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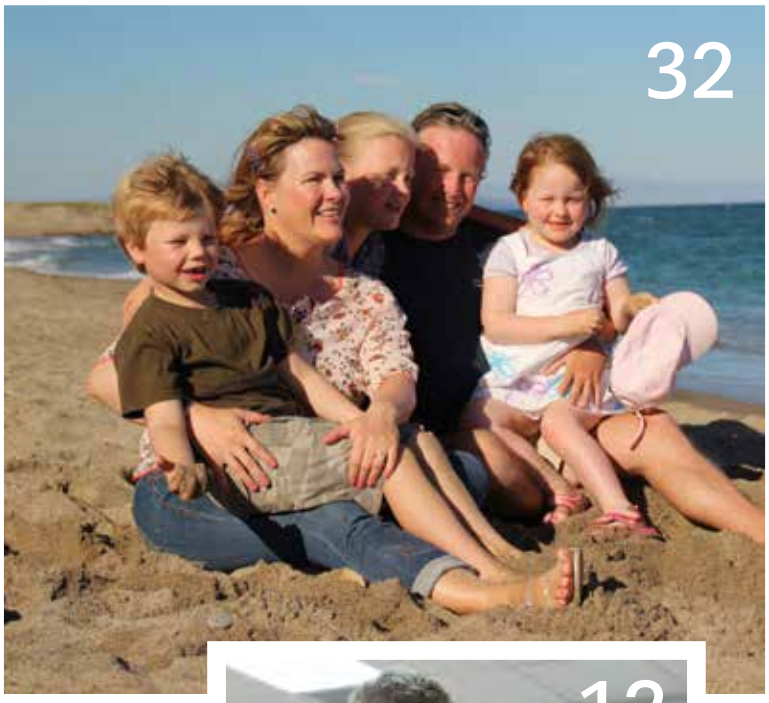

REGULARS

ON THE COVER

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WELCOME

Welcome to the first edition of the fantastic new health and lifestyle magazine HCA Good Health.

Almost 500,000 patients a year in the UK are cared for by HCA's six hospitals, three ventures with NHS hospitals and 3,000 leading consultants.

With huge investment in the latest medical technology and many of the UK's leading doctors and other medical staff on the wards, the resounding principle at the heart of HCA care is putting patients first.

Working together, staff and hospitals are able to provide the full range of medical treatments to meet your healthcare needs throughout you and your family's life.

Treatment of cancer, heart conditions, orthopaedic problems, rehabilitating patients after injury and bringing babies into the world are among the many specialties.

HCA Good Health magazine highlights the amazing work being carried out by staff, the pioneering equipment available to patients to ensure they make as speedy a recovery as possible, and the personal stories which show what a difference high-quality care makes to an individual's life.

It also offers practical advice from leading experts on a host of health conditions including prostate problems, sports injuries, allergies and coughs, and of course, some of the latest fashion, fitness and food tips.

Enjoy the first edition of HCA Good Health, let us know what you think and we look forward to you receiving your next copy of the magazine.

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GOOD Health

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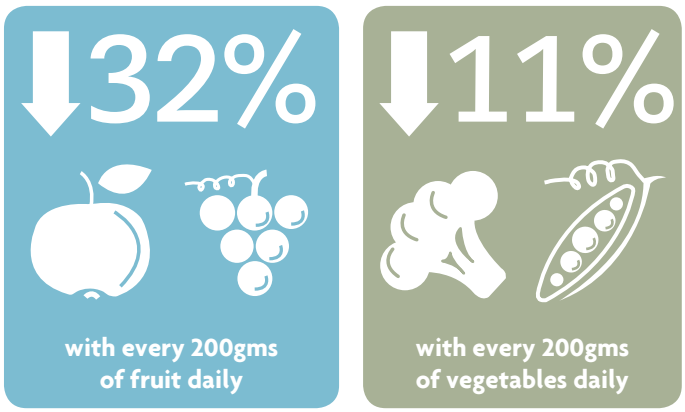
NEWS IN BRIEF

Eating just two and a half portions of fruit and vegetables a day cuts the risk of stroke by a third...

...according to research published in the American Heart Association's journal Stroke. Stroke risk decreases by 32 per cent with every 200 grams of fruit consumed each day and 11 per cent with every 200 grams of vegetables, the review of 20 studies found. Eating fruit and vegetables can lower blood pressure, improve vascular function and help maintain a healthy weight and low cholesterol. The NHS recommends eating five 80g portions of fruit and veg daily.



A simple handshake may reveal your true age, according to new research.

Austrian scientists say strength of grip could be a 'key sign of how old a person is'. That's because poor grip strength is linked to signs of ageing such as disability, mental decline and a longer recovery time after hospital treatment. The team, whose research was published in the online journal Public Library of Science ONE, believes a 'handshake test' could be used as a viable test for biological age.

Women who shun exercise in their 30s are almost 50% more likely to develop heart problems

in later life than those who are fit, new research claims. In fact, lack of exercise puts younger women at greater heart attack risk than smoking or being obese. Australian scientists looked at the records of 32,541 women aged 22 to 90 for the study, published in the British Journal of Sports Medicine, including details about lifestyle and whether they had heart disease. A lack of exercise was found to pose the greatest risk to women across all age groups.

It may sound like a joke – but you really can be nagged to death, according to scientists.

'Excessive demands' from partners, children or even neighbours can more than double the risk of dying during middle age, according to a Danish study published in the Journal of Epidemiology and Community Health. Experts believe stress caused by arguments or general worry can lead to heart disease and lower the immune system leading to other health problems. The effects seem to be greater in men because women are more likely to share their problems with close friends or family, say researchers.

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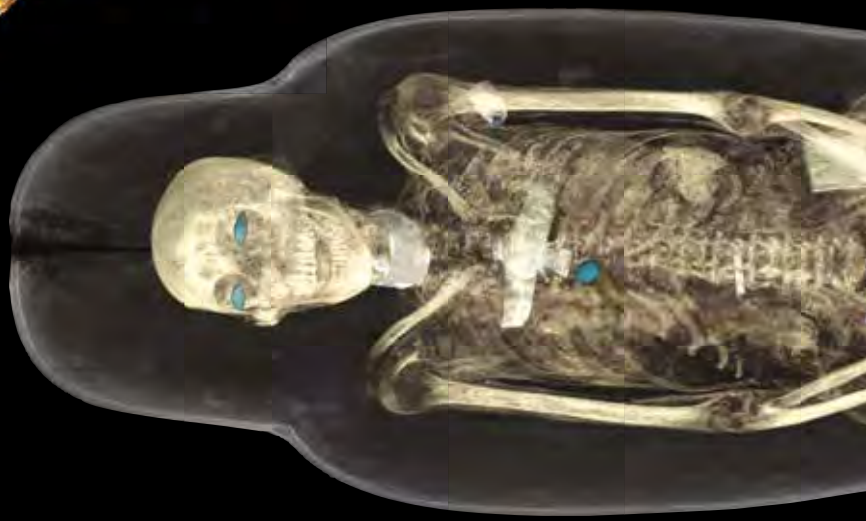

Mummy of a priest's daughter named Tamut in a painted case, and CT scan of the same mummy. From Thebes, Egypt, 22nd Dynasty, c. 900 BC.

The British Museum

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What's On

Enjoy some of the world's best jazz music at the EFG London Jazz Festival in November. The 10-day event at venues across the city including the Barbican and Southbank Centre showcases a mixture of world-class artists and emerging stars, energizing audiences both new and old. The Festival runs from Friday November 14 to Sunday November 23. For more information go to **www.efglondonjazzfestival.org.uk**

The National Theatre's award winning show The Curious Incident of the Dog in the Night-Time reopens at the Gielgud Theatre in London's West End on June 24. The play is based on Mark Haddon's best-selling book about a 15-year-old boy with Asperger syndrome who embarks upon a journey to solve the mystery of who killed his neighbour's dog and has already won critical praise including seven Olivier awards. The play runs until February 14 2015. **www.curiousonstage.com**

RA Royal Academy of Arts

Photographs taken by the American film actor and director Dennis Hopper go on display in London this summer. From Hell's Angels and hippies to the streets of Harlem, Hopper's 400 photographs powerfully capture American culture and life in the 1960s, a decade of progress, violence and enormous upheaval. Dennis Hopper: The Lost Album runs from June 26 to October 19 at the Royal Academy of Arts, London. Tickets £11.50, concessions available and under 16s go free. **www.royalacademy.org.uk**

THE BRITISH MUSEUM

A new mummy exhibition at the British Museum promises to unlock the hidden secrets behind the lives of eight people from ancient Egypt and Sudan whose bodies have been preserved, either naturally or by deliberate embalming. Using the latest technology, the exhibition builds up a picture of life in the Nile Valley over a remarkable 4,000 years. Tickets £10 adults, members and under 16s free. Ancient Lives New Discoveries runs from May 22 to October 30 2014. **www.britishmuseum.org**

On the Road to Recovery

No-one wants to think about how they would cope if they were left seriously injured after an accident or illness. But that terrifying thought became a reality for 51 year-old Ian Hetherington in September 2012 when he was hit by a car making a U-turn while cycling in Wales. Nicole Mowbray reports.

As Ian was racing at 30 miles per hour when the accident happened, he sustained a severe spinal cord injury with a diagnosis of incomplete tetraplegia (this means while Ian was not completely paralysed, his spinal cord was severely damaged at the neck).

He was rushed to hospital for surgery and, after spending six weeks in specialist spinal units in Liverpool and London, Ian was transferred to The Wellington Hospital's Acute Neurological Rehabilitation Unit in north London – the largest and one of the most advanced rehabilitation centres in the country.

This 45-bed unit has access to all the specialists and facilities that patients recovering from acute neurological trauma require.

'While I was in hospital in London, someone from The Wellington came to assess me,' says Ian, from London, who is married with two children.

'At that point I had no use of my hands whatsoever, but they told me that stimulating them may help.

'My eight-year-old daughter had left her teddy bear with me which had quite a rough surface and, by rubbing my left hand on it, the nerves regained some feeling.

'I was able to get a kind of pincer movement back in the thumb and forefinger in my left hand, but that was all the movement I had when I went into The Wellington on 26 October 2012.'

Ian was an in-patient at the hospital for the next six months as he underwent an intensive programme of rehabilitation. However, he had a host of medical problems that needed to be addressed before he could begin his rehabilitation therapy.

'I started my rehab on a tilt table,' Ian says. 'It's a table that you are strapped onto that moves you upright by degrees. Instead of being on your back – as I had been for months – you can be at 45 or 90 degrees.

'Next I began using an oswestry standing frame – a big wooden frame that helps you put weight on your feet and supports you so you can't fall. It felt so good to be standing after weeks and months of lying in a bed.'

'My recovery is totally down to the therapists and staff at The Wellington.'

'You can be as determined as you want, but without the right support and equipment it's not going to happen.'

Gradually, as Ian progressed, he moved on to some of the more high-tech rehabilitation tools such as the Lokomat – a robot-assisted walking therapy – and the Armeo device, a robot-assisted physical therapy tool for the arms which helps patients who have suffered neurological trauma or illness to relearn motor functions in their upper limbs. He also used the centre's hydrotherapy pool which is in the same building.

'At the time, my range of movement was very limited so the hydrotherapy pool was amazing,' says Ian.

'Spasticity is a problem for people with spinal injuries, but the water warm relaxes your muscles. The Armeo machine was also amazing.'

Therapists also used Functional Electrical Stimulation (FES) on Ian which uses an electric current to reactivate nerves affected by paralysis, head injury, stroke and other neurological conditions.

Ian's intensive programme had real results. From requiring full assistance with most tasks, he began to rediscover his independence.

He was discharged from the unit in May 2013 but still returns twice a week to use the Lokomat machine. He can now walk around the house without crutches, go up and down stairs with an additional handrail and walk for a couple of hours outside with crutches.

'While I knew I had been badly injured, I was also confident that my body would recover. That's my attitude to this day. My consultant at The Wellington says I am probably one of the most determined patients he has ever seen. While I will never be 100 per cent, I'm determined to be 90 to 95 per cent of the person I was.

'Being an outpatient is almost like going to work. The therapists are like colleagues – they buoy me up and encourage me.

'Everyone is incredibly supportive and encouraging which is great because you have to be in the right mindset to make the best of the facilities.

'When you're there, in that situation, you often don't realise how incredible the facilities are. It's only when you're looking back that the realisation comes.'

Tamsin Reed, Clinical Development Facilitator at the hospital, is also delighted with Ian's progress.

'Having access to the various advanced technologies and specialist services allows us to get the most out of our patients and ensure they reach their full potential,' she says.

'It was great to be able to offer such an intensive out-patient program when Ian went home as it helped provide a smooth transition after being in hospital for such a long time.

'The Lokomat gives Ian the opportunity to train using an improved walking pattern, at higher speeds and for longer. This is something he wouldn't be able to do on a standard treadmill.'

Thanks to the amazing recovery Ian has made, he is currently having driving lessons in an adapted car which will restore a lot of his independence and will also allow him to take a far more active role in family life.

He's also planning on getting back into the saddle again, with the help of a specially adapted recumbent trike which is on order.

'You can be as determined as you want, but without the right support and equipment it's not going to happen,' Ian adds. 'My recovery is totally down to the therapists and staff at The Wellington and the amazing equipment they have there.'

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BEN FOGLE

TV presenter, adventurer and father-of-two Ben Fogle, 40, is well-known for the tough fitness challenges he sets himself. But what has been his biggest test to date?

Q. What sports did you enjoy most as a child?

A. I hated sport at school – mainly, because I was terrible at it. I never played for any teams. I was hopeless. I always used to fake sick notes to get out of PE. The sight of gym shorts made me tremble.

Q. Have you ever broken any bones?

A. I broke my nose in a riot (it was a planned one – I was helping the Royal Marines with their riot training programme), I broke a finger during the Etape Caledonia bike race after coming off on a hill and two ribs when I came off my camel while trekking across the Empty Quarter.

Q. Have you ever been in hospital?

A. I was in and out of hospital for two months after I contracted leishmaniasis, a tropical flesh eating disease from the bite of a sandfly. I needed chemical therapy for 6 weeks. I needed two courses. It was a horrible time.

Q. What's been your biggest fitness challenge?

A. Rowing the Atlantic was probably the biggest but the Marathon Des Sables was the first. It really was a massive challenge for me at the time. Seven marathons back-to-back when I had never even run 100 metres.

Q. How do you prepare for a tough physical challenge?

A. I try to fit in an hour of exercise every day, wherever in the world I am. Sometimes it's tough with all the multi-tasking but that's the story of modern man. Juggling work, family and fitness.

Q. Which sporting achievement are you most proud of?

A. Rowing the Atlantic was such a traumatic, tough challenge. It was mentally challenging as much as it was physical.

Q. What's your usual fitness regime?

A. If I'm filming in the wild, I will try to go for a run for between an hour and 90 minutes. I've run all over the world. In the Andes, Himalayas, the Amazon, even in Africa with an armed guard. I damaged my knee in a skydiving accident so I can't run as much as I used to. I have a spinning bike at home to help me tick over and go to the gym when I can.

Q. What's your favourite meal?

A. I love food. I typically love my comfort foods like hamburger and chips. I know it's not good for me but I'm also a believer in anything in moderation. My specialty is a summer prawn salad. Yum.

Q. What are your three vices?

A. Crisps, white wine and tea.

Q. Do you have any diet tips?

A. Anything goes as long as it's in moderation.

Q. What's your biggest health fear?

A. I am now 40 and it is harder and harder to keep on top of my fitness. I want to be active for my kids.

Q. How does being a dad compare to walking to the South Pole?

A. Way, way harder.

Ben Fogle is launching a revolutionary new range of British-baked snacks called Dilly and Wolf ***www.dillyandwolf.com***

DEFIBRILLATORS CAN SAVE LIVES

– but would you have the confidence to use one?

By Lucy Elkins

You see someone slump to the ground having complained of chest pain. What do you do? Rush over to help or hold back, nervous of doing something wrong?

Doing something is almost always better than doing nothing, and it is often the first person on the scene who is the lifesaver in these circumstances.

'For every minute that passes without anything being done, the chance of someone making it in this situation drops by seven per cent,' says Ashley Stowell, an advanced paramedic practitioner who attends emergency situations on behalf of The Wellington Hospital.

If that person has had a cardiac arrest – a problem with the electrical activity within the heart which alters the way it beats – their heart could stop for good within minutes. Yet as grave as this situation is, YOU, the passerby, could save this person's life by using a defibrillator or AED (Automated External Defibrillator).

These machines, which can now be found dotted around shopping centres, train stations and even in small villages, deliver an electrical charge that can kick start a normal heart rhythm.

A heart attack is different from cardiac arrest and is caused by a blockage in the blood supply to the heart. However, a heart attack can increase the risk of cardiac arrest.

'When someone goes into a cardiac arrest their heart stops pumping blood around the body as normal. It starts to fibrillate or spasm – if you could see the heart it would be quivering,' explains Ashley.

It's no good waiting for an ambulance in this situation, a defibrillator needs to be used quickly.

Defibrillators are easy to spot – they are usually in a prominent position in a box or cabinet with a picture of a heart with an electrical bolt of lightning on a green background.

They are designed for the general public to use as well as health professionals.

HERE ASHLEY STOWELL GIVES YOU A STEP-BY-STEP GUIDE TO USING ONE.

1 CHECK TO SEE IF THE PERSON IS RESPONSIVE

Tap them on the collarbone and shout, 'can you hear me?' If they don't respond shout for help from people around you.

Next tilt their head back slightly and look, listen and feel for signs that they are breathing. If they are not, dial 999 and get the defibrillator. If there is someone with you, ask them to start chest compressions immediately while you deal with the defibrillator.

To do the compressions you need to find a slight indentation in the chest bone – it's at the level of the nipples in the lower middle section of the chest.

Once that area is located, put the heel of your hand into it. Interlock your other hand over the top, keeping your arms straight and push down to depress the chest allowing it to rise between each compression. The compressions are taking over the work of the heart pumping the blood around – so it needs to be done as hard and as fast as possible. The brain can't survive without oxygen for more than three to four minutes.

2 ATTACH THE PADS

Meanwhile open the defibrillator and you will see a packet containing two adhesive pads. Remove the pads from the packet and expose the patient's chest area.

Position one pad to the right side just below the collarbone. The other needs to be on the left side of the patient's chest at a point below, but in line with, the armpit. Tear the sticky backing off the pads and stick down.

There is no threat from doing this in the rain but you must ensure the chest is dry prior to attaching the pads. If there is someone else present it is important they continue chest compressions while the pads are being attached.

3 SWITCH THE MACHINE ON

Once the pads are on, press the green 'on' button. The machine will then say: 'Do not touch the patient. Analysing heart rhythm.' Now stop the chest compressions.

The AED will assess if the heart is in a shockable state. If it does detect this it will say 'shock advised.' You will hear the machine start to charge itself.

4 PRESS THE BUTTON

When the machine is charged, another button which is normally orange and triangular or heart-shaped, will start to flash. Check the area is clear and nobody is touching the patient. Clearly say: 'stand clear... shocking' before you press the button. Once the button is pressed the shock will be delivered.

The machine will now reanalyse the signal from the heart and will normally say 'continue with chest compressions' which you should do immediately. The machine will count in beeps for two minutes and after this it will determine if another shock is required. Continue to follow the machine's instruction until the ambulance arrives.

If you are successful the patient may start to wake up – they may open their eyes, move and start to breathe normally.

How to spot if someone is having a heart attack

- They may have central chest pain or pain radiating into their neck, jaw or arm.
- They may look pale or grey and appear sweaty.

How to spot if someone has gone into sudden cardiac arrest

- They will collapse and lose consciousness within seconds.
- They will appear unresponsive and have no pulse and will not be breathing.
- To check for breathing open their airway by tilting their head back slightly. Then place your ear to their mouth and listen and feel for breath sounds and look for any chest movement.

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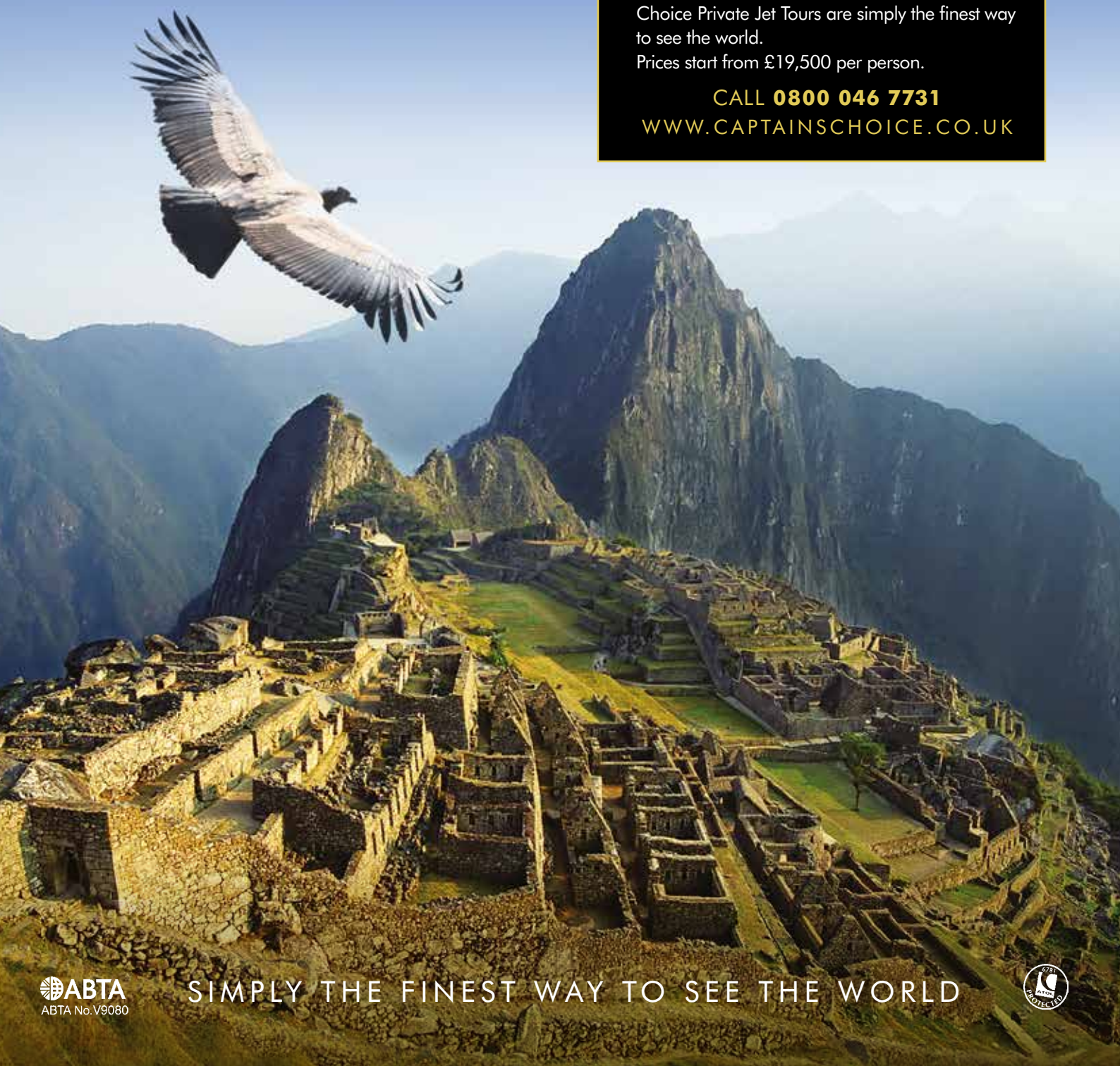

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THE STEPS YOU CAN TAKE TO HELP YOUR RECOVERY FROM SURGERY

By Rachel Ellis

Going into hospital for an operation can be daunting experience for anyone.

There are never any guarantees surgery will be a complete success and unexpected complications can occur.

But what many patients don't realise is that there is a huge amount THEY can do to help themselves make a speedy recovery with the minimum of side-effects.

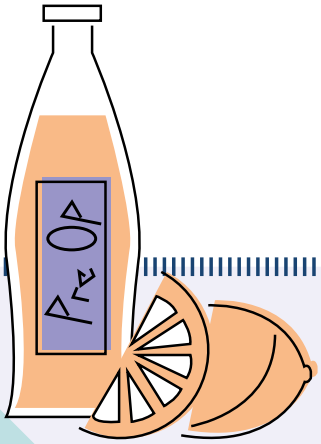
A new programme called **Enhanced Recovery After Surgery (ERAS)** provides patients with 'gold standard care' to get them back on their feet as quickly as possible following an operation. Based on medical evidence, this approach to care sets out clear steps doctors, nurses and patients themselves can take to make surgery as stress-free as possible.

From getting physically into shape before surgery to what you should eat and drink before an operation to help you recover from the anaesthetic, to how quickly you should be getting out of bed and exercising following surgery, the ERAS programme explains everything you need to know to make a speedy recovery.

However, it is not suitable for everyone and must be recommended by your consultant.

Rosie Archibald, Senior Nurse Manager at The London Bridge Hospital and the Hospital's ERAS co-ordinator, explains: 'Having an operation is similar to running a marathon.

Patients should increase their exercise regime if possible before surgery



Before surgery drink special carbohydrate drinks called preop

'You train for a marathon to ensure you are as fit and healthy as possible before the big day.

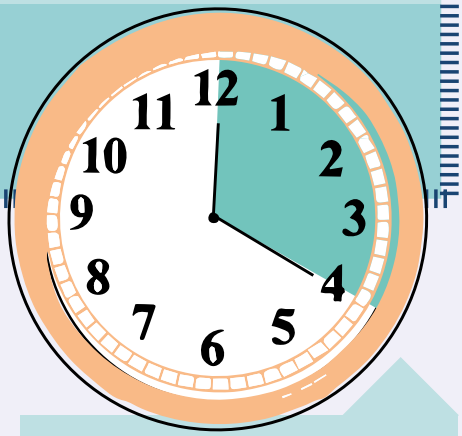
'You would never starve yourself from midnight before running a marathon, and then not eat for days afterwards, unless it was really necessary medically.

'The concept with surgery is similar. ERAS encourages patients to be fit before surgery where possible, and to continue with this healthy approach to their recovery.'

Although the concept of ERAS has been around since 2002, it has only started to be adopted in the NHS and privately over the last five years. The London Bridge Hospital is the first HCA hospital to fully implement the programme. Patients treated using the ERAS programme receive high quality care from the whole hospital team.

'This is all about the patient,' explains Rosie. 'In the old days it used to be about the hospital, or even about the doctors.

'But with ERAS the patient is the whole focus. They can play an important part in their own care with support from the doctors, nurses, physios, dieticians, pharmacists, pre-assessment nurses, anaesthetists, surgeons, intensive care staff and even the hospital chef.



Spend at least 4 hours out of bed on the first day after surgery

'It is essential that patients understand what is happening to them and play a big part in their recovery. It is lovely to see how proud they are of what they achieve.'

Each patient going into hospital for an operation is advised what steps are suitable for his or her type of surgery and their health needs.

ERAS is not suitable for all types of surgery and for medical reasons some patients will not be able to achieve all of the elements. However, even doing some of them will help them to recover much sooner.

Rosie explains: 'It starts before they are admitted and continues after their operation, and as a result they will have less pain, less complications and will get better faster. 'They may well be in hospital for fewer days and will be amazed at how much better they feel than they had expected.

'Ultimately they will be able to return to what they usually do whether it is work or family commitments far more quickly.'

After surgery walk and exercise at least four times every day

What can you expect from the ERAS programme?

Before surgery

The ERAS programme starts before the patient is admitted to hospital.

Patients are advised to be as healthy as they can be before an operation – increasing their exercise regime if possible, stopping smoking, reducing alcohol intake and improving their diet.

That's because fitness can really help with recovery after surgery.

Before the operation the ERAS programme recommends patients have some special lemon-flavoured carbohydrate drinks called PreOp.

Research shows these drinks reduce the stress surgery puts on the body and aids a faster that rehabilitation.

During surgery

During the operation, the aim is to adopt approaches that will help the patient's recovery. For example, wounds should be as small as possible with less drains and catheters to reduce the chance of infections developing.

After surgery

After the operation, drips and drains should be taken out as soon as possible, and patients are encouraged to get out of bed even on the day of surgery. They are also encouraged to walk and exercise at least four times every day.

ERAS recommends patients spend at least four hours out of bed on the first day after surgery and then a minimum of eight hours daily every day after that.

Drinking normally rather than having a drip on the first day after surgery is also advised to prevent dehydration. Protein and high energy drinks can also help the body heal and patients should drink at least two a day.

Deep breathing and circulation exercises are recommended as soon as possible after surgery. This is because the anaesthetic can affect the lungs so that they do not open as fully as normal making patients vulnerable to chest infections, and slow down circulation putting patients at risk of deep vein thrombosis. These exercises should be performed every hour.

ALL DONE & DUSTED IN A

Surgical techniques have been transformed in the last decade, and 52 Alderley Road, HCA's new outpatient facility in the heart of the North West in Wilmslow offers the very best in day-case surgery and fast-track access to world-class experts.

By Jo Waters

Long hospital stays following surgery are becoming a distant memory in many surgical specialties.

These days so many common procedures can be done in a day so you can go home and recover in the comfort of your own home,' says Mr Mo Saeed, Consultant General & Colorectal Surgeon, who will be operating at 52 Alderley Road and also works at Stockport NHS Foundation Trust.

'Thanks to advances such as keyhole surgery, patients have smaller wounds and much less tissue disruption so they heal quicker. Newer anaesthetic techniques mean that patients can recover rapidly from their anaesthetic and be ready to leave the same day.

'Often, it's not one big breakthrough but multiple small improvements which together add up to a better experience for patients.'

Here Mr Saeed reveals how five commonly-performed operations have been transformed.

HERNIA SURGERY

WHAT IS IT? A hernia occurs when an internal part of the body pushes through the abdominal muscle or surrounding tissue. This most commonly appears as a swelling or lump in your groin.

SURGERY IN THE PAST: This was done through a large open cut and would take about 45 minutes to perform. We had to suture the repair which involved dissection of tissue. Recovery was two to three weeks and a patient stayed overnight in hospital.

SURGERY NOW: Now we are more likely to use keyhole surgery techniques where a number of small incisions are made. We use mesh for repair which can be attached without suturing or pulling tissue apart, so it's less painful for the patient when they are recovering . The operation can be done in 15 to 30 minutes. Patients can go home the same day and be back at work or on the golf course within 48 hours.

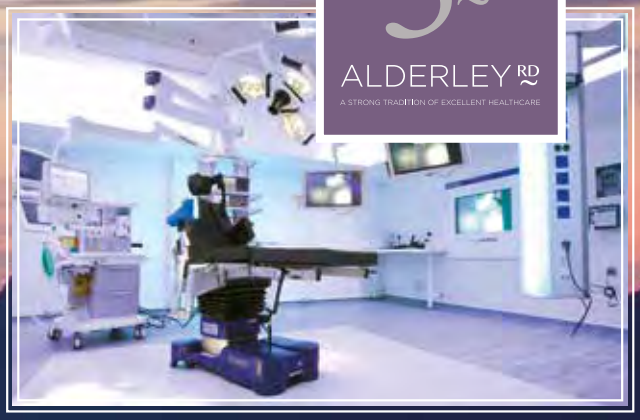
GALL BLADDER SURGERY

WHAT IS IT? The gall bladder is a small pear-shaped pouch in the upper right part of the abdomen. Sometimes small hard stones can form here and they may become trapped in a duct and cause pain, nausea and jaundice.

SURGERY IN THE PAST: This was done traditionally through a large incision. It required five to seven days of hospital care afterwards and another six weeks before you fully recovered.

SURGERY NOW: The majority of cases are now done using keyhole surgery and there have been a number of recent improvements. For instance, we now use a different gas (carbon dioxide instead of air) to inflate the abdomen to insert the laparoscope (a small camera) which is more rapidly absorbed and gets out of the system quicker, so recovery is quicker with less bloating, nausea and discomfort. We also use different pain control methods, in particular spraying local anaesthetic around the liver so patients have less referred pain in the shoulder after surgery. Patients can usually eat and be up and about within hours so there is a reduced risk of Deep Vein Thrombosis (DVT) developing too. You will be home the same day usually and it takes just a week or two to fully recover.

DAY



HAEMORRHOID SURGERY

WHAT IS IT? This is surgery for haemorrhoids or piles, swellings that contain enlarged blood vessels, inside the rectum or anus. Most don't need surgery, only in the most severe cases.

SURGERY IN THE PAST: Traditionally, a haemorroidectomy would have been performed – essentially cutting out the haemorrhoid. It was very painful because it left the patient with a very sore bottom and required a general anaesthetic, a few days in hospital and several weeks to recover.

SURGERY NOW: We now perform haemorrhoidal artery ligation, where we use dopplar ultrasound to locate the blood vessels supplying the haemorrhoid and ligate (tie) them, fixing them back into their normal anatomical position. Because it doesn't involve cutting, post-operative recovery is quicker and there is less pain. Patients are discharged on the day of surgery and can return to work within days.

ARTHROSCOPIC KNEE, HIP AND SHOULDER SURGERY

WHAT IS IT? Arthroscopic surgery is keyhole surgery involving the major joints.

SURGERY IN THE PAST: Arthoscopic surgery has been around for many years but its scope has been limited by the instruments that have been available.

SURGERY NOW: Advances in instruments – small telescopes and high-definition cameras – now means that most major joints can be inspected and small cartilage tears and tendons repaired and loose bodies removed.

This avoids major surgery and facilitates early return to normal daily activities and sports.

Newer anaesthetic techniques mean that patients can recover rapidly from their anaesthetic and be ready to leave the same day.

LAPAROSCOPIC ENDOMETRIOSIS SURGERY

WHAT IS IT? Endometriosis is a gynaecological condition where tissue outside the womb behaves in the same way as tissue inside the womb. It can form plaques on the ovaries, the bowel, abdominal walls and other areas of the body, causing adhesions and infertility in severe cases, as well as pain.

SURGERY IN THE PAST: This was performed through open surgery. Patients stayed in hospital for days and recovery took weeks. Large incisions meant more discomfort and risk of infection.

SURGERY NOW: This is now performed using keyhole techniques under general anaesthesic. There is minimal disruption to other tissue so patients can go home the same day and be back at work within days. There is lower risk of scar tissue from adhesions and reduced risk of infertility resulting from scar tissue.

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RADIOTHERAPY BREAKTHROUGHS

HCA Hospitals offer some of the newest and highly-targeted types of radiotherapy, and it is transforming care for cancer patients.

'When I was diagnosed with the tumour, I told doctors to throw everything at it. So I was delighted to be told I was having the best technology available. The staff who carried out the treatment were phenomenal.'

Sarah Belsom

By Jo Waters

Radiotherapy is one of the fastest developing fields in cancer medicine with a whole raft of powerful, highly-targeted radiation therapies to treat tumours with minimal damage to surrounding tissue now available.

Brain tumour patient Sarah Belsom is just one of many who is benefiting from the new types of radiotherapy. After being diagnosed with a tumour called an Anaplastic Astrocytoma last November, Sarah, 41, from St Albans, underwent surgery at The Wellington Hospital to remove the tumour from the bottom right side of her brain and was then offered TrueBeam radiotherapy at Harley Street at University College Hospital. It allows high dose radiation to be safely delivered much more accurately than traditional methods and mops up any stray cancer cells that have been left during surgery and those not visible on MRI scans.

Sarah, who is married with two children aged two and five and runs her own business, says: 'When I was diagnosed with the tumour, I told doctors to throw everything at it. So I was delighted to be told I was having the best

One of the biggest benefits of this type of radiotherapy is that the CyberKnife™ is able to target tumours that are moving such as those that are in the lungs

CyberKnife™

technology available. The staff who carried out the treatment were phenomenal.'

Dr Naomi Fersht, a Consultant Clinical Oncologist at the hospital, says: 'Using TrueBeam ensures we can deliver the high dose required to treat and control brain tumours, whilst minimising the dose to the surrounding normal brain structures.'

Sarah's story illustrates just how rapidly radiotherapy techniques have developed since her father was diagnosed with an aggressive brain tumour 10 years ago. Sadly, doctors were only able to give him palliative radiotherapy and he died just eight weeks after his diagnosis.

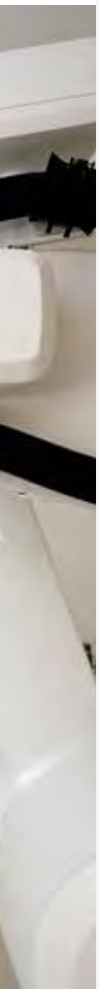
BESPOKE RADIOTHERAPY

'Radiosurgery is now used as an alternative to traditional surgery in many cases, such is the effectiveness and accuracy of the treatments we can now offer,' explains Professor Chris Nutting, a Consultant Clinical Oncologist who works at The Harley Street Clinic and The Royal Marsden Hospital.

'The Harley Street Clinic is at the forefront of this field offering some cutting-edge treatments that are not yet widely available elsewhere.

'Some patients are nervous of radiotherapy because of the radiation – but they should be reassured that modern radiotherapy is now much more sophisticated than even 10 years ago and uses highly accurate computer-guided treatment.

'Radiotherapy is now customised to fit the individual patient's tumour using detailed 3D scans and hundreds of beams of radiation.'



NEW TYPES OF RADIOTHERAPY

Two recent developments in radiotherapy are stereotatic ablative therapy (used in CyberKnife technology) and IMRT (intensity-modulated radiation therapy).

Stereotatic radiotherapy is the delivery of very high doses of ablative radiation. It is suited to small, well-defined tumours. At The Harley Street Clinic the novel **CyberKnife** system is used, the world's first and only radiosurgery system that uses advanced robotics to treat tumours anywhere in the body. Patients are typically treated in 1 to 5 sessions.

'One of the biggest benefits of this type of radiotherapy is that the CyberKnife is able to target tumours that are moving such as those that are in the lungs – the robotic arm "tracks" the tumour position and accounts for any tumour motion during treatment. This highly accurate technology reduces the risk of damaging surrounding tissue,' explains Professor Nutting. 'Whilst it can be used for inoperable tumours in the lung, prostate and brain, it can also be used as a preferable treatment to surgery as it's much less invasive.'

> Computers perform individual calculations to control the radiotherapy machine and vary the intensity of the radiation beam enabling it to target tumours more accurately

Intensity-modulated radiation therapy (IMRT) is another new development in radiotherapy. It allows radiation to be delivered to difficult-to-treat areas and dramatically reduces side effects for some tumour types such as head and neck cancer. 'Computers perform hundreds of individual calculations to control the radiotherapy machine and vary the intensity of the radiation beam enabling it to target tumours more accurately,' explains Professor Nutting.

Another recent development at the Clinic is **RapidArc**™ which delivers IMRT in a 360-degree arc around the patient enabling the beam to follow the contours of the tumour and reducing the amount of normal tissue being irradiated. This form of radiotherapy uses 3D scans of the patient and computer technology to determine the dose needed and then precisely delivers that dose to the tumour itself.

'Such precision is important as it helps prevent the damage of healthy tissue. Another advantage is that patients undergoing the more accurate RapidArc treatment only have to remain still for three or four minutes, making radiotherapy a far more comfortable experience,' says Professor Nutting. 'This is used when tumours are in sensitive areas of the body such as the spine and radiation is delivered in intense short bursts over a longer period of time – up to around 30 sessions to minimise damage to those surrounding areas.'

THE LATEST ADVANCES FOR BREAST AND PROSTATE CANCER

Deep Inspiration Breath Hold is now available for women undergoing radiotherapy for breast cancer. This technique reduces any unwanted radiation to the heart and is now available for left sided breast cancer patients who meet the selection criteria. It is available in only a handful of radiotherapy departments in the UK.

Calypso is an implantable beacon that can be used to identify the position of a tumour deep inside a patient at any point during treatment. It allows real time tracking of prostate tumours ensuring that radiotherapy delivery is always accurate.

Playing sport and getting fit are great for our health – but can also end in injury, especially as we age...

SPORTS INJURIES

By Nicole Mowbray

Whether an on-going niggle or a serious trauma, sports injuries can be debilitating and potentially serious if left untreated.

So it is important to try to get a balance between participating and enjoying sport and preventing injury where possible, according to Dr Ademola Adejuwon, a Consultant in Sports and Exercise Medicine at The Institute of Sport, Exercise and Health.

'While we are trying to encourage as many people in society to become physically active and to remain physically active, a side-effect of that is the risk of injury,' says Dr Adejuwon, who sees both elite athletes and so-called 'weekend warriors' and is also the team doctor for Saracens rugby club.

'My job is trying to guide people in physical activity and if they do develop an injury, to help them recover from that and become fitter and stronger individuals.'

Dr Adejuwon says there are effectively two types of sports injuries; the non-preventable and the preventable. Non-preventable injuries are often traumas received in contact sports.

Preventable ones, however, tend to be sprains or strains in people who may not have exercised for a while or who are starting a new discipline.

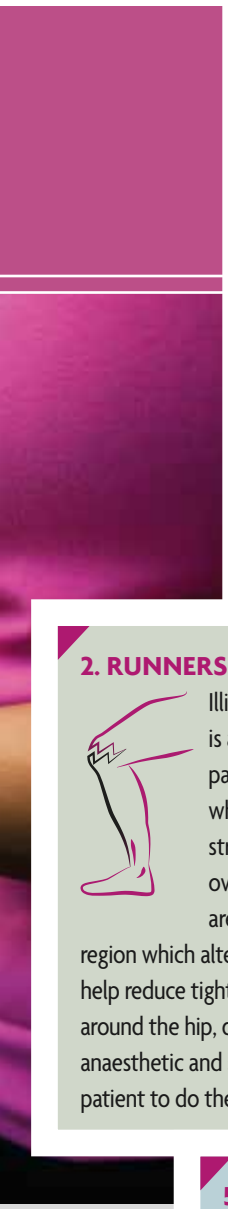
'The better conditioned you are to your sport, the less likely you will get injured,' says Dr Adejuwon. 'The injuries people get depend on the sports they do.'

The first thing to do if you get any sports injury, from a muscle strain to a trauma, is to follow the P.R.I.C.E principle – in other words Protect the area from further injury, Rest the area, Ice it, Compress it (with a support) and Elevate it to reduce swelling.

Getting the right diagnosis is essential as this will determine how the problem is managed, says Dr Adejuwon.

Before embarking upon any treatment, see a qualified physician or experienced physiotherapist to get assessed and look for the underlying cause.

Here Dr Adejuwon shares advice on six of the most common sports injuries he sees in his clinic:



1. SHOULDER PROBLEMS

The shoulder is a very complicated joint because it moves in so many different planes. Shoulder impingement (pain and weakness when you move your arm) caused by problems with the rotator cuff is very common. The rotator cuff is a group of shoulder stabilising muscles so injury to them means shoulder movement is no longer smooth which can cause an ache or pain that radiates down the upper arm as far down as the elbow. The underlying cause of shoulder pain affects the treatment, but we often use a combination of small movement exercises with a stretchy Theraband to improve the strength and muscle balance of the joint, and taping to increase awareness of posture which is a common cause of shoulder impingement. If you get shoulder pain at your work desk you should try and get a seating assessment.

Before embarking upon any treatment, see a qualified physician or experienced physiotherapist to get assessed and look for the underlying cause.

2. RUNNERS KNEE

Illiotibial band friction syndrome is very common in runners but is also seen in a lot people who wear cleats to cycle. This sharp pain on the outside of the knee is particularly felt on stairs, when walking or bending the knee (particularly when going from straight to bent). Runner's Knee as it is also known is normally an overuse injury that occurs because the mechanics of the body aren't right. Sometimes there's a muscle imbalance around the hip region which alters the way you land your feet. Trigger point rollers can often help reduce tightness in the muscles in the upper leg – use it from the muscles around the hip, down through the IT band to the knee. If it's very painful, a local anaesthetic and steroid can be injected around the painful area to allow the patient to do the rehabilitation.

3. LIGAMENT AND CARTILAGE ISSUES AROUND THE KNEE

Any sports that involve cutting – in other words running and changing direction – coupled with physical contact can cause knee ligament issues. Football, rugby, hockey are examples. Torn Medial Collateral Ligament (MCL) or Anterior Cruciate Ligament (ACL) are common. With these injuries you may feel an immediate debilitating pain, followed by weakness and instability. Ligament injuries are graded minor, moderate and severe and the degree of severity affects how long it takes to recover.

4. ANKLE SPRAINS

Damaging your Anterior Talofibular Ligament (ATFL) can often come from rolling your ankle – for example, when you miss a step and roll over on your ankle. There will be mild to severe pain on the outside of your ankle which sometimes swells or bruises. It's important these injuries are assessed to ensure the ankle is not fractured. If it's suspected that multiple ligaments have been damaged, a patient may be sent for an MRI scan.

5. CONCUSSION

Head injuries are now taken a lot more seriously than they used to be. We still don't know the long term ramifications of head injuries and there are no strict guidelines on how to manage them. However, sports doctors take them very seriously. With concussion, there is an accumulation of symptoms such as: persistent headache, nausea, dizziness, memory loss and loss of balance. Other symptoms which are more vague but still common include feeling like you are in a fog, being light sensitive, irritable, anxious or more emotional. It is important to realise that you don't have to be knocked out to suffer a concussion. If you think you are concussed go and see your doctor.

6. SOFT TISSUE INJURIES – CALF STRAINS OR HAMSTRING PULLS

Hamstring injuries are often caused by sprinting, while calf strains (often called 'tennis leg') happen from a forceful push-off with the foot. Both feel sharp, cause people to pull up during an activity and the affected areas may feel weakened or bruised. Most muscle pulls or strains heal with time, but the key is getting them to heal with minimum scarring to ensure they can still work efficiently. Getting a diagnosis early is essential to determine how much to push people in their rehabilitation. In clinic, diagnostic ultrasound works very well for looking at these kinds of injury.

ALLERGIES

With an estimated 21 million sufferers in Britain, allergies are a significant health problem for a large number of people. And according to research the problem is getting worse.

By Nicole Mowbray

Half of Europeans are expected to have at least one allergy by next year, the number of children diagnosed with allergic rhinitis and eczema has trebled in the last three decades and hospital admissions for food allergies have risen by 500 per cent since 1990, according to a report in the British Medical Journal.

So what is fuelling this rise and can anything be done about it?

'Allergies are definitely on the increase and it's not simply because people are more aware of them now,' says Dr Romana Kuchai, an Ear Nose and Throat (ENT) allergy specialist at The Lister Hospital.

Research suggests that chemical cleaning products and our increased preoccupation with hygiene are linked to the rise.

'Throughout our lives we try to keep everything as clean and hygienic as possible; avoid exposure to dirt, bacteria and infections. This means our lives are incredibly sterile. Consequently, human immune systems are evolving to become less resistant to infections. Allergy is a by-product of that.'

To help the growing number of allergy sufferers, Dr Kuchai has recently set up the Chelsea Allergy Service at The Lister Hospital.

A team of five specialists – all with different areas of expertise – work at the clinic.

As an ENT specialist, Dr Kuchai focuses on sinonasal problems such as hayfever, cough and throat problems.

A gastroenterologist looks after digestive issues, while the dermatologists deal with skin allergies.

By bringing different specialists together in one clinic it means patients get to see an expert for their particular problem as quickly as possible and, if they have multiple symptoms, can see two specialists in one place instead of being referred elsewhere.

Dr Kuchai has noticed a large rise in the number of patients with hayfever-related allergies in recent years.

'In my opinion, this area has exploded particularly in London where I suspect it is to do with poor air quality and the different things we are breathing in,' she says.

'A lot of my patients complain that their symptoms are worse in London yet improve when they are outside of the city.'

So what exactly is an allergy?

'An allergy occurs when the body develops an immune reaction to a specific food or chemical,' says Dr Kuchai.

'This then triggers a chain of reactions in the body from skin or breathing changes to aerodigestive tract (the mouth, lips, oesophagus) symptoms.

'People can have reactions to certain things but not be allergic to them. Food intolerances, for example, are a different area altogether.

'Intolerances do not cascade into immune reactions, in loose terms they are a type of 'indigestion' where the body is unable to break down certain types of food and therefore creates a reaction that causes people to become unwell. These are not allergies.'

Whether you have an allergy or an intolerance, any kind of sensitivity can be, at best, annoying and, at worst, completely debilitating.

Furthermore, symptoms can alarmingly appear out of nowhere.

There are numerous stories of people becoming allergic to nuts overnight, or women who have been using the same hair dye for 10 years suddenly becoming allergic to it.

The reason, according to Dr Kuchai, is that our immune systems are evolving all the time.

'Allergies and sensitivities evolve, burn themselves out and new ones will develop throughout your lifetime,' she explains.

'It's not uncommon for people to become allergic to their favourite hair dye or wines, for example, seemingly out of nowhere, which is why there is increasing research into the tannins and sulphites in wine and the rise in popularity of non-chemical vegetable hair dyes.'

If you think you have an allergy, what should you do?

'In the past, if you went to your doctor and told him you thought you were allergic to something, you would probably be given an antihistamine and sent on your way,' says Dr Kuchai.

'Now it's a different approach. The medical profession can now identify problems and manage symptoms a lot more easily than we could in the past.'

Two tests are used to diagnose allergies – a skin prick test and blood tests.

Blood test results can take a few days to come back but skin prick tests are an instant way of They work by introducing various allergens into the skin in micro amounts to see if they trigger a localised reaction.

Up to 30 allergens can be tested for with one skin prick test, including food and airborne irritants.

Once a sensitivity has been identified, there are a number of ways to treat it.

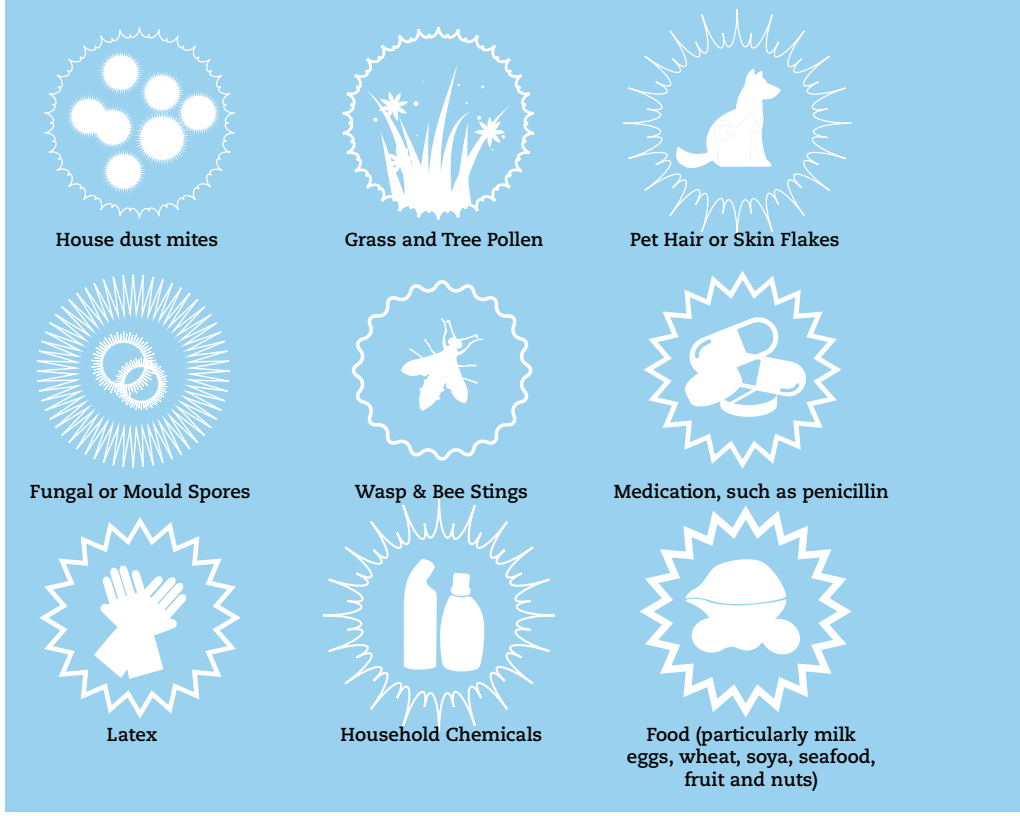
'Immunotherapy is a new technique which is proving to be very popular when it comes to 'curing' allergy,' says Dr Kuchai.

'It works by desensitising a patient to the irritant. Small doses of the stimulant allergen are either injected into the body, or administered under the tongue.

'At The Lister Hospital we can offer bespoke immunotherapy programmes designed for your specific complaint. This is administered over a six-week period each year for three years.

'While these treatments are still new, patients who have undergone immunotherapy have shown a 30 or 40 per cent improvement in symptoms, which is not only significant but life-changing if you are struck down by a debilitating allergy.'

The most common allergies in the UK



HOW DIET CAN HELP TREAT POLYCYSTIC OVARIES

By Sophie Goodchild

Since a teenager, Jo Cox had suffered from cysts on her ovaries as well as crippling period pains.

The cysts eventually grew so large that the 41-year-old had to endure a series of operations to drain them. Yet no doctor could explain her health problems.

In fact, Jo was told her ovaries were essentially normal despite her inability to conceive a longed-for second child.

However, with the expertise of Consultant Obstetrician and Gynaecologist Lawrence Mascarenhas at London Bridge Hospital she was finally able to identify the cause.

A scan by his trusted team revealed immediately that the mother-of-one had textbook Polycystic Ovary Syndrome (PCOS).

PCOS affects millions of women in the UK and is associated with above normal levels of the hormone insulin in the blood.

PCOS patients have resistance to insulin so the body compensates by producing too much.

A raised level of insulin makes the ovaries produce too much male hormone and this can trigger symptoms such as excessive hair growth on the face, and fertility problems because of irregular periods and ovarian cysts.

Being overweight is often another symptom, according to Robyn Coetzee, a specialist dietician also at the London Bridge Hospital.

'Women with PCOS are often overweight around the abdomen area, putting them at risk of diabetes and heart disease,' she explains.

'This is to some degree because of high insulin levels but is also compounded by symptoms such as sugar cravings.'

Healthy eating and healthy meal patterns, however, can help keep insulin and blood sugar levels in check and may also help combat sugar cravings.

Healthy eating and healthy meal patterns can help keep insulin and blood sugar levels in check and may also help combat sugar cravings.

Exercise is also vital for weight maintenance and to improve the body's sensitivity to insulin. It is also crucial in reducing a patient's Body Mass Index (BMI), a measure of someone's weight for their height.

The message, says Miss Coetzee, is to avoid high sugar or high glycaemic index (GI) foods such as sweets, chocolate and white bread.

Limit high fat foods as well and replace these with high-fibre, low GI grains and pulses. Increasing fruit and vegetables and aiming for a good balance in the diet is also key.

'Women with PCOS have a particular challenge with weight, often finding it difficult to lose weight meaning on-going support and encouragement is essential,' says the dietician.

Miss Coetzee stresses the importance of a healthy, well-balanced diet for PCOS patients trying to conceive with nutrients such as folic acid and vitamin D essential for mother and baby.

In Jo's case, there was not one but two happy outcomes thanks to Mr Mascarenhas.

Her son Robin was conceived just six weeks after Jo changed her diet and underwent a procedure to enable her body to ovulate again.

Called Laparascopic Ovarian Drilling surgery, this takes less than an hour and involves treating the ovaries with heat. It corrects the hormone imbalance by destroying the tissue which is producing male hormones, and restores the ovaries to normal function.

Less than two years after Robin's birth, daughter Aurora arrived.

Both babies were delivered by Mr Mascarenhas who also stresses the importance of weight management and exercise. Drugs are also available which can reduce insulin resistance, he points out.

He says: 'Because I'm a gynaecologist and obstetrician, the lovely thing is you can start off trying help a couple conceive, then follow them through pregnancy and birth. It's wonderful.'

Jo Cox with her family

CHECK LIST

- ☒ Avoid high sugar or high glycaemic index (GI) foods such as sweets, chocolate and white bread.
- ☑ Replace these with high-fibre, low GI grains and pulses.
- ☑ Exercise
- ☑ Increase fruit and vegetables

"PCOS affects millions of women in the UK and is associated with above normal levels of the hormone insulin in the blood."

kale

By Tamara Abraham

These days there's no avoiding kale, the US superfood hitting our shores. Not only are its dark green leaves packed with vitamins A and C, London's restaurateurs cannot get enough of it. From a virtuous detox juice to a decadent creamed kale, there are some inspired ways to use it. Here, we bring you three recipes that make the most of the super healthy leaves.

KALE CHIPS

serves four as a snack

1 bunch of either curly or flat kale
Garlic salt
Lemon pepper
A drizzle of olive or sesame oil

Preheat your oven to 200 °c.

Wash the kale leaves then pat till thoroughly dry.

Remove the tough, central stalks.

Dress the leaves with oil, garlic salt and lemon pepper as one would a salad. Add an extra pinch of regular salt if you prefer a stronger flavour. Make sure the ingredients are evenly dispersed.

Bake on a tray for around 10 minutes, check, toss, then bake for another five minutes or until the kale is crispy. If you have a fan oven, your kale may cook a little faster – keep an eye on it – kale can burn in seconds.

Allow to cool for a couple of minutes, then serve.

Note: Kale chips can be stored for about a day in an airtight container.

KALE, ORANGE & AVOCADO SALAD

serves four as a starter or side

1 bunch of flat kale (also known as cavolo nero or Tuscan kale – it's sweeter and more tender than the curly kind so better for eating raw in a salad)
1 large orange
1 large avocado
20g pine nuts
Extra virgin olive oil
Balsamic vinegar
Salt and freshly-ground pepper to taste

Toast the pine nuts in a dry pan until they start to brown. Remove from heat immediately and transfer to a room-temperature plate. Set aside to cool.

Wash and dry your kale and remove the tough stalks. Matt Reuther, head chef at the Princess Victoria gastropub in Shepherd's Bush suggests bruising the leaves with your hands at this stage to make them tender.

Peel and slice the oranges horizontally (so that you have round, juicy pieces rather than segments – the juice infuses the flavour of the dressing.)

Slice the avocado in half and remove the stone. Score the flesh into a three-by-three grid, then scoop out the pieces (the easiest and most mess-free way to cut an avocado).

Gently toss all the ingredients (along with your now-cooled pine nuts) in a salad bowl and cover generously with dressing that is two parts olive oil to one part balsamic vinegar. Add salt and pepper to taste.

Serve immediately – with plenty of bread to mop up that dressing.

WRIGHT BROTHERS' SALMON STEAKS WITH KALE AND PARSLEY CRUMB

serves four as a main dish

4 salmon steaks
500g kale
200g fresh bread crumbs
50g parsley
20ml olive oil
20g salt

De-stalk the kale, wash well and dry.

Mix the kale and parsley in a blender in batches to produce a green crumb.

Combine with the bread crumbs, olive oil and salt in a large bowl. Set aside for one hour in the fridge.

Dress the salmon steaks with olive oil and salt, then pat the kale mix onto the salmon (skin side) and refrigerate for one more hour.

Cook the salmon steaks under the grill for three to four minutes, crumble side-up.

Serve with a simple salad and a drizzle of olive oil.

A guide to PROSTATE HEALTH

Prostate problems affect 40 per cent of men over 50, and three quarters of men over 70 years of age. Here PROFESSOR ROGER KIRBY, one of the UK's most experienced prostate surgeons, explains what the prostate does, what can go wrong with it and the latest treatments available at The Harley Street Clinic and The Princess Grace Hospital.

The prostate is a walnut-sized gland that sits behind a man's bladder. Its main function is to make some of the fluids that make up semen.

For most of men's lives the prostate won't usually give them any trouble but, as they hit middle-age and beyond, urinary symptoms may start to develop. Men may have a weak urine stream and have a feeling of incomplete emptying of the bladder, or they may need to get up a couple of times or more to go to the loo in the night.

For most of men's lives the prostate won't usually give them any trouble but, as they hit middle-age and beyond, urinary symptoms may start to develop

These symptoms are nearly always due to benign prostate disease – an enlargement of the prostate which compresses the urethra (the tube carrying urine to the penis). In a minority of cases, those same symptoms could be due to cancerous growth in the prostate.

I find that many men are still reluctant to come and talk about prostate problems: in most cases they would rather ignore it.

By contrast, women are much more aware of the risks of breast cancer and are more likely to come earlier to see their doctor if they notice a problem.

I try to persuade men that their bodies are like cars, and work better in the long run if they have a regular service.

Prostate problems affect 40 per cent of men over 50, and three quarters of men over 70 years of age

INVESTIGATIONS

Digital rectal examination: If you go to your GP describing the symptoms, his first move will be to examine your prostate gland using a finger (a digital rectal examination or DRE) to check for signs of enlargement.

The prostate is normally the size of a chestnut but can grow to the size of a satsuma or even an orange.

Prostate Specific Antigen test: When the prostate becomes enlarged it secretes increasing amounts of a protein called Prostate Specific Antigen (PSA). Raised levels of PSA can be a marker for either benign prostate disease or, in some cases, prostate cancer. However, raised levels do not necessarily mean that you have cancer. If your PSA levels are raised, you will be referred to a urologist for more investigations.

MRI scan: Nowadays, this would be the next step. I refer most of my patients from The Prostate Centre for whom we might be considering biopsy to 16 Devonshire Street (The Harley Street Clinic Diagnostic Centre) to have a 3-Tesla multiparametric MRI scan, which gives fantastically clear images of the prostate. It means we are able to pinpoint any abnormal areas and take biopsies only from those specific parts. In the past, we just took random samples from the prostate and there was always the chance that we could miss problem areas.

Biopsy: The biopsy determines whether the enlargement is benign or cancerous.

When the prostate becomes enlarged it secretes increasing amounts of a protein called Prostate Specific Antigen (PSA). Raised levels of PSA can be a marker for either benign prostate disease or, in some cases, prostate cancer

TREATMENTS FOR BENIGN PROSTATE DISEASE

Drug treatments for benign prostate disease include an alpha blocker called tamsulosin, which relaxes the bladder neck muscle and the prostate, and a 5 alpha reductase inhibitor called dutasteride, which shrinks the prostate. These drugs can control symptoms in most patients. These days we are also using another drug called tadalafil, or Cialis, which works a bit like Viagra but is longer lasting, as we have found that erectile dysfunction drugs are also good for prostate symptoms. However, drugs don't work for a proportion of men and sometimes surgery is needed.

Surgical treatment includes an operation called TURP (TransUrethral Resection of the Prostate), which has a very high success rate. A thin metal wire with a loop at the end is inserted into the urethra and up through a telescope. An electrical current is then used to heat the loop, which cuts away the obstructing part of your prostate.

Another new treatment at The Princess Grace Hospital is called ***HoLEP*** (Holmium Laser Enucleation of the Prostate), which is particularly suitable for men with large prostates. The aim of HoLEP is to relieve pressure on the tube through which the urine drains (the urethra) by enucleating the majority of excess benign prostate tissue. Like TURP, this is done under a general anaesthetic. It is a major advance and a "bloodless" way of relieving pressure on the prostate.

Normal Prostate Enlarged Prostate

TREATING PROSTATE CANCER

Prostate cancer comes in two main types – a low-grade, slow-growing form which is less dangerous, and a more aggressive, faster growing cancer. We can run tests to find out which type the patient has to determine the way it should be treated.

If the cancer is low-grade, we usually pursue a policy of active surveillance – carrying out regular MRI scans and PSA checks to monitor if the cancer is progressing.

For those with intermediate or high risk cancer, we will usually recommend treatment, either (depending on your age, general health and other factors) with radiotherapy or by removing the prostate gland altogether – an operation called a prostatectomy.

These days our preferred method for removing the prostate is by using the high-precision da Vinci Robot at The Princess Grace Hospital. This gives the surgeon a very accurate picture of the prostate, using x10 magnification and 3D imaging and means there is less nerve damage and a reduced risk of erectile or urinary incontinence problems. It is performed using a keyhole surgery technique.

Other treatments include high-intensity focused ultrasound and new types of radiotherapy using the CyberKnife at The Harley Street Clinic.

I also refer patients to The Wellington, which offers another treatment called Brachytherapy in which radioactive seeds are implanted into the prostate through the perineum.

There are considerably more options now for the treatment of prostate cancer which result in a much safer, smoother and less stressful experience for our patients, improving their survival and their quality of life.

A da Vinci Robot is also used to treat cancer patients at The Christie Clinic, Manchester – HCA's partnership with The Christie NHS Foundation Trust in the North West.

As told to Jo Waters

Q I'm having trouble sleeping and find myself checking emails at all hours of the night. Can you offer any tips on how to get a good night's sleep?

HEALTH ANSWERS

with Dr. Gill MacLeod

Having electronic gadgets in the bedroom is a bad idea on a number of different levels.

We are not unconscious when we're asleep – we respond to sound and light even though our eyes are closed – and when light hits the back of the eye (the retina), it directly affects the hypothalamus (a control centre of the brain which regulates hormones, aspects of behaviour and importantly your body clock) and disrupts your body clock. So light from computers and phones in the bedroom will damage your sleep just by being there.

Having electronic devices in the bedroom also means you never really allow your brain and body to go into full recovery so that it can heal and restore ready for the next day. Every time you respond to something or check your e-mails you are changing your brainwaves and disrupting the restorative value of your sleep.

It also sends a message that people can contact you day or night – even when it is not urgent – and we all need a break from work.

It's hard to stress enough the importance of sleep for good health and well-being: lack of sleep leads to serious problems from weight gain to mood change and depression, and an increased risk of conditions like diabetes and even cancer.

The Sleep Foundation recommends seven to nine hours of sleep every night. People often think that they can 'catch up' on sleep and we know that half of people working

in London don't get enough sleep on work days. This means they go to work tired and not able to fully concentrate and work as quickly and as effectively as they should.

When we sleep well our brains work properly, we consolidate memory and we process the events of the day. MRI scans of brain activity show that when we get enough good quality sleep, we have less activity in the amygdala – a part of the brain associated with heightened emotion and distress – and more in the pre-frontal cortex which is linked to rational thinking.

Planning your sleep so that you wake and get up at the same time each day through the week and weekend is vital for your body clock. If you need a little extra sleep, it is much better to go to bed a couple of hours earlier or even (probably at weekends) take a couple of hours sleep in the early afternoon to 'top up'. The worst thing you can do is to change the time you get up in the morning with a long lie-in as this confuses your body clock and means that Monday mornings feel terrible, just like jetlag

Work and light emitting devices don't belong in the bedroom – we need warm, quiet and dark environments to sleep properly. Ideally we should get our body clocks so settled that we don't even need an alarm clock to wake up at the right time. But if you do need an alarm clock, don't let it be a Blackberry!

10 STEPS TO GOOD SLEEP:

1. Get up at the same time every day – this sets your body clock
2. Keep the bedroom for bed and banish TVs, computers and phones
3. Get relaxed before bed – wind down with music, a hot bath, relaxing reading
4. Avoid caffeine after midday
5. Avoid too much alcohol, it makes sleep unrefreshing and can make you wake in the night
6. Buy the best bed and bedding you can afford
7. Keep light out of the room until you want to wake up
8. Make the room as quiet as possible and the right temperature
9. Keep a notebook by the bed – if you have a worry jot it down so you can think about it in the morning
10. Recognise that sleep is important and go to bed early enough to make sure you get at least 7 hours – you can't catch up, it doesn't work

Dr. MacLeod is a GP and Chief Executive of the private GP practice Roodlane Medical
www.roodlane.co.uk

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Persistent coughs can drive patients to distraction – but The Lister Hospital has a twice-weekly cough clinic to tease out the causes.

By Jo Waters

THE COUGH DETECTIVES

Whether they are hacking coughs, chesty ones, or tickly attacks that strike in the middle of a night or at the theatre, coughs are annoying and debilitating.

Around one in 10 people see their GP for help with their cough, and up to 20 per cent of referrals to respiratory medicine specialists are for cough-related issues.

'For most of us, coughs are just minor irritations and a short-term problem,' says Dr Lieske Kuitert, a Consultant in Respiratory Medicine at The Lister Hospital.

'But the effects of persistent coughs shouldn't be underestimated, they can affect your sleep and leave you feeling exhausted, cause embarrassment in social situations, make you feel socially isolated and trigger depression.'

The Lister Hospital has been running dedicated cough clinics since December 2013. They are staffed by a team of respiratory, ENT and gastroenterology consultants, as well as psychologists, physiotherapists and speech and language therapists to thoroughly investigate and treat patients who have had persistent coughs for more than eight weeks.

'We can co-ordinate all the specialists to test patients for asthma, perform skin-prick tests for allergies, order investigations for acid reflux problems and check out nasal and sinus problems,' explains Dr Kuitert.

'The good news is that 90 per cent of coughs can be cured and for the minority that can't, we have therapies which can lessen their impact.'

The impact of coughs on work life can be huge. Dr Kuitert saw one patient who was told by their employer they would no longer be allowed to deal with clients and would be assigned to backroom paperwork as their coughing fits were causing embarrassment.

'Another patient had battled with a persistent cough for nine years and tried numerous treatments,' says Dr Kuitert.

'His health insurers refused to cover him for any more treatments as it seemed doctors had exhausted every avenue. But we managed to cure him in a day as we discovered his cough had two causes and he had only ever been treated for one at a time.'

Causes of coughs

Dr Kuitert says the three commonest causes of coughs in adults are:

- Upper airways syndrome (also known as post nasal drip): A chronic inflammation at the back of the nose or sometimes the sinuses which causes mucous to drip down and irritate the nerve endings at the back of the throat.
- Acid reflux: Where stomach acid irritates sensitive nerve fibres below the oesophagus.
- Cough variant asthma: This is a type of asthma in adults where cough is the main symptom and patients don't have the classic breathlessness and wheeze normally associated with the condition.
- Other causes of persistent cough include allergies, lung diseases including bronchiectasis (a cause of chronic cough which produces sputum), lung fibrosis and lung cancer – although this is rare (see box below).

Drug side-effects

'Another cause of persistent coughs are side-effects of medication, particularly some ACE inhibitors,' says Dr Kuitert.

'What we've learned is that the coughing can start several months or even years after the patients has started taking the medication, so the pills aren't always easy to identify as the cause. Also, when the patient stops taking the medication it can take 12 months or so for the cough to go away.'

What works

Dr Kuitert says cough medicines don't work in most situations. In fact, they can irritate the nerves at the back of the throat and lead to a persistent cough rather than relieve it. However, honey appears to be beneficial.

Lifestyle changes can also help. Food and drinks containing caffeine and alcohol may relax the ring of muscle at the entry to the stomachs and allow stomach juices to come up and irritate nerves below the oesophagus and cause coughing – so cutting those out is worth trying. Small changes such as changing your sleeping position so your head is propped up at an angle can also be effective.

Dr Kuitert says physiotherapists can help patients by teaching them how to breathe to interrupt the coughing cycle and suppress a cough, and distraction techniques such as drinking a glass of water can be helpful. Psychologists may be to help those patients for whom coughing has become a habit.

'My message is there is always something we can do about coughs,' says Dr Kuitert. 'We run a service which can really help patients and take some of the burden of coughs off GPs.'

When a cough may be a sign of lung cancer

In some cases, a persistent cough can be red flag for serious underlying health problems including lung cancer. Around 24,000 people a year receive a lung cancer diagnosis at a late stage and it kills 28,000 people annually. It is more treatable the earlier it is detected.

The main symptom is a persistent cough for three weeks or more. Other symptoms include:

- a cough that has got worse or changes
- repeated chest infections
- coughing up blood
- breathlessness
- feeling more tired than usual for some time
- losing weight for no obvious reason
- an ache or pain in your chest or shoulder that has lasted some time ends

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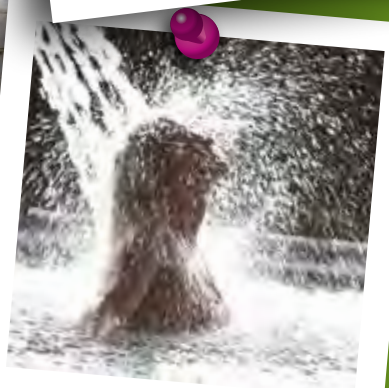

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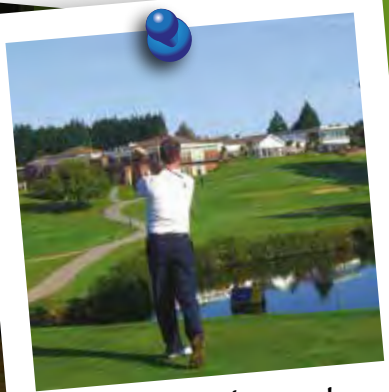

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YOGA

By Nicole Mowbray

It is well known for increasing body strength, flexibility and calming the mind.

But yoga has real health benefits too including improving the symptoms of stress, insomnia, digestive problems, acne, back pain, high blood pressure, arthritis and asthma, according to research.

It can also be done by anyone regardless of their age, shape, size, level of fitness or flexibility.

That's because yoga is a very personal discipline and the series of postures it involves - traditionally referred to as 'asanas' – can be tailored to individuals' abilities and needs such as expectant mothers or people with injuries.
There are even forms that can be done on a chair to help people who have problems getting up from a low height.

James Muthana, founder of YogaAt which organises yoga programs for individuals and companies, explains: 'The pace of modern life, the ubiquity of technology and the often overwhelming demands of the modern workplace mean our bodies and minds are often permanently in a state of 'flight or fight' – flooded with adrenaline and cortisol (the stress hormone).

'This elevates the heart rate, raises blood pressure and increases our rate of respiration.

'The mental focus and deep breathing associated with yoga help to reduce and reverse the damage caused by all of these.'

Numerous studies have now shown the health benefits of yoga.

A 2013 study by Pennsylvania University found that regular practice reduced blood pressure readings, while other studies have found the discipline improves the symptoms of arthritis and heart disease.

As some intensive aerobic forms of yoga can burn several hundred calories in a session, it can help with losing weight or getting fit.

And yoga has also been praised for helping older people reduce their chances of suffering a fall by helping improve their strength and balance.

Although yoga can be traced back to ancient India, people have been doing it in the West for a couple of hundred years. Its champions include The Beatles who met Swami Vishnu-Devananda (the founder of a form of yoga called Sivandana Yoga) while they were filming "Help!" in the Bahamas.

So what do you need to know before trying yoga?

First of all, there are several different types of yoga. According to Tegan Haining, of the gym Bodyism, the most common forms are Hatha, Iyengar and Asthanga yoga.

'Hatha is a slow and gentle meditative technique that focuses on breathing,' says Tegan. 'It's a popular form to do during times of stress or anxiety. Iyengar yoga is great for rehab and focuses on postural alignment. When you go to your first class, don't be alarmed to see a basket of props at the front of the room – blocks, cushions, straps and blankets.

'These tools are only used to help ease the body into postures you may find difficult (touching your toes, for example).

'Ashtanga yoga is another common form. It's also known as power yoga and quite an intensive aerobic workout with flowing routines that quickly have you working up quite a sweat.'

If you are taking up yoga for the first time then find a good beginner or mixed level class.

Having an instructor, at least at first, is likely to be beneficial as they can guide you through the positions.

No specific qualifications are required to teach yoga in the UK, but it's good to look for someone that has a teaching certificate and accreditation from a yoga association such as the British Wheel of Yoga (www.bwy.org.uk).

Mats to exercise on are normally provided by classes or can be picked up relatively cheaply.

Classes are normally between an hour and 75-minutes, are carried out bare foot, begin with a warm-up and end with a few minutes of silent relaxation. Comfortable clothing which allows you to move and stretch should be worn.

Types of yoga

Bikram or 'Hot' Traditionally, Bikram yoga is performed in 105 degrees heat and 40 per cent humidity. While it builds up a sweat, studies at the University of Wisconsin have recently found this discipline is no more beneficial than less intense forms of the practice.

Hatha Uses slow gentle movements and focuses on the breath. Good for stress relief.

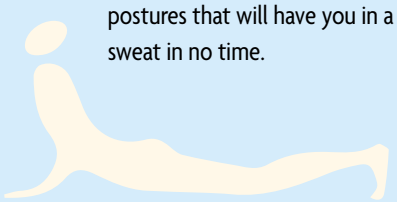
Vinyasa flow A rhythmic sequence of yoga moves linked together. These classes always start with a sequence of moves called sun salutations.

Kundalini Focuses on the core and lower back.

Iyengar yoga A very popular form of yoga in the UK which some would describe as 'general' all-round yoga.

Prenatal Lots of breathing exercises together with gentle stretching, help with posture and relaxation exercises to keep expectant mums in good shape pre-baby.

Ashtanga Otherwise known as power yoga, this is a fast sequence of challenging postures that will have you in a sweat in no time.



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Louise Eastland

Modern Matron of the Paediatric Intensive Care Unit, The Portland Hospital, London.

Q WHAT DO YOU DO?

A I'm the senior nurse on the Paediatric Intensive Care Unit (PICU) which looks after children from birth up to about sixteen. It's my job to manage all the nurses on the unit and make sure things run smoothly.

Q PRACTICALLY, WHAT DOES THAT ENTAIL?

A I generally work a standard Monday to Friday, nine to five week, and in that time, I try to attend most ward rounds and make sure that the staff, children and their parents know that I'm around if they need to talk to me about anything at all. I think it's important that, even though I'm a manager, I still maintain a clinical focus, so a couple of times a month, I'll do a nursing shift – which is a 12-hour day or night shift.

Q DID YOU ALWAYS WANT TO BE A NURSE?

A Yes, I went into hospital with pneumonia when I was seven years old and had a really nice nurse looking after me. I decided there and then that that was what I wanted to do when I grew up.

Q WHAT TRAINING DID YOU HAVE TO DO?

A After taking my A-Levels I went to nursing college in London. The first part of my course was more generalised and covered adult nursing as well as maternity nursing, but then the focus was entirely on paediatric nursing.

Q WHERE DID YOU WORK BEFORE THE PORTLAND?

A After I graduated I went to the Royal Berkshire Hospital in Reading and worked as a general paediatric nurse for a year, then I spent time at London's University College Hospital working in paediatric oncology, before moving to PICU at St Mary's in Paddington.

Q WHY DID YOU WANT TO MOVE INTO THE PRIVATE SECTOR?

A I'd enjoyed working within the NHS but wanted to gain an understanding of the differences between the NHS and the private sector. I've now been here around eight months and I think that the working environment is very pleasant. One of the great advantages of working in the private sector is that changes to improve services can be made very quickly.

Q AND WHAT WAS THE ATTRACTION OF THE PORTLAND?

A I came for a visit and was very impressed with the place. All the people I met were very friendly and they placed a high importance on patient safety and quality of care which really chimed with my philosophy.

Q WHAT'S THE BEST PART OF YOUR JOB?

A I enjoy the clinical aspects of what I do. But now that I'm in a management role as well, I can work on the big picture too. I can influence the way that things are done to improve outcomes and the experiences that our patients, their families and the staff here have, which is very satisfying. Ultimately, working hard to make a patient feel better and then seeing them go home with their family is very rewarding.

As told to Claire Coleman

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WHY YOU SHOULD ADD CHILDREN TO YOUR PRIVATE MEDICAL INSURANCE

By Sophie Goodchild

A healthy child is a top priority for any parent. The NHS provides first-rate care for children but there may be instances when you want more choice and flexibility than the NHS can offer. So it's worth considering putting your children on your private medical insurance (PMI).

There are several benefits of covering your child such as:

Appointments outside school hours

Prompt access to healthcare at a local private hospital of your choice is another reason why most parents add their children, says James Glover from healthcare company Simplyhealth.

'Children can be seen quickly by a consultant and, should they need it, undertake treatment at a place and time convenient to them and their child,' he says.

Home comforts

'Hospitals can be daunting places for children, but you can ensure they have their own room with some home comforts, making their stay that bit more comfortable.' For example, food can be ordered from a room service menu at any time.

Flexibility on both visiting hours and treatment times

Rosanna, for example, was diagnosed with scoliosis – where her spine was 'S' shaped – and underwent treatment at The Portland Hospital. Going private meant her surgery was scheduled during the holidays so she didn't miss school.

During Rosanna's hospital stay, The Portland provided her mother Helen with a fold-out bed so she could sleep in Rosanna's room. Also, visiting times were unrestricted.

'When Rosanna was in recovery, I was able to sit with her with no concern of visiting times and my husband could visit before and after work,' says Helen. 'This was a time when we really needed the support of our family and having them with us made all the difference.'

Access to medical procedures not offered routinely by the NHS because they're deemed not essential or there are long waiting lists

These include birthmark removal, grommets for ear infections and tonsils.

Yet waiting list delays for simple procedures such as grommets can have wider implications on speech development if ear infections cause hearing loss at a crucial age of development.

Your child could be eligible for these procedures under PMI as well as for certain medication not generally offered by the NHS, according to John Dubois from Axa PPP healthcare.

'It can include paying for treatment not routinely provided by the NHS – for instance, treatment with licensed drugs not recommended for NHS use by its evaluation authority, the National Institute for Health and Care Excellence,' he says.

Reasonable cost

The cost of adding children aged up to 18 to your insurance is around an extra £12.99 a month per child.

Some insurers offer discounts for any additional children you add to the plan – or provide them with medical insurance for free.

Bear in mind though that PMI won't cover everything – basically, it covers new medical conditions which arise after the member joins.

John Dubois adds: 'Private healthcare cover is designed to complement rather than replace all the services provided by the NHS. It's not intended to cover all eventualities – for example, GP services are generally excluded.'

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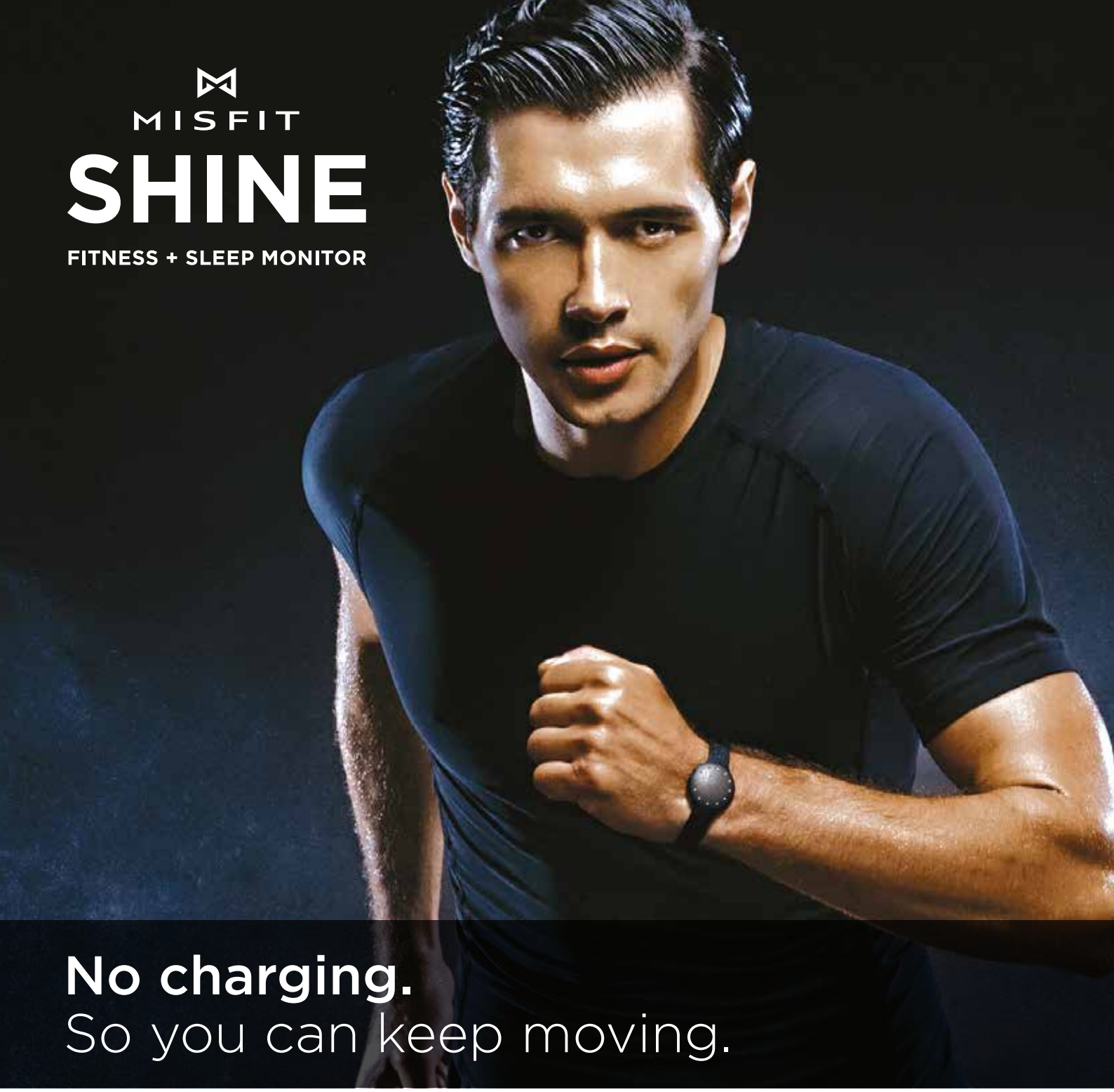

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How to TRAVEL SAFELY with a health condition

By Sophie Goodchild

The simple steps you can take for a trouble-free break

Travelling with a health condition needn't be off-limits – even to off-beat destinations.

However, there are some basic preparations and checks you need to make, especially if you are heading abroad.

First, there's insurance to consider in case you do end up needing medical help.

If you're a UK citizen and travelling within the EU, then a European Health Insurance Card (EHIC) is a must.

This entitles British passport holders to reduced cost and sometimes free medical treatment. You can apply for one free online at **www.ehic.org.uk**

But remember, this doesn't cover you for everything so buy travel insurance as well and talk to the insurer about the small print, says travel health expert Nigel Dowdall.

'One of the biggest issues we find are passengers thinking they're covered and they're not,' says Nigel, head of the aviation health unit at the Civil Aviation Authority (CAA).

'An EHIC card only covers you for the medical care citizens of the country you're going to would receive, not for getting you back home in a medical emergency. Another common mistake is people think a country like Turkey is part of Europe – it's not. Do your homework before you travel.

His advice is to talk to your GP or consultant before even booking a flight if you've got an existing health problem such as diabetes, a heart condition or a respiratory disease like asthma, or if you've just had a medical procedure.

If the doctor gives the go-ahead, do also talk to your chosen airline about your fitness to fly.

British Airways (BA) has useful guidelines at www.britishairways.com on travelling with certain medical conditions.

There's also advice on how long to wait after surgery before flying.

With a broken bone set in a cast, for example, the recommended wait is 48 hours on a flight over two hours and 24 hours before flying on a shorter service.

Dr Mark Popplestone, from BA's health service team, says this avoids issues 'relating to pressurisation' of the aircraft cabin such as your leg or arm swelling up.

After a heart attack, BA advises not flying for at least four weeks.

If you've been diagnosed with an infectious disease such as measles or hepatitis B then you won't be allowed on board. There's no flying ban on travellers with HIV but countries such as Saudi Arabia impose entry restrictions on those who plan to stay longer than 30 days.

'We have a dedicated passenger medical clearance team and we would ask anyone who has concerns about their fitness to fly to contact us so we may advise on any precautions that need to be taken,' says Dr Popplestone.

Medication is another issue to consider – not only what to take but how and where to store it as temperature and humidity can have a dramatic impact on medicines.

Stephen-Andrew Whyte, lead clinical pharmacist at The Portland Hospital, says always follow the storage instructions on the outer pack or patient information leaflet.

Make sure you take enough medication and minimise your risk by having paperwork with you that explains your medical condition in case you fall ill.

'Significant deviations above or below the recommended temperature may result in medicines not working efficiently,' he warns.

Medicines which require refrigerated storage should be kept between two to eight degrees centigrade 'at all times'.

'Periods where the medication is stored out of the fridge should be as brief as possible and it should be in a cool, dry place,' recommends Stephen.

'When you reach your destination, place the item in the refrigerator as soon as possible.'

Also don't forget that travelling across international time zones may affect when you take your regular medicines.

If there's more than a couple of hours' difference, you could end up taking your medicines at inconvenient times of the day or night.

Stephen advises: 'It may be easier to gradually adjust the times that you need to take your regular medicines to fit in with the local time.'

A letter from your doctor stating the medication necessary for your health condition is advisable.

You will need to show this letter at airport security if you're carrying it in your hand luggage.

The limit for liquids is usually 100ml, but this doesn't apply if it is for 'essential medical purposes', according to the UK Government website www.gov.uk

Deepa Khatri, clinical advisor for Diabetes UK, recommends storing medication in hand luggage in case your hold luggage goes missing.

A vacuum flask or cool bag is useful for insulin, or even bubble wrap. Again, check with the airline's on board policy. Some operators, says Deepa, prefer cabin crew to take medication away to store during the flight.

However, most airlines won't have an on-board fridge and won't allow medication in the on flight food cabinet.

Patients with diabetes should take enough snacks for the flight and opt for the 'normal' menu instead of the diabetic choice which is low in carbohydrates, according to Deepa.

So the message for travelling with a health condition is do your planning. Make sure you take enough medication and minimise your risk by having paperwork with you that explains your medical condition in case you fall ill.

NHS Choices guide to medical care within Europe

www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/Pages/EEAcountries.aspx

British Airways guidelines on travelling with medical conditions

www.britishairways.com/en-gb/information/special-assistance/medical-conditions

Official Government guidance on hand luggage restrictions and foreign travel advice

www.gov.uk/hand-luggage-restrictions/overview

www.gov.uk/foreign-travel-advice

Diabetes UK helpline 0345 123 2399

www.diabetes.org.uk/Guide-to-diabetes/Living_with_diabetes/Travel-and-insurance/

British Lung Foundation Helpline on 03000 030 555

www.blf.org.uk/Page/Travel

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Stopping painkillers cured teen's headaches

When 13-year-old Zoë Brewerton's life was turned upside down by crippling headaches, it took expert paediatric knowledge – and a rather unexpected solution – to make the pain go away.

IN September 2012, Zoë Brewerton, from London, started to suffer from what she thought were bad headaches.

'They were so bad I couldn't turn any lights on, couldn't get out of bed, felt really nauseous and utterly exhausted,' recalls Zoë, now 14.

And, it wasn't just a one-off, these headaches were happening every day.

Over the following months, her mother, Carina, took her to see a number of different doctors who prescribed everything from paracetamol and migraine pills to nasal sprays and even a drug usually used for muscle spasms in the digestive system. But nothing really worked.

Complementary treatments, such as physiotherapy, acupuncture and osteopathy helped reduce the severity of the pain, but Zoë remained exhausted and unable to go to school or to live a normal life.

'I remember when I heard her laugh properly for the first time in months. I started crying. It was almost as if I could breathe again.'

'There were times when all I could do was put a cold compress on her head and hold her,' says Carina. 'It was horrible not knowing what was causing it, or how long it was going to last.'

In a bid to get to the bottom of the problem, Carina sought out Dr Maria Kinali, Consultant Paediatric Neurologist at The Portland Hospital and that was when matters took an upward turn. She prescribed Zoë a beta-blocker, Propranolol (a drug used to treat migraines), and it seemed to help.

By February 2013, although still tired much of the time, Zoë was able to start studying again, with an on-line school. However Dr Kinali was concerned that the drugs weren't giving the results they should be.

In December 2013, she proposed an out-patient procedure called Great Occipital Nerve Block therapy.

'There are two occipital nerves – greater and lesser – at the back of the head, just above the neck,' explains Dr Kinali. 'There are thought to be four major "trigger points" along the course of the peripheral nerves that may cause migraine headaches and the greater occipital nerve is one of them.

'Injecting this nerve with a combination of local anaesthetic and a steroid has been shown to treat for days or weeks chronic migraine headaches like Zoë's.

'In Zoë's case, not only was the preventative medication that she was taking of limited benefit, but the painkillers were not relieving her headaches either and initially had made them worse. 'As a result, I wanted to get her off the painkillers, thus removing any headaches caused by the drugs, and try an occipital nerve injection.'

It worked. Within a few days of the injection, Zoë's sensitivity to light and sound had been resolved, and her headaches were reduced by more than 50 per cent.

'It really was quite amazing,' says Carina. 'She was able to walk into a brightly lit room and not be in pain, and we could play music in the house again. I remember when I heard her laugh properly for the first time in months. I started crying. It was almost as if I could breathe again.'

Zoë has since had two further injections on the other side of her head, and continues to make good progress.

'I'm so much better that I don't even have words to describe how much better I feel. I'm pretty well back to normal. It makes a really lovely change.'

As told to Claire Coleman

10 BEST FIT BANDS

FITBIT FLEX

The Fitbit Flex is the most popular fit band on the market thanks to its LED display, sleek look and wide variety of colours. It is reasonably-priced, tracks steps, distance and calories, monitors your sleep and can even be worn in the shower.
£79.99, www.fitbit.com/uk

NIKE+ FUELBAND SE

This looks sportier than most with its neon piping and Nike 'Swoosh'. The LED display means you can see your progress without checking the accompanying app, and it reminds you to move if you have been inactive for over an hour. It comes in three sizes and four colours including neon pink and plain black. £129, www.store.nike.com/gb

JAWBONE UP24

The Jawbone Up's fashion-led look makes it one of the most covetable fit bands out there. Instead of a wrist display, your movement and sleep is displayed on the accompanying Up app. It creates fitness, diet and sleep goals – and you can even track food intake by scanning barcodes.
£124.99, www.selfridges.com

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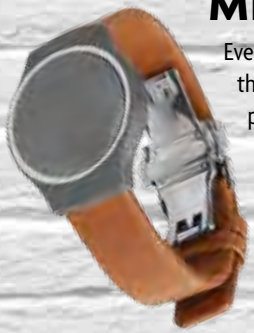

Everything about the Misfit Shine is adorable, from the name to its look. But it delivers in terms of performance too, with experts consistently rating it as one of the best fitness trackers available. It claims to tell the difference between various activities, and also tracks your sleep. The unobtrusive coin-shaped sensor can be worn on a leather wristband, as a necklace or on a hook.
£99.95, www.johnlewis.com

POLAR LOOP

What it may lack in style, the Polar Loop makes up for in value for money. It tracks your daily activities at five levels, posts inactivity alerts and offers both short and long-term analysis of your movements. The Polar Loop is compatible with a heart rate monitor and is also waterproof.
£69.49, www.wiggle.co.uk

FITBUG ORB

The Fitbug Orb is easiest on the pocket at just £49.95. It looks like a watch with a round face and digital display, but like the Misfit Shine, can be worn as a clip or pendant too. It tracks movement, fitness goals and sleep, but doesn't have an alarm. If simplicity is what you are after, however, this is your band.
£49.95, www.fitbug.com

WITHINGS PULSE O2

The sophisticated Withings Pulse O2 boasts a heart rate monitor and blood oxygen monitor so you can see how efficiently you are breathing. It offers real time coaching and the display is very clear – users can swipe the touch screen display to track different activities and view data. £99.95, www.amazon.co.uk

JAYBIRD REIGN

Jaybird is best known for its headphones, but the launch of its Reign fit band this autumn promises to shake up the market. It tracks various kinds of activity differently, has a sleep tracker and will even prompt you to be active when your body is most ready for a workout. Available in black, white and neon yellow. Price TBA, www.jaybirdsport.com

LG LIFEBAND TOUCH

The rubber band of the brand new LG Lifeband Touch is not a complete loop, so it slips on and off easily. We liked the swipe display and the fact that it works with a number of different apps, not just the LG one. The band's coolest feature, though, is that it can be used with LG Heart Rate Earphones which measure heart rate via the inner ear. £119.99, www.expansys.com

GARMIN VIVOFIT

The look of the Garmin Vivofit is quite clunky, but it is also highly functional. We like that it displays the time along with a red 'Move' bar that builds when you have been sitting too long. It can by synced with a heart rate monitor too, so you can get more accurate information about calories burnt. £99.99, www.buy.garmin.com

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