Keeping Well?

The Newsletter of the Nuffield Patient Group

Welcome!

Do dip in to see the range or articles we have for you this time.

My Canadian friend Charles Coleman features again on this page, recounting his painful experiences with kidney stones, happily now resolved. If you like reading about the misfortunes of others, this is the article for you!

Medicine increasingly seeks to prevent illness, so it's good to have two articles on screening for disease before it becomes advanced. Turn to page 3 for the latest NHS guidance on bowel cancer screening, and to page 4 for the how and when of breast cancer screening. In both cases the tests are simple and widely available so do make sure you don't ignore it if you are invited to take part.

Some of you will have seen that we had a Care Quality Commission inspection recently. What this means and how the Practice has responded is described on page 5.

Finally, our regular contributor, Sarah Chapman, guides expectant mums with the latest evidence on breastfeeding.

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My kidney stone experience

By Charles Coleman

In a New Yorker cartoon a dog is dressed as a magician. He is busy sawing an elongate box in half while wearing a top hat and cape. His expression is one of evil determination. A cat's head emerges from one end of the box, it's feet from the other. Watching intently, a man says over his shoulder: "Honey, get in here. The dog has learned a new trick."

I know now just what it might feel like to be sawn in half.

The pain began on a Friday evening. Reading in bed, waiting for sleep to come, I realized I couldn't seem to get comfortable. Why did I suddenly have a sore back? I tossed and turned as the discomfort increased. "What's the matter with you?" complained My Wife.

The pain stabbed me in the side, as if delivered by a two-handed sword. It extended from the bottom of my rib cage to my pelvis. Discomfort would build from something that had to be groaned about, to a level that produced an agonizing shriek. It felt as if a large rodent was inside chewing his way out. At the height of the pain I threw up. Then it would slowly subside, only to return a few moments

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later. Was the cause a change in my heart medicine? In moments between nausea and excruciating pain I flipped through pages on my iPad searching out side-effects of bisoprolol, atorvastatin and rivaroxaban. Nausea, weakness, leg pain, but not this agony. At three a.m. I decided we had to go to an urgent care centre.

We pulled into an empty parking lot. At three a.m. I was the only patient in the Golden, Colorado urgent care unit. I slumped into a wheel chair. The duty doctor emerged with a yawn from a back room to take my history and do some prodding and poking. He spoke with a solemn expression of concern, but no hint of actual doom.

“The good news scenario would be kidney stones, the bad news scenario would be mesenteric ischaemia which kills you. We need to do a CT scan right now because if it’s ischaemia you will need an immediate operation.” For the first time I felt doom along with the pain.

He had given me dilaudid for the pain and a little later morphine. Perhaps the pain from the stones made me thrash about, but for whatever reason I was given ketamine before the CT scan. This is a remarkable drug. I understand that it has recreational value for some and is known in those circles as ‘Special K’. Vets use it as a horse tranquilizer. It is indeed quite special. I am generally somewhat claustrophobic and having my 220 pound, six foot six inch body inserted in a scanner is something I usually like to avoid. Following the ketamine I was under the impression that I was actually a thought in someone’s brain, not a person at all. They could do whatever they liked with me. After all, I was simply a figment of someone’s imagination.

It was the good scenario. I had kidney stones. Good. I learned a little about his bad scenario.

I have frequent atrial fibrillation and this inefficient heart pumping increases the likelihood that blood clots may form in my heart. If they do, and if they escape into the circulation, it is something to be concerned about. Since my heart attacks I take a blood thinner called rivaroxaban to reduce the risk of such a clot. This drug lowers the chance that I might form clots that block the circulation to my brain, resulting in a stroke. Mesenteric ischaemia occurs when blood flow to the mesentery is blocked. The mesentery is a tissue resembling cling film that holds the intestines in position. Blood vessels cross this tissue to supply the intestinal musculature with nutrients and oxygen. Ischaemia is the medical term applied when a tissue or organ doesn’t get sufficient oxygen.

That a clot could block blood flow to the intestine wasn’t something I had thought about. My focus had been on a possible blockage in a vessel going to my brain. Mesenteric ischaemia turns out to be very serious. I learned all this some time after the CT scan when the ketamine had worn off and I was again somewhat compos mentis. We were given a prescription for morphine and the address of an all-night pharmacy.

With morphine life was bearable. My wife secured an appointment with a urologist the following day where I was examined and provided with information. There are several different types of kidney stone. Whether they are composed of calcium oxalate, struvite, uric acid or cystine, they must make their way out of the kidney, pass down a narrow tube called the ureter, enter the urinary bladder, and then exit the bladder to move along the urethra to the fresh air. Mine might do this without any medical intervention. ‘Might’ was the operative word. I was encouraged to drink plenty of water and warned not to be too enthusiastic with the morphine.

Over the next few days the pain relented from time to time. Each time I imagined the stone to be out of the confining tight fit of the ureter and to be now swimming happily in the bladder. Several of these hiatuses turned out to be illusionary, putting me back on the morphine. I called the urologist. She booked me into the operating room, but I had 24 hours to wait.

The name of the procedure waiting for me was an elaborate mouthful: Extracorporeal Shock Wave Lithotripsy (ESWL). Shock waves are initiated outside the body to target the stone, causing it to fragment into pieces that can more easily pass out of the body. I didn’t get to experience this procedure I am pleased to report. I had been

Extracorporeal Shock Wave Lithotripsy machine

carefully screening my urine, and early the next morning found three small stones basking in the yogurt strainer we have subsequently retired.

So the ordeal was finally over. I saved the stones, but feel they are a rather measly result for such a huge investment of focused concern. I suppose I am left with a better understanding of what childbirth involves, but I won't be rocking to sleep that small vial containing three little painful lumps of what? struvite, calcium oxalate, cystine, uric acid? I'm sort of an expert now and my potential for boring my friends has increased.

Bowel cancer screening

Why it's offered

Bowel cancer is a common type of cancer in both men and women. About 1 in 20 people will get it during their lifetime.

Screening can help detect bowel cancer at an early stage, when it's easier to treat. It can also be used to help check for and remove small growths in the bowel called polyps, which can turn into cancer over time.

Types of screening test

There are 2 types of test used in NHS bowel cancer screening:

- bowel scope screening – a test where a thin, flexible tube with a camera at the end is used to look for and remove any polyps inside your bowel
- home testing kit (the FIT or FOB test) – a kit you use to collect small samples of your poo and post them to a laboratory so they can be checked for tiny amounts of blood (which could be caused by cancer)

If these tests find anything unusual, you might be asked to have further tests to confirm or rule out cancer.

When it's offered

NHS bowel cancer screening is only offered to people aged 55 years or over, as this is when you're more likely to get bowel cancer:

- if you're 55 years old, you'll automatically be invited for a one-off bowel scope screening test, if it's available in your area
- if you're 60 to 74 years old, you'll automatically be invited to do home testing every 2 years
- if you're 75 years or over, you can ask for a home testing kit every 2 years by calling the free bowel cancer screening helpline on 0800 707 60 60.

If you're too young for screening but are worried about a family history of bowel cancer, speak to a GP for advice.

Always see a GP if you have symptoms of bowel cancer at any age – do not wait to have a screening test.

Risks of screening

No screening test is 100% reliable. There's a chance a cancer could be missed, meaning you might be falsely reassured.

There's also a small risk that the bowel scope screening test and some of the tests you might have if screening finds something unusual could damage your bowel, but this is rare.

There are no risks to your health from the home testing.

For more information, go to https://www.nhs.uk/conditions/bowel-cancer-screening/.

Breast cancer screening

About 1 in 8 women in the UK is diagnosed with breast cancer during her lifetime. If it's detected early, treatment is more successful and there's a good chance of recovery.

Breast screening aims to find breast cancers early. It uses an X-ray test called a mammogram that can spot cancers when they're too small to see or feel.

But there are some risks of breast cancer screening that you should be aware of.

As the likelihood of getting breast cancer increases with age, all women aged from 50 to their 71st birthday who are registered with a GP are automatically invited for breast cancer screening every 3 years.

In the meantime, if you're worried about breast cancer symptoms, such as a lump or an area of thickened tissue in a breast, or you notice that your breasts look or feel different from what's normal for you, do not wait to be offered screening. See a GP.

Why is breast screening offered?

Most experts agree that regular breast screening is beneficial in identifying breast cancer early. The earlier the condition is found, the better the chances of surviving it.

You're also less likely to need to have your breast removed (a mastectomy) or chemotherapy if breast cancer is detected at an early stage.

The main risk is that breast screening sometimes picks up cancers that may not have caused any symptoms or become life threatening. You may end up having unnecessary extra tests and treatment.

When will I be offered breast screening?

Breast screening is offered to women aged 50 to their 71st birthday in England.

But currently there's a trial to examine the effectiveness of offering some women 1 extra screen between the ages of 47 and 49 years, and 1 between the ages of 71 and 73 years.

You'll first be invited for screening within 3 years of your 50th birthday, but in some areas you'll be invited from the age of 47 years as part of the age extension trial.

You may be eligible for breast screening before the age of 50 if you have a very high risk of developing breast cancer. If you're 71 or over, you'll stop receiving screening invitations.

You can still have screening once you're 71 or over if you want to, and can arrange an appointment by contacting your local screening unit.

What happens during breast screening?

Breast screening involves having an X-ray (mammogram) at a special clinic or mobile breast screening unit. This is done by a female health practitioner.

Your breasts will be X-rayed 1 at a time. The breast is placed on the X-ray machine and gently but firmly compressed with a clear plate. Two X-rays are taken of each breast at different angles.

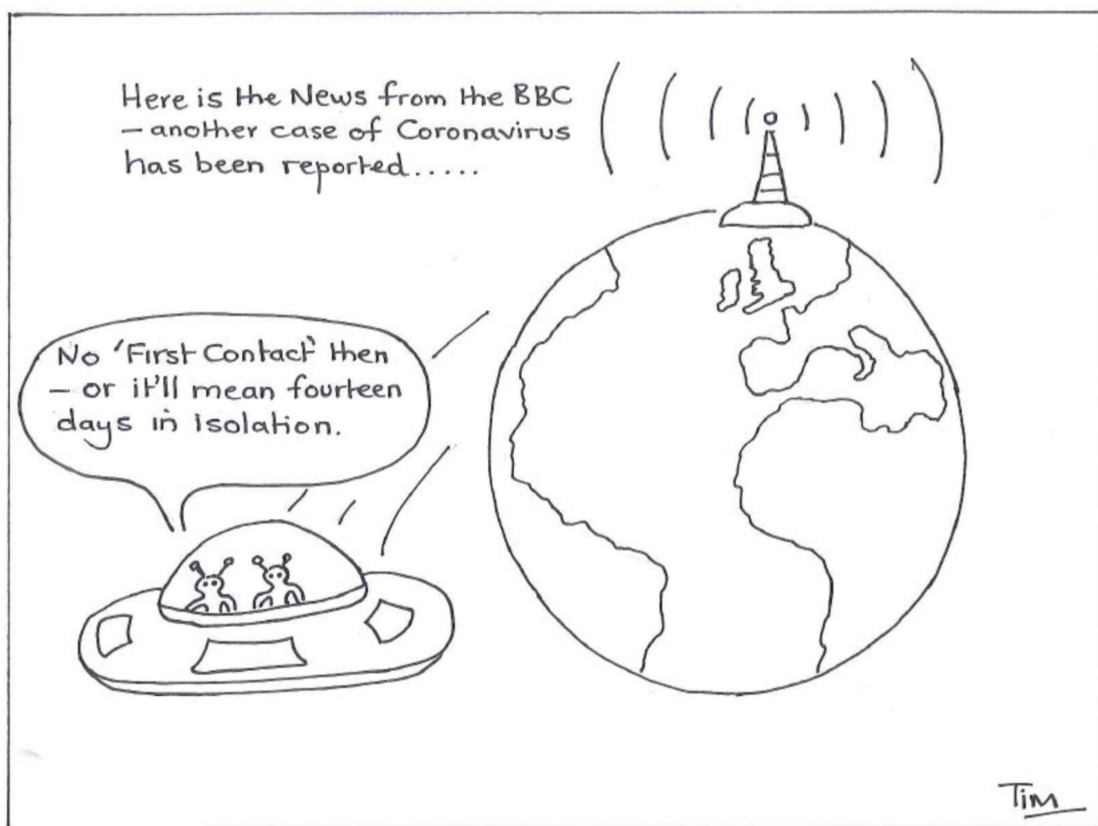
Breast screening results

After your breasts have been X-rayed, the mammogram will be checked for any abnormalities.

The results of the mammogram will be sent to you and your GP no later than 2 weeks after your appointment. After screening, about 1 in 25 women will be called back for further assessment.

Being called back does not mean you definitely have cancer. The first mammogram may have been unclear. About 1 in 4 women who are called back for further assessment are diagnosed with breast cancer.

For more information, go to https://www.nhs.uk/conditions/breast-cancer-screening/



Tim Hughes

From the Practice

CQC inspection

We were inspected by the CQC on the 12th November last year. We were earmarked for our second inspection in four years because we changed from a Partnership to a limited Company on the 1st December 2018. The CQC will always inspect a practice that changes configuration; other examples are when a practice merges with another or if they are taken over.

There are five domains that are inspected and rated. Safe, Effective, Caring, Responsive, and Well Led.

We were judged 'Good' in the Effective, Caring and Responsive domains, and 'Requires Improvement' in the Safe and Well Led categories. We have published our report on our website, and if you were to read all of it, you will see that although the overall 'Requires Improvement' rating appears alarming, it was due to very specific issues that were all resolved on the day, or within a maximum of 2 days of the inspection.

The Directors (Drs Evans, Rourke, Lawrence and Morrish) and I have a plan in place for continued improvement, and we will be ready for the next CQC inspection which is due in 6 to 12 months' time. If you would like to discuss the CQC report, please contact me at any time.

Catherine Simonini (Practice Manager)

Evidence Matters

by Sarah Chapman

I work for Cochrane UK, the UK hub of an international network of people working together to help people make informed decisions about health care. It does this through doing systematic reviews, which bring together the results of clinical trials to answer questions about what helps or harms in health care.

Breastfeeding your baby? Some Cochrane evidence to help you make choices

Many of us feel anxious when we have a new baby and this can be made worse when we are bombarded with advice about feeding and much else besides, from well-meaning friends and family and from magazines and screens. There's also a bewildering array of products in our shops that promise to be just the thing a new mum needs. I want to highlight just a few things here that might help you as you make choices in those early days and weeks after birth.

Starting breastfeeding: going skin-to-skin with your newborn can help

Skin-to-skin contact involves putting the dried, naked baby on the mum's bare chest, ideally straight after birth and until the end of the first breast feed. When this happens, evidence shows that women with healthy babies are probably more likely to be breastfeeding at one to four months and to exclusively breastfeed, both at the time of going home from hospital and between six weeks and six months.

Does dummy use affect breastfeeding?

Some people have strong feelings about the use of dummies. One concern is that babies might confuse them with nipples and stop breastfeeding earlier as a result. A Cochrane Review shows that unrestricted use of a dummy probably makes no difference to how many healthy babies of mums who intend to exclusively breastfeed are breastfeeding at three and four months old. There is little or no information on potential harms, or on any impact of dummy use on breastfeeding problems, mums' satisfaction, infant crying or other potential problems like misalignment of teeth. Shame.

More drinks for you, more milk for baby?

I remember being so thirsty when I was breastfeeding my babies, but does increasing the amount you drink result in more breastmilk? A Cochrane Review looking for evidence on this found only one small trial, so uncertainty remains (but maybe don't share that if you're enjoying being brought drinks when you feed your little one!).

Breast engorgement

Prepare to be surprised and possibly disappointed. As we enter the third decade of the 21st century, we're still asking whether treatments that range from applying cabbage leaves to breasts (popular in England several hundred years ago) to the ancient Chinese technique of Gua-Sha (scraping therapy – ouch!) can help reduce breast engorgement and we still haven't got any good evidence to go on, a Cochrane Review found.

Sore nipples

Correct positioning is important in helping you avoid or reduce this problem when breastfeeding, but what about all those products like glycerine or lanolin breast pads and nipple ointments? A Cochrane Review found that applying nothing or expressed breast milk may be as good or better than applying an ointment, such as lanolin, for both nipple pain and healing. Encouragingly, it also showed that, regardless of the treatment, nipple pain goes away for most people within 7 to 10 days.

You can read more at https://www.evidentlycochrane.net/new-baby-new-parents/ and https://www.evidentlycochrane.net/simple-help-painful-nipples-breastfeeding-women/

For further information about this newsletter, please contact:

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