

Winter 2018



Excellence in healthcare
personal to you



Chronic back pain

Recurrent and chronic back pain is a growing problem in society and places enormous pressure on health services. Patients often feel frustrated and believe there is no hope.

The early assessment and targeted management of back pain is essential in improving outcomes, quality of life and reducing the overall impact to the economy.

The Centre for Clinical Physiotherapy, at St Joseph's Hospital, has for the past 4 years adopted the evidence based approach endorsed by Arthritis Research UK whereby care is delivered in a stratified targeted manner. We utilise the STaT Back screening tool for all patients attending with back pain. This tool identifies key clinical factors which help to predict outcomes for individuals with back pain. Factors which can be identified by treatment are pin pointed. The STaT back tool serves as a screening tool to help determine prognosis and appropriate treatment paths. Nine factors determine whether someone is low, medium or high risk and helps target appropriate treatment.

Patients in the high risk group have been shown to require psychological support and input to managing their condition effectively. Simply treating their symptoms is not enough and results in dependency and frustration. Physiotherapists at our Centre have specific training in assessing and managing patients with often complex



psychosocial elements to their back pain. When assessing individuals with low back pain we aim to keep a broad mindset and emphasis is placed on treating the whole patient. We discuss their expectations and prognosis and focus on the psychosocial treatment with the individual. Our team of physiotherapists also works alongside Kerry Williams, a counsellor and psychotherapist at St Joseph's Hospital, to provide a combined approach for particularly complex patients; whereby psychosocial factors may present a barrier to progress and rehabilitation.

If you feel that one of your patients could benefit from a referral to our team then please do not hesitate to contact us. Physiotherapy appointments are from £55 for a new assessment/treatment and £44 for follow-up treatments and we aim to provide all referred patients an appointment within 72hours. We also accept insured patients from all major providers

For more information regarding this service, please call **01633 820 300** or visit our website www.stjosephshospital.co.uk

Pelvic Health

Around a third of all women suffer with urinary incontinence, and more than 60% never seek help due to the embarrassment or belief that leakage is normal. Up to 60% of parous women have pelvic organ prolapses, but only around 3% will approach their GP for help.

The continence of most men who have a prostatectomy improves over time but many will still be using pads over a year later. All of this is important because if you're leaking or uncomfortable you're unlikely to be active and this can lead to obesity and other life-limiting illnesses.

Evidence shows that with 3 to 5 months of supervised pelvic floor muscle training most women and men can get dry. The same is true for pelvic organ prolapse, even up to a grade 3. The evidence is so compelling that NICE guidance states physiotherapy should be considered as an effective first line treatment for urinary incontinence and prolapse.

At the Centre for Clinical Physiotherapy we have a specialist Pelvic Health service, providing evidence-based healthcare in a confidential and supportive environment. Jilly Bond, our Clinical Specialist Physiotherapist, treats both men and women with continence issues using the most up to date techniques and equipment.

Pelvic Pain

Treating pelvic pain can be complex, and it's something that we specialise in at St Joseph's Hospital. Patients seeking help with their chronic pelvic pain benefit from treatment in our hydrotherapy pool, using our Alter-G anti-gravity treadmill and have individual manual therapy from our Clinical Specialist. Working closely alongside our Consultant colleagues ensures we're able to enhance the treatment of distressing intra-pelvic issues whilst helping patients to best manage their pain.

Performance

"When can I run again?" From postnatal women with stress incontinence returning to exercise to those post-op, returning to high level sport with gynaecological issues is difficult. At the Centre for

Clinical Physiotherapy we provide performance assessments using video analysis to optimise our clients' return to exercise, whilst treating any pelvic health issues they may have on the way.

But it's not just for women! Our experienced Clinical Specialist has worked with sportsmen from triathletes to body builders and rugby players who find they suffer from pelvic, groin or back pain when they're active or competing. Our performance assessment allows for a complete view of their pelvic biomechanics, restoring optimum performance and return to pain-free participation in sport.

For more information regarding this service, please call **01633 820 300** or visit our website www.stjosephshospital.co.uk



Slim without Surgery

Leave Dieting Struggles Behind with New Weight Loss Injection Programme



If you're not getting the weight loss results you want from dieting, you're not alone. It isn't easy to reduce your portions and calorie intake when you're constantly battling hunger and temptation. That's why so many diets 'fail', leaving you in that yo-yo cycle of weight loss and regain.

The effects of being overweight however are widespread. Not only impacting your health by increasing your risk of developing conditions such as Type 2 diabetes, high blood pressure and some cancers, being overweight can also hugely affect your quality of life and self-esteem. A high body mass index (BMI) can even be a barrier to receiving other kinds of treatment or care, with many patients needing to lose weight before being accepted for a knee replacement, IVF treatment or cosmetic surgery.

At St Josephs, in partnership with weight loss specialists Slim Without Surgery, we're pleased to launch a new weight loss programme that helps you break the yo-yo cycle and lose 2.5 times more weight than dieting alone.

Results differ for everybody but as a guide, we aim for a weight loss of 10% of your starting weight (average 1-2stone / 6-12kg) in the first course of treatment.

The programme is fully medically supervised with an initial consultation and blood test with one of our GPs, followed by online and telephone support from the specialist nursing team, throughout the programme.

For more information regarding this treatment, please call **01633 820 300** or visit our website www.stjosephshospital.co.uk



At the heart of the programme is Saxenda®, a prescription medicine that suppresses your appetite and keeps you feeling full and satisfied.

With a simple daily injection that you do at home, you eat less without hunger, meaning weight loss is no longer a struggle.

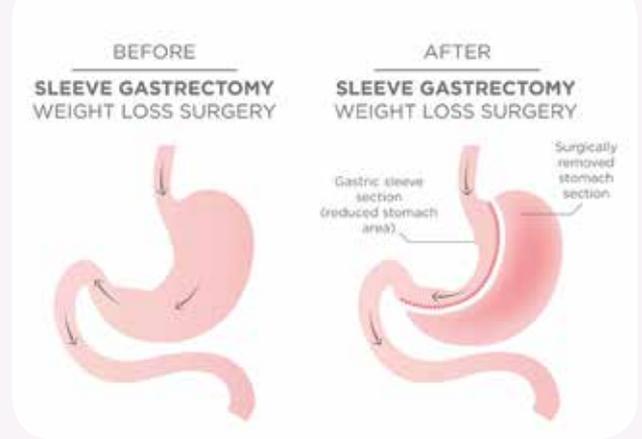
Sleeve Gastrectomy

Sleeve gastrectomy is a surgical weight-loss procedure in which the stomach is reduced to about 15-20% of its original size.

This is achieved by the surgical removal of a large portion of the stomach along the greater curvature. The result is a sleeve or tube like structure. The procedure permanently reduces the size of the stomach, although there could be some dilatation of the stomach later on in life. The procedure is generally performed laparoscopically and is irreversible.

The Gastric Sleeve is an ideal choice of procedure for people who want a permanent solution, but prefer not to have an implanted device, such as a gastric band or balloon. This is an exciting weight loss option that combines many of the advantages of a gastric band with those of a gastric bypass.

Sleeve gastrectomy was originally performed as a modification to another bariatric procedure, the duodenal switch, and then later as the first part of a two-stage gastric bypass operation on extremely obese patients for whom the risk of performing gastric bypass surgery was deemed too large. The



initial weight loss in these patients was so successful it began to be investigated as a stand-alone procedure.

Today, sleeve gastrectomy is the fastest-growing weight loss surgery option in North America, Europe and Asia. In many cases, but not all, sleeve gastrectomy is as effective as gastric bypass surgery, including weight-independent benefits on glucose homeostasis. The precise mechanism that produces these benefits is not known.

Mr Samir Rahmani Dip, MSc, MD, FRCS (Eng)
Consultant Upper GI, Laparoscopic and General Surgeon

"I qualified from Baghdad Medical School in 1999 and then undertook most of my Basic Surgical Training in Leeds Teaching Hospital, Yorkshire. During this time I obtained two degrees from the University of Hull (Diploma in Social Health and MSc in Education, Research & Development) as well as a further third degree from the University of Leeds (Medical Doctorate in Surgery). I then moved to South Wales for my Higher Surgical Training and spent most of my time performing cancer resections of the stomach and oesophagus. My academic degrees have bridged the gap between clinical practice and research methodology. I am a JAG (Joint Advisory Group on GI Endoscopy) accredited endoscopist and therefore, competent to a standard commensurate with independent specialist practice.

I am appointed as a Consultant Upper GI, Laparoscopic and General Surgeon in Aneurin Bevan Health Board, based at Nevill Hall Hospital. I am currently undertaking a wide range of laparoscopic procedures throughout the Health Board. I consider myself honest, hard-working, friendly, and very motivated, always aiming for clinical excellence. I have outstanding communication skills, evident from patient and colleague feedback. I am regularly involved in teaching and training doctors and students at various levels".

He holds the following professional memberships:

1. Member of the British Obesity and Metabolic Surgery Society
2. Member of the Association of UGI Surgeons UK
3. Board member of the Welsh Obesity Society
4. Trustee of the Association for study of Obesity
5. Fellow at the Royal College of Surgeons of England



Mr Samir Rahmani



Consultant guide

Audiology

Richard Gale

BreastCare

Mr Christopher Gateley
Mr Kelvin Gomez
Miss Valentina Lefemine
Mr Charlie Chan

Cardiology

Dr Stephen Hutchison
Dr Philip Campbell
Dr Nigel Brown
Dr Andrew Williams
Dr James Cullen
Dr Shawmendra Bundhoo
Dr Christoph Mädler

Chemical Pathology and Metabolic Medicine

Dr Nadia El-Farhan

Clinical Neurophysiology

Dr Benny Thomas

Cosmetic Surgery

Mr Anthony MacQuillan

Counselling

Kerry Williams

Dermatology

Dr Caroline Mills
Dr Richard Goodwin
Dr Natalie Stone
Dr Nabil Ponnambath

Diabetes & Endocrinology

Dr Kofi Obuobie
Professor Peter Evans
Dr Andrew Lansdown

ENT

Mr Stephen McDonald
Mr Ali Raza
Mr Patrick Cuddihy
Mr Duncan Ingrams
Mr Carl Passant
Mrs Julia Addams-Williams

Gastroenterology (including weight loss)

Dr Vivek Goel
Dr Nimal Balaratnam
Professor Nadim Haboubi
Dr Peter Neville
Dr Marek Czajkowski

General Surgery

Mr Brian Stephenson
Professor Ashraf Rasheed
Mr Keshav Swarnkar
Mr Michael Nutt
Mr Gethin Williams
Mr Ahmed Shandall
Mr E. Steve Mckain
Mr Krishnamurthy Somasekar
Mr Vincent Chamary
Mr Rhodri Codd
Mr Samir Rahmani

Gynaecology

Mrs Rohini Gonsalves
Mr Gareth Edwards
Mrs Makiya Ashraf
Ms Anita Nargund
Mrs Sajitha Parveen
Professor Nazar Amso

Haematology

Dr Husni Habboush

Interventional Radiology

Dr Nimit Goyal

Menopause Service

Dr Charlotte Fleming

Neurology

Dr Kenneth Dawson
Dr Fady Joseph
Dr Gareth Llewelyn

Neurosurgery

Mr Ravindra Nannapaneni

Occupational Health

Dr Carly Atkinson
Dr Brenda Ferrao

Ophthalmology

Mr Chris Blyth
Mr Andrew Feyi-Waboso
Mrs Rita Sengupta
Mr Desmond O'Duffy
Mr Michael Andrew Roberts



Oral & Maxillofacial

Mr Richard Parkin

Orthopaedic Medicine

Dr Simon Hannaford-Youngs

Orthopaedic Surgery

Ankle

Mr Kartik Hariharan
Mr Yogesh Nathdwarawala
Mr Sujit Kadambande

Elbow / Arm

Mr Ro Kulkarni
Mr Andrew Rogers
Mr Hemang Mehta
Mr Michael Thomas

Foot

Mr Kartik Hariharan
Mr Yogesh Nathdwarawala
Mr Sujit Kadambande

Hand / Wrist

Mr Andrew Rogers
Mr Vasudev Shanbhag

Hip

Mr Phillip Alderman
Mr Aled Evans
Mr Mark Lewis
Mr Gordon Gillespie
Mr David Baker
Mr John Lloyd
Mr Daniel Parfitt

Knee

Mr Phillip Alderman
Mr Aled Evans
Mr Mark Lewis
Mr Gordon Gillespie
Mr Huw Pullen
Mr David Baker
Mr John Lloyd
Mr Daniel Parfitt

Shoulder

Mr Ro Kulkarni
Mr Huw Pullen
Mr Hemang Mehta
Mr Michael Thomas

Spine

Mr Abraham Manoj Thomas
Mr James Cordell-Smith
Mr Ash Khurana

Spinal Neurosurgery

Mr Ravindra Nannapaneni

Orthotics

Douglas Young

Osteopathy

Andrew Lewis

Pain Management

Dr Tzvetanka Ivanova-Stoilova
Dr Sonia Wartan

Podiatry

Richard Green

Psychology

Dr Leonie Jones

Renal Medicine

Professor Stephen Harper

Respiratory Medicine

Dr Patrick Flood-Page
Dr Sara Fairbairn
Dr Jose Thomas
Dr Andreea Ionescu

Rheumatology

Dr Stuart Linton
Dr Syed Ayas
Dr Robert Callaghan

Stroke Clinic

Dr Yaqoob Bhat

Urology

Mr Christopher Bates
Prof Raj Persad
Mr Adam Cox

Vascular Surgery

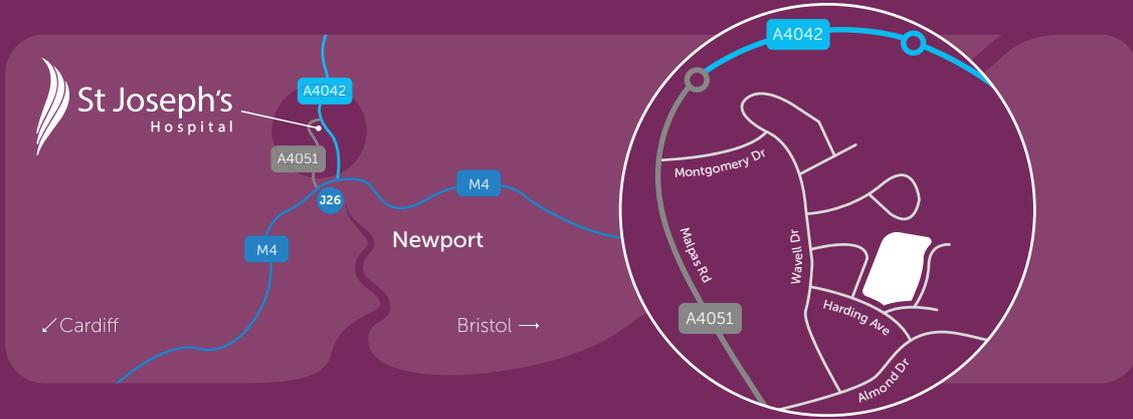
Mr Ahmed Shandall
Mr David Richard Lewis

Vascular Ultrasound

Professor Neil Pugh

We're ready to welcome your patients

If you want to find out more about how St Joseph's Hospital can help your patients with the next step in their care please get in touch using the contact details below.



Our Centres of Excellence



Advanced Diagnostics



BreastCare



Cardiology



Clinical Physiotherapy



Corporate Wellness



Cosmetic Surgery



Fibromyalgia



Health Assessments



Ophthalmology



Orthopaedic Surgery



Private GP



Skin Clinic



Women's Health

We look forward to welcoming you to St Joseph's.



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stjosephshospital.co.uk