



The monthly hospital update for general practitioners

GP Bulletin

Ankle team lead the way



Clinicians at Dorset County Hospital are using pioneering techniques to improve the care of patients undergoing major ankle surgery.

Patients are now able to go home within 24 hours of their operation pain free and can avoid the unpleasant side effects of a general anaesthetic and strong painkillers thanks to a new method of regional anaesthesia.

Regional anaesthesia is a technique that blocks nerve fibres. This gives

the patient excellent postoperative pain relief and it is so effective the patient does not feel the foot being operated on.

The improved service has been possible thanks to a team effort by everyone involved - Consultant Orthopaedic Surgeon Mr Nick Savva, Consultant Anaesthetist Dr Oliver Tweedie, Physiotherapists Matt Flux and Mairi Rabbets and Occupational Therapist Hilary Caines.

Consultant Anaesthetist Dr Oliver Tweedie said: "We are effectively taking the pain out of foot and ankle surgery. Major foot and ankle surgery is known to cause severe pain for more than 48 hours. We are sending patients home with a continuous nerve block, which means they are almost pain free for over three days.

"This technique means we can avoid giving patients a general anaesthetic and strong painkillers. Recovery time is much quicker and patients don't suffer from a general anaesthetic hangover, nor do they get sick, dizzy or sleepy from the strong painkillers. Patients undergoing major ankle surgery used to have to stay in hospital for up to seven days, but now they can go home the same day, or within 24 hours.

"Very few hospitals in the country are providing this service. It's a very new technique and we are leading the way with this procedure."

In November, Dr Tweedie will be giving a presentation on how DCH is delivering this service to the 6th National Symposium on Ultrasound in Regional Anaesthesia & Pain to be held at the Royal College of Physicians.

A patient satisfaction survey has shown that all patients were happy with their pain relief during the procedure and at home with the continuous nerve block. They all said they would have the operation done the same way again.

One happy customer is 71-year-old Bill Painter from West Stafford.

Mr Painter, pictured here with Mr Savva and Dr Tweedie, underwent ankle surgery with regional anaesthesia after having several operations with a traditional general anaesthetic, so he is well placed to compare the two.

He said: "It really is incredible. It's like your body is in two halves during the operation – your top half functions normally, but from the waist down you can feel nothing, no pain at all.

"Being awake during surgery isn't for everyone – you have a sheet in front of your head so you can't see anything but you can hear everything going on. But everyone is very reassuring and excellent at what they do. For me it was so much better than having an operation under a general anaesthetic – I would definitely have it done this way again. You don't feel sick or dozy afterwards and you can be back at home far quicker.

"My ankle is much better now and I'm hoping this operation will be my last."

New MRI scanner unveiled



Patients at Dorset County Hospital are now benefitting from the very latest in MRI scanner technology.

The hospital has replaced its aging MRI (Magnetic Resonance Imaging) scanner with a new £1million Tesla Siemens Avanto model which will enable radiologists to view much higher quality diagnostic images and offer a far wider range of tests.

MR imaging uses a powerful magnetic field, radio frequency pulses and a computer to produce detailed pictures of organs, soft tissues, bone and virtually all other internal body structures. MRI does not use ionizing radiation (x-rays).

Principal Superintendent Radiographer at the hospital Sue Green said the new scanner would make an enormous difference to patients.

"The clarity of the new images is far superior to the old scanner and means that we can do scans here that previously patients had to travel elsewhere for," she said.

“It also means that in time we can develop MRI in other areas like small bowel imaging, cardiac studies and whole body imaging.



“Other benefits include shorter and faster scan times for some examinations and less claustrophobic feelings for patients as the new scanner has a wider and shorter tunnel and is situated in a brighter, more spacious room.”

Pictured working with the new scanner are, from left to right, Siemens Applications Specialist Harriet Thompson, Clinical Lead for CT Joyce Perry and Consultant Radiologist Dr Peter Taylor.

Follow up of patients after LLETZ treatment

In order to try and reduce the number of follow ups that we have in the colposcopy clinic and therefore give more timely appointments to new patients, we have decided not to bring back all women who have had a LLETZ (Large Loop Excision of the Transformation Zone) treatment for a cervical abnormality to the colposcopy clinic.

Patients who have had a LLETZ biopsy showing CIN1 will all be discharged from the colposcopy clinic and will be asked to come to your practice for their follow up smears which should occur at 6 months, 1 year and 2 years. Then providing these are all normal, they should then be returned to normal recall.

Women with high grade abnormalities will on the whole be discharged to the GP practice as well. We will keep hold of certain women with special circumstances. However women with high grade abnormalities will need a cervical smear at 6 months, 12 months and then annually for the following 10 years.

There is no evidence that performing colposcopy in addition to smear taking in women at their first appointment 6 months following a LLETZ confers any benefit on them. We are only performing smears in the colposcopy on these women, and so it would seem sensible for them to return to general practice to have this done.

If there are any problems, or you have any concerns please do let us know

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GP Education

A 'Grand Round' and GP education afternoon on cardiac issues is being held at Dorset County Hospital's Education Centre on 8 December 2010. Subjects will include a heart failure update, atrial fibrillation and dronedarone, chest pain management and 'what not to miss on an ECG'.

For more information on this event and other forthcoming lectures you can visit the GP education website at

http://www.dorsetgpcentre.com/dorset_gps/courses_and_events/dorchester_gp_education

or contact Judy Crabb in the Education Centre on 01305 255258 or

judy.crabb@dchft.nhs.uk

For more information about Dorset County Hospital you can visit the GP section of our website here <http://www.dchft.nhs.uk/gp/gpindex.html>

If there is anything else you would like to see on our website, or in this newsletter, please contact Communications Manager Susie Palmer on susie.palmer@dchft.nhs.uk or 01305 254683
