoom means this endoscope takes highly magnified pictures.

'It enables doctors to see every nook and cranny, pick up subtle abnormalities and detect problems early – and the earlier you diagnose, the more successful the treatment,' says Dr Preston.

Abnormalities it can detect include early cancers, or lesions – tissue abnormalities - which can lead to cancer. In many cases, these patients will not have symptoms, says Dr Preston.

### Who benefits?

Patients with polyps - small growths in the intestine lining - which could become cancerous if left untreated, and those suffering from Barrett's Oesophagus, a condition where the cells lining the lower end of the food pipe are abnormal and could develop into cancer.

It's possible to remove both pre-cancers and early cancers with endoscopic treatment, avoiding major surgery.

### CAPSULE ENDOSCOPY

The size of a large vitamin pill, this endoscope is used for looking at the small bowel - part of the intestine which absorbs nutrients from what we eat and drink. The patient swallows the capsule which transmits images of the small bowel back to a computer screen. Once completed, the capsule leaves the body like a suppository.



Patients with unexplained internal bleeding. 'Bleeding can lead to iron deficiency and anaemia but can be difficult to diagnose because it's intermittent,' explains Dr Preston. 'The capsule can help us see the cause of the bleeding which can include small bowel tumours.' Crohn's and Coeliac disease are among the conditions which can also be detected this way. There's also a capsule which enables doctors to specifically investigate the colon.

### ENDOSCOPIC ULTRASOUND (EUS)



In addition to a camera, an EUS has an ultrasound probe at one end. Ultrasound uses high-frequency sound waves to see the inside of the body. It enables doctors to look at and through the walls of the small bowel or stomach, and the surrounding organs. So, for example, if you've already had an MRI scan and a small shadow has shown up, then the EUS can be used to take close-up pictures and a biopsy, via a fine needle which is passed through the middle of the endoscope.

Dr Preston says: 'It means we can make a definitive diagnosis - we can discriminate between a cyst and a cancer, find the cause of an enlarged lymph node or rule out cancer. We're also able to stage some types of cancer.'

Patients with suspected cancer of the pancreas, gallbladder, bile ducts or oesophagus.

Anyone who has undergone an MRI or CT scan, or has been diagnosed already with a disease such as cancer.

### THERAPEUTIC ENDOSCOPY/LUMINAL STENTING

Endoscopes can be used to carry out minor surgery. Instruments are either passed through the centre or attached to the end of the endoscope to perform procedures such as repair to a bleeding stomach ulcer, gallstone treatment or removal of tumours from the digestive system.

Doctors can also use the endoscope to insert a stent - a tiny tube - across a narrow or blocked area such as in the gullet (oesophagus) or large bowel. This narrowing - or scarring - may occur in cancer patients who've undergone radiotherapy treatment.

Mainly cancer patients but also those suffering from acid reflux which can cause swelling in the gullet and therefore the food pipe to narrow.

Dr Preston says: 'It's about ensuring patients not only survive cancer but live life to the full afterwards.'

[www.londondigestivehealth.co.uk](http://www.londondigestivehealth.co.uk)

# It's all in the **GENES**

**G**enetics play a major role in our health and wellbeing.

Just as they determine hair colour and personality, genes also influence what medical conditions are passed down from our parents.

Faulty genes can trigger health problems including growth disorders, heart conditions and cancer.

According to Vicki Kiesel, a Genetics Counsellor at The Wellington Hospital, the likelihood of cancer being inherited is very low. However, genetic counselling can reassure people who are concerned about their risk. It can answer questions such as, 'Am I and my children at risk?' and 'What can I do to detect or reduce my risk?'

'We speak to lots of women who think there's a strong family history of breast cancer,' explains Vicki.

'They might be worried because their mother had breast cancer at the age of 60.

'But if it's genetic then the cancer usually emerges earlier than this. And you have to remember that one in eight women will get breast cancer anyway.'

### ***So what does genetic counselling and testing involve?***

First, you will be sent a questionnaire about your family's medical history, followed by an appointment.

A typical session with Vicki takes an hour during which she will explain the underlying causes of cancer and carry out a risk assessment.

This involves taking a detailed medical history of both yourself and your family to determine your likelihood of inheriting cancer.

If the risk score for cancer is high, The Wellington Hospital will offer genetic testing in the form of a blood test.

They use a test called Next-Generation Sequencing (NGS), which enables doctors to look at multiple genes in a short period of time.

The test will check for mutations or changes in BRCA1 and BRCA2, the genes most commonly linked with breast and ovarian cancer.

All women have BRCA1 and BRCA2 genes. However, around one in ten of all cancers are triggered by a fault in them.

The Wellington Hospital also screens women who've already been told they have cancer, ideally straight after they've been diagnosed.

Their results can act as a guide for doctors as to how best to treat them. For example, should they have both breasts removed (a bilateral mastectomy), which substantially lowers the risk of the cancer recurring.

Angelina Jolie is among the women who have undergone breast removal after discovering they have a BRCA mutation.



## GENES CAN PROVIDE KEY INFORMATION ABOUT THE HEALTH CONDITIONS WE MAY BE SUSCEPTIBLE TO. SO IS GENETIC TESTING A GOOD IDEA? SOPHIE GOODCHILD FINDS OUT.

The actress had a double mastectomy in 2013 to minimise her risk of cancer from a faulty BRCA gene.

Vicki says: 'Gene testing can be life-saving because it means women get treatment targeted to their breast cancer type which reduces their future risk.'

As well as breast cancer, the hospital specialises in testing for ovarian, prostate and bowel cancers.

The Wellington Hospital also offers genetic testing to couples who are planning a pregnancy but know there is a history of inherited disease in their family, such as the lung condition cystic fibrosis. Screening can check for genetic factors associated with 200 diseases.

The couple could then undergo fertility treatment and select only healthy embryos free of the genetic fault to be transferred into the womb, a process known as Pre-implantation Genetic Diagnosis (PGD).

However, The Wellington Hospital will only screen for conditions which can be managed fully or which are curable - and they do not test children under the age of 18.

Indeed, this is the case too at The Portland Hospital which also offers a gene testing service, run by Dr Anand Saggarr, a Consultant Geneticist who specialises in inherited conditions affecting children.

He says: 'Gene testing isn't always an exact science - you can have one abnormality but 999 others which modify this. But it can help you identify the pattern of inheritance and therefore look to solutions.'

You can expect to wait around four weeks to get the results for BRCA 1 and 2 testing, or around eight weeks if you've opted to be tested for multiple genes associated with cancer.

Results are always given by pre-arranged appointment and face-to-face - you won't get a call when you're not expecting it.

Vicki says: 'I always give the results straightaway. I'm happy to tell people good news or I'll say, 'Sorry, the results aren't normal'. Some people start crying, others react quite matter-of-factly - it's very individual. My job is to offer practical solutions such as risk-reducing options for them such as surgery.'

According to Vicki, feelings of guilt are normal among people who discover they may have passed on faulty genes to their children.

The most important thing, she says, is to acknowledge these issues while ensuring the person is being looked after and supported.

'Often, I'm able to reassure patients that their relatives aren't at increased risk, and even when they are, that there are ways of reducing that risk and monitoring them,' says Vicki.

'This makes the most difficult part of my job also the most rewarding - helping people to discuss their deepest fears and supporting them.'

**GeneHealth UK hold regular clinics at The Wellington Hospital's Platinum Medical Centre. For more information or an appointment, call 0800 331 7177 or visit [www.genehealthuk.com](http://www.genehealthuk.com)**

All women have BRCA1 and BRCA2 genes. However, around one in ten of all cancers are triggered by a fault in them



# SOUPER BOWLS

By Tamara Abraham

Juices aren't the only way to get your five-a-day. Come winter, it's all about comforting, nourishing soups that promise to taste as good as they make you feel.

serves

4

## SALAD GREENS AND ALMONDS

This is a dairy-free, protein-rich soup that is perfect for using up wilting, leftover salad leaves - any variety will do, but we especially love it with spinach and sorrel.

### Ingredients

600ml chicken or vegetable stock  
500g salad leaves  
100g ground almonds  
2 cloves of garlic  
Salt and pepper to taste  
A handful of flaked almonds to serve

### Method

Bring your stock to the boil and add the salad to let it wilt. Once the leaves are soft, remove from the heat and blend.

Add the ground almonds and blend again until smooth. Season with salt and pepper.

Toast the flaked almonds in a dry non-stick frying pan. To serve, drizzle a little sour cream over each bowl of soup and sprinkle with the toasted almonds. This soup is also delicious served chilled on a hot day.





serves

4

## SPICY ROASTED SWEET POTATO SOUP

Guaranteed to warm you up on cold, rainy days, sweet potatoes release sugars slowly, keeping your energy levels regulated. They are also rich in vitamin A and beta-carotene, while the ginger in this recipe is both good for fighting colds and upset stomachs. Make extra to freeze and reheat on a whim.

### Ingredients

3 or 4 sweet potatoes (a couple of pounds)  
2 red onions  
600ml chicken or vegetable stock  
A handful of sage leaves  
A thumb of ginger, chopped  
A drizzle of olive oil  
Chilli flakes  
Salt and pepper to serve

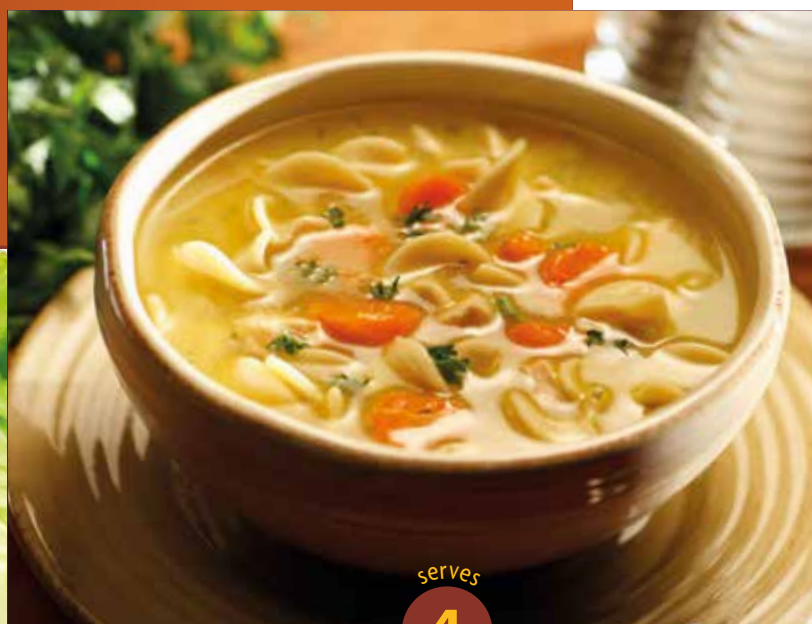
### Method

Slice the sweet potatoes and onions into equal-sized pieces and toss with olive oil, sage leaves, chilli flakes, salt and pepper.

Roast for 30 minutes at 200C or until soft.

Reserve the roasted sage leaves, then blend the rest of the contents of the roasting tray with the stock and ginger until smooth.

To serve, decorate each bowl with those roasted sage leaves and eat with hot, crusty garlic bread.



serves

4

## CHICKEN-NOODLE SOUP WITH AVOCADO

'Bone broth' has become a buzz-phrase for good reason - it is packed with health-boosting amino acids and minerals. No wonder it's the base for cure-all chicken soups. The addition of fresh avocado gives it a South American twist.

### Ingredients

One small chicken or leftover roast chicken bones with some meat still remaining  
2 onions  
3 stalks of celery  
3 carrots  
Half a head of garlic  
2 bay leaves  
1 small bunch of parsley (coriander is a delicious alternative)  
2 ripe avocados  
500g pasta or noodles  
Salt and pepper to taste

### Method

Place the chicken, including giblets, in a large pot and cover with cold water. As the water is heating up, roughly slice your vegetables and add to the pot with a couple of bay leaves.

Once the water reaches boiling point, lower the heat so that it remains at a very gentle simmer for the next couple of hours (the longer the better), checking frequently to skim off the fatty foam.

Afterwards, the chicken should be falling off the bones and the broth should be golden. Remove the chicken from the pot, allow to cool a little, then shred the meat from the bones. Return the meat to the pot, add the parsley and warm through. Season to taste.

To serve, cook the pasta of your choice separately and divide into bowls along with a few pieces of fresh avocado. Ladle the chicken and broth over the pasta and eat immediately.



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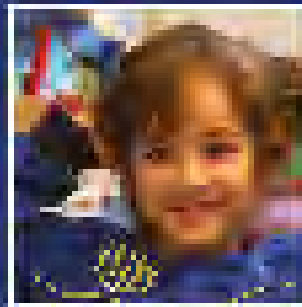
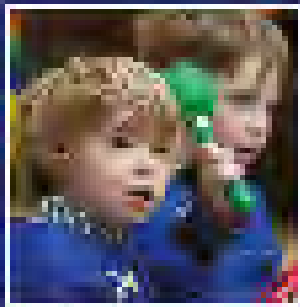


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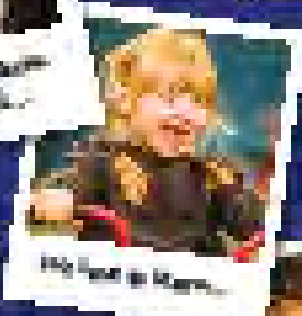
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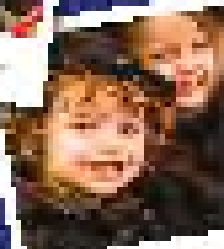
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# Robotic Surgery

A high-tech robotic machine called Da Vinci is transforming the treatment of gynaecological cancers for thousands of women.

By Lucy Elkins

Involving robots in human surgery sounds like an idea taken from a science fiction film.

But, increasingly, robots are being used in many forms of surgery all over the world with impressive results thanks to their pinpoint accuracy.

Using a robotic system reduces the risk of complications during surgery and means shorter hospital stays, less scarring and often less pain for patients.

One of the most popular high-tech robotic systems is called Da Vinci. This was originally used for operating on the prostate gland in men – surgery which requires extreme precision.

However, it is now used for numerous other forms of surgery – and, increasingly, that includes the treatment of gynaecological cancers which also require pinpoint accuracy.

'Using the robot can mean a difficult procedure can be quite straightforward which is obviously better for the patient,' says Mr Angus McIndoe, a Consultant Gynaecologist at The Wellington Hospital, who has been using the Da Vinci robotic system since 2012.

*Using the robot can mean a difficult procedure can be quite straightforward which is obviously better for the patient*

'People often think that keyhole surgery must be the most precise form of surgery. But the instruments we use for it are long and they pivot around in the port site (the point of incision) which can make it difficult.'

Robotic arms, by comparison, can turn and move with a higher degree of rotation than the surgeon's wrists and hands ever could.

A camera that sits on one of the four robotic arms and is situated over the patient, allows the surgeon near perfect 3D-vision of the area he or she is operating on.

'You get much better vision than you do with a normal laparoscope and that means better precision,' adds Mr McIndoe.

*The system is so sophisticated that any slight tremor of the surgeon's hands is filtered out*

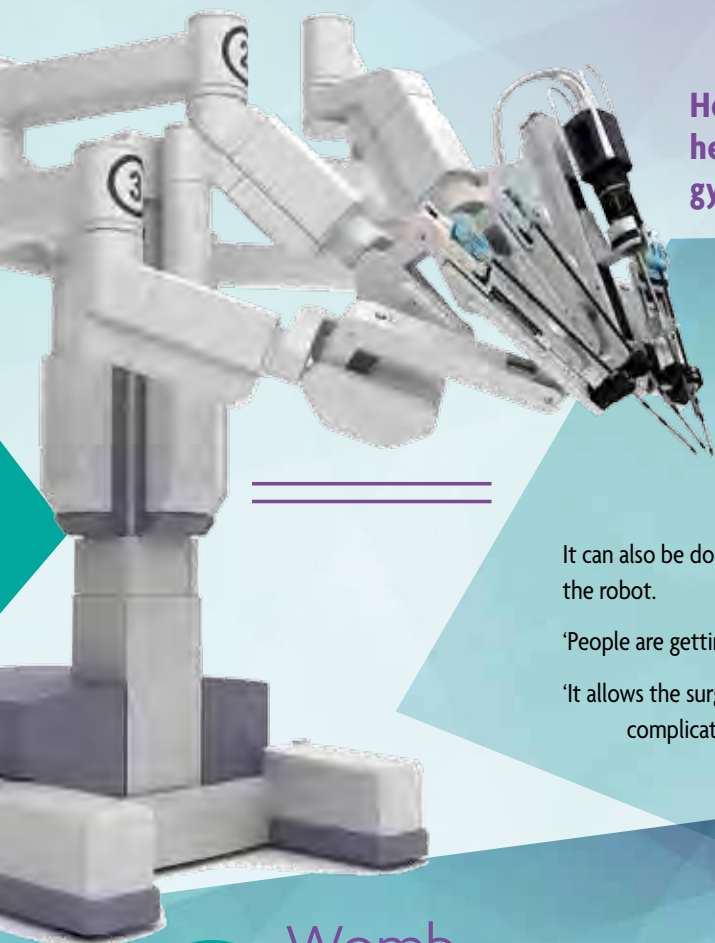
The robots do not work by themselves. The surgeon sits in a console holding small levers – and the robot, which is alongside the patient, picks up the movements electronically and mimics them.

The system is so sophisticated that any slight tremor of the surgeon's hands is filtered out.

**For more information or to arrange an appointment at The Wellington Hospital, call 020 7483 5148 or visit [www.thewellingtonhospital.com](http://www.thewellingtonhospital.com)**



Here we examine how the Da Vinci robotic system is helping to improve the surgical treatment of gynaecological cancers.



## Cervix

The cervix sits at the opening of the womb and, if cancer is advanced, removing the womb and cervix is often the only option. Traditionally, this was done as open surgery – a major operation which left a large scar and required a four to seven day hospital stay.

It can also be done by keyhole surgery, however, more centres are now doing this operation using the robot.

‘People are getting really good results with the Da Vinci,’ says Mr McIndoe.

‘It allows the surgeon to remove the cancer with a greater degree of accuracy and reduces the risk of complications such as infections, and damage to other structures such as the bowel.’

There will also be less post-operative pain, and patients can normally return home two or three days after the operation compared to four to seven days after open surgery.



## Womb

Over 8,000 women in the UK develop womb cancer each year, and the vast majority get it in the cells that line the womb known as the endometrium.

Most women who develop womb cancer will need a hysterectomy and, until recently, this was done through a large incision in the abdomen which requires a six week recovery period.

Increasingly, the operation is done through the vagina using keyhole techniques. However, when this surgery is difficult to perform laproscopically (i.e. by keyhole), robots are now being used to do the operation.

‘This might be in cases where, for example, the patient has had a lot of surgery previously and so has scar tissue,’ says Mr McIndoe.

‘Using the robot means you can remove the cancer accurately and reduce the number of women who need to have open surgery – which brings more pain and more risk of infection.’

Using the robot for this operation normally requires just one day in hospital, and a full recovery can be made in two weeks.



## Ovaries

If cancer is growing around the ovaries, the robotic system can be very useful.

‘Its accuracy allows you to remove only what you need to, and again the risk of side-effects is lower, and the healing time is quicker than with other techniques,’ says Mr McIndoe.

‘However, if a cancer is spreading from the ovaries around the abdomen, then a more radical approach may be needed.’

## Pelvis



If a gynaecological cancer has started to spread, it may be necessary to remove the lymph nodes around the pelvis.

‘If this is done as open surgery, it takes six weeks to recover from,’ says Mr McIndoe. ‘Using the robot can make this far less intrusive surgery and can greatly improve the recovery time.’

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# HEALTH ANSWERS

with Dr Gill MacLeod

**Q** I keep hearing about the importance of good gut bacteria for general health and well-being. Why is it so important?

**A** Each and every one of us is home to our own unique community of bacteria – known as our microbiome. Humans evolved in parallel and in intimate integration with other natural systems. Our bodies are vessels for other life, and we cannot survive without it.

We each have 100 trillion micro-organisms weighing up to 2kg living everywhere in and on our bodies. For each cell in our body, there are typically 10 resident microbes, and 99 per cent of the genetic material we host is microbial.

Organisms vary depending on the part of the body – they are as different between the scalp and the gut, for example, as two totally different climates and the species populating them.

The microbiome in our gut is particularly important, playing an essential role in a wide range of physical and mental health conditions.

Two thirds of the gut microbiome is unique to each individual. There is a whole universe in there and they perform a myriad of useful services such as helping to produce vitamins B and K, playing a major role in how we fight infections and disease, aiding digestion and helping to control our weight.

We start the process of acquiring our microbiome during birth (this is impaired in babies born by C-section) and through our early feeding experiences. There are even complex carbohydrates (known as oligosaccharides) in human breast milk that the baby itself cannot digest but which nourish certain organisms. By the age of three, we have already acquired our entire microbiome community and its health and diversity is essential to our wellbeing.

Studies have shown that a Western diet and the overuse of antibiotics can disrupt a healthy

microbiome. There is also an association between the microbiome and obesity which can be corrected by modifying the microbiome, and ‘fecal transplants’ have been used to clear dangerous gut infections such as C Difficile from patients.

But it's not just physical health that gut bacteria affects. According to the American Psychological Association (APA), 95 per cent of the body's supply of serotonin (an important neurochemical which helps control mood) is produced by gut bacteria. The gut microbiome can also help with memory and learning.

There has also been some research to suggest a possible link between the gut microbiome and autism. In one study on mice, researchers found that one particular bacterium (*Bacteroides fragilis*) reduces autistic-like symptoms when introduced into the gut.

For those keen to improve their good gut bacteria, the Mayo Clinic in America, a leading health organisation, offers guidance on what to include in your diet. It outlines the benefits of consuming some fermented foods, such as miso and sauerkraut, as well as eating fruit and vegetables which include fibre and sugars that can boost the health of gut bacteria.

Interestingly, it seems that it is also possible that exercise can be key to improving gut bacteria diversity.

In short, the bacteria which live inside our bodies play a key role in pretty much all aspects of our health, so don't forget to look after them.

For more information or to take part in gut microbiome research, go to [www.britishgut.org](http://www.britishgut.org)

**Dr MacLeod is a GP and Chief Executive of the private GP practice Roodlane Medical.**

[www.roodlane.co.uk](http://www.roodlane.co.uk)



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