

**Issue
33**

FREE - PLEASE TAKE ONE

University Hospital Southampton **NHS**
NHS Foundation Trust

News from University Hospital Southampton NHS Foundation Trust

connect

Zoe – Life saved by colleagues

**SPOTLIGHT
ON MAJOR
TRAUMA**



**Lucas
astonishes
doctors**



WIN!

**An iPod
shuffle**



media monitor

the latest UHS news

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Let us know what you think of Connect, plus tell us what news and features you'd like to see in future editions.

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Connect is produced by UHSFT's communications team.

Hospital opens new state-of-the-art Teenage Cancer Trust unit

Patients, staff and special guests marked the completion of a new £2.4m specialist unit for young people with cancer at Southampton General Hospital at an official opening ceremony in December.

The state-of-the-art ten-bed facility, funded by Teenage Cancer Trust, gives 16 to 24 year olds from across the south of England access to a dedicated treatment centre for the first time.

Around 100 young people are diagnosed with cancer across Hampshire, Dorset, the Channel Islands, South Wiltshire, the Isle of Wight and West Sussex every year.

Previously, these patients were treated on either a children's ward with patients much younger than them or on an adult ward alongside older or elderly patients.

The unit, opened by Teenage Cancer Trust patron Sarah, Duchess of York,

features six inpatient en-suite bedrooms with sofa beds for family and friends to stay overnight, as well as four day care beds.

It has a large social room where young people can play pool, listen to music, play games consoles or watch films on the latest Smart TVs, while there is also a kitchen where meals can be cooked at any time of the day or night.

"It is great to have the unit up and running – even after just a few months we can already see how the new facilities are benefiting our patients and their families," said Louise Hooker, Teenage Cancer Trust lead nurse at University Hospital Southampton NHS Foundation Trust.

"By helping us build this amazing ward, our local community supporters have done something very special for young people with cancer and I hope



they feel as proud as we all do."

In addition, current and former patients worked closely with architects at UHS to create unique unit features such as electronic fireplaces in the bedrooms that can be changed to various scenes such as a roaring fire, a waterfall or a fish tank.



media monitor: This story was covered by the Daily Echo, ITV Meridian, BBC Hampshire online, BBC Radio Solent, BBC South Today, Heart FM South Coast, Capital FM, Jack FM, Wave 105 FM, Channel 103.7 FM, Island FM, Jersey Evening Post and Channel Online TV.

Southampton clinicians launch leading-edge children's eye centre

Staff now see patients ranging from birth to 18 years old and treat everything from complex squint and lazy eye problems, to congenital cataracts, eye movement disorders and inherited genetic conditions.

Mr Jay Self, one of the centre's four consultant paediatric ophthalmologists, is leading research into eye movement disorders, particularly congenital nystagmus, which is also referred to as 'wobbly eye' because it causes uncontrolled eye movement from birth and can be associated with a variety of

seemingly unrelated medical problems.

In partnership with three patient-run charities – IN-vision, Nystagmus Network and the Gift of Sight Appeal – he has already collated one of the largest groups of sufferers in the world to help aid his research projects in Southampton.

"The development of this service, which includes within it specialist cataract and eye movement clinics, is fantastic news for families in the south of England as we really do cater for all aspects of children's eye health," said Mr Self, who is also a senior lecturer in ophthalmic genetics at

the University of Southampton.

"But we don't want to sit still and be stuck performing the basics, we want to be at the forefront of the latest developments and that is why we are leading the way in nystagmus research, as well as the development of new techniques for children's cataract surgery and other treatments."

*Turn to page six for Mr Self's Spouting off column on nystagmus.



media monitor: This story was covered by the Daily Echo, Jack FM and Optometry Today.



Clinicians and researchers at Southampton's university hospitals have developed a leading-edge treatment and research centre for children with eye problems.

The paediatric ophthalmology clinic, based at Southampton General Hospital's eye unit, is the first in the region to offer a complete range of services following the addition of dedicated children's cataract and eye movement clinics, as well as research into a variety of genetic eye disorders affecting children and babies.

Consultant oversees development of new guidelines on IV drips

A Southampton doctor has overseen the development of new National Institute for Health and Care Excellence (NICE) guidelines to improve education and training on safely caring for patients who are given fluids through a drip (intravenous fluid therapy).

Dr Mike Stroud, a consultant in gastroenterology and general internal medicine at Southampton General Hospital, chaired a group of national

experts which reviewed current practice and created a number of recommendations to make decision-making clearer, simpler and safer.

"It is generally recognised throughout the NHS that little formal training relating to intravenous fluid therapy exists for healthcare professionals and this is true for both students and for professionals who are more established in their careers," he explained.

"This needs to change since prescribing,

administering and monitoring intravenous fluids correctly is a basic aspect of care.

"This new NICE guideline has training and education at its heart and will play a vital role in making sure that staff at all levels in the NHS deliver consistent, high-quality care for all patients."



media monitor: This story was covered by The Daily Telegraph, the Daily Mail, BBC Radio 5 Live, BBC News, the Health Service Journal and the Nursing Times.

Lucas astonishes doctors

When four-year-old Lucas Winzar flew off his scooter, his mum Michelle expected to be confronted with some nasty cuts and grazes.

But that proved to be the least of her worries.

That day in April signalled the start of her son's month-long battle for survival as his heart was viciously attacked by a virus.

"When Lucas came off his scooter I thought he was doing a stunt dive, but I noticed his eyes were rolling and he was only sort of with us," explained Michelle, of Kipling Road, Alton.

"At this point, I called an ambulance and paramedics told me he had the heart rate of a 60-year-old."

During initial assessments at Basingstoke and North Hampshire Hospital, Lucas's heart rate became so erratic he was transferred immediately to the heart unit at Southampton Children's Hospital.

On arrival, his condition had worsened to the extent doctors believed he was suffering from the equivalent of an adult heart attack.

"Lucas was unusual in that he looked like he was having an ischaemic event caused by lack of oxygen to his heart muscle – in adults that would be a heart attack," said Dr Tara Bharucha, a consultant paediatric cardiologist.

"In children you think about

things that have caused a problem for the coronary arteries or a congenital structural problem of the coronary arteries – all quite rare, but we ruled these out with scans of the heart and x-rays of the blood vessels in his heart.

"The next thing on my mind was inflammation of the heart, known as myocarditis, which there is no specific test for but was worth treating as we didn't have time to waste."

The condition, which is triggered by a virus and causes inflammation of the heart muscle, accounts for around 12% of sudden cardiac death among children and young adults, but there



Michelle, James and sons Elliott, Isaac and Lucas

taken to the paediatric intensive care unit (PICU) where he was put on life support.

"It really was every parent's worst nightmare – one minute our perfectly healthy son was out playing on his scooter, the next he was laying in a hospital bed struggling to survive."

In PICU, doctors put Lucas into a medically-induced coma and on extracorporeal membrane oxygenation (ECMO), which is a system that acts as an artificial heart and lungs.

"Because his vital signs were dropping, the PICU team put Lucas

improved and the machine was turned down for a short period of time to see how his heart would respond.

They repeated this the following day and, on his eighth day in PICU, staff took him off ECMO support.

"We couldn't quite believe Lucas had pulled through such a difficult time having faced a severe virus, as well as having his heart and lungs replaced by a machine, so to see him return to the children's heart unit was wonderful," explained Michelle.

But that feeling soon turned to amazement as Lucas made such rapid progress he was discharged within a week and reunited at home with his brothers Elliott, eight, and six-year-old Isaac.

Michelle said: "We never imagined we would see Lucas fit enough to come home so quickly after going through so much, but certainly not less than a month after being admitted to Southampton."

"He returned to his normal self charging around with his brothers and, after a couple of weeks, Lucas went back to playschool one morning a week and joined in all the family activities on a recent holiday – including bodyboarding!"

Overwhelmed by the support they received from the cardiac and PICU teams in Southampton, the family immediately began fundraising and have so far raised £4,500 – while Michelle has also taken on a permanent role with charity Friends of PICU.

"This is without doubt the most traumatic and emotional thing our family has ever had to deal with and we are acutely aware that, without the care, skill and dedication of the cardiac and PICU teams, we may well not have Lucas here with us today," she said.

Dr Bharucha added: "The fact he is now down to one heart medication and does not need to see me again until April is really quite astonishing."

We couldn't quite believe Lucas had pulled through such a difficult time having faced a severe virus, as well as having his heart and lungs replaced by a machine, so to see him return to the children's heart unit was wonderful...

is no test available to diagnose it.

Intuition led Dr Bharucha to start Lucas on a course of immunoglobulin therapy, which is a treatment

designed to boost a patient's immune system by delivering purified antibodies – the substance produced in the body to fight off infections – directly into a vein.

Although treatment was underway, Lucas's heart began to come under intense strain and he suffered a cardiac arrest.

Michelle, 39, said: "The cardiac team appeared from nowhere, he was electric shocked and then



Lucas shortly after coming off ECMO and, inset, on his first day at school in September

SPOTLIGHT
ON

MAJOR TRAUMA

Hospital microbiologist Zoe Gunning was used to hearing the helicopter land at her place of work.

But never in a million years did the 33-year-old imagine that she would be one of the roughly 350 critically ill patients flown in to Southampton's major trauma centre every year.

Zoe had been driving to a hen weekend in London when her car suffered a burst tyre and careered off the busy M3 just north of Winchester.

The mother-of-two has no recollection of the crash, in which she suffered life-threatening injuries.

Unconscious at the scene, Zoe was airlifted to Southampton General Hospital, where she has worked for more than 12 years.

Zoe, from Chandler's Ford, said: "You get used to hearing the helicopter come in when you work here - but never dream that one day you'll be making that journey.

"I have absolutely no memory of the crash or the three weeks following it but have been told by the police that my back tyre burst, causing me to lose

control of my car and veer off the road, rolling several times before landing in a ditch."

Witnesses quickly realised that an unresponsive Zoe was seriously injured and contacted the emergency services.

The air ambulance was scrambled and Zoe arrived at hospital. She was immediately attended by the major trauma team and found to have a serious head injury, a fractured pelvis and numerous broken ribs.

Doctors were most concerned about damage to her brain so she was quickly transferred to the neuro intensive care unit.

Dr Andy Eynon, director of major trauma and consultant intensivist, said: "Zoe had suffered a significant head injury and we were very concerned about her.

"The trauma CT scan showed several bleeds in the brain which extended into the fluid-filled spaces. We needed to provide Zoe with the best medical care and allow time for the swelling and



I have no memory of this time and I can only imagine what my husband, Matt, and the girls were going through – I think it's probably best I don't remember...

damage in her brain to settle down in order to give her the greatest chance of recovery."

After 72 hours, Zoe was well enough to be transferred out of intensive care.

"I have no memory of this time and I can only imagine what my husband, Matt, and the girls were going through - I think it's probably best I don't remember," said Zoe.

After 16 days on the ward, Zoe was moved to Victoria House, a specialist rehabilitation unit on the Southampton General Hospital site, to start her long road to recovery.

Although Zoe's memories of before the accident were slowly returning, the effects of the brain injury were clear to see.

Zoe had to re-learn simple tasks like making a cup of tea and dressing herself. Without constant prompting and permanent company, she would struggle with everyday activity.

She also had problems with her short-term memory, muscle strength and her

686 helicopters have landed on the helipad since it opened



143 flights from outside of Hampshire

GOING MOBILE

The major trauma team has launched a mobile phone app which helps ambulance staff determine which hospital they should be taking patients to.

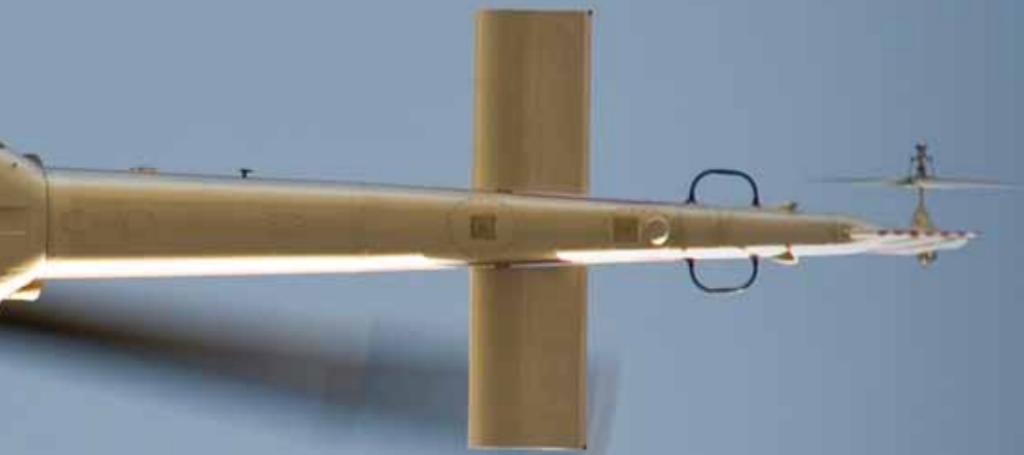
Els Freshwater, trainee emergency care consultant at UHS and air ambulance paramedic, said: "Major trauma centres aren't always the closest hospital and a decision needs to be made on whether or not the extra journey time is in a patient's best interests.

"This app asks questions about the condition and location of the patient, normally the more critically injured the patient is the more important it is they get to a specialist centre like ours in Southampton, where they can access the most high quality care and equipment.

"This choice isn't always an easy one to make and the app gives ambulance staff out on the road and in the air extra confidence in their decision-making."

The trauma tool app uses GPS to locate the scene of the incident that ambulance crews are responding to. After the condition of the patient is confirmed, the app then recommends to crews the best trauma centre or unit in the area.

After being extensively tested the app is now available at the Apple iTunes store and an Android version is in development with an expected release date early in 2014.



Above: Zoe in the lab
Right: With husband Matt and daughters Evelynne and Isla



eyesight was severely affected.

With the support of her family and friends, Zoe was able to return home to husband Matt, 33, a teacher in Winchester, and daughters Evelynne, five, and Isla, two, a month later and continue her recovery.

Zoe said: "When I was discharged, I couldn't walk without crutches or have the energy to do much, but I was back and forth to the hospital for intensive physiotherapy and hydrotherapy and slowly started to get stronger."

After six months, Zoe was able to drive and soon after began a phased return to work. Amazingly, almost a year after the crash, she was back to her full-time hours.

"Being back at work has been the best therapy for me; it has boosted my confidence no end and has helped me to feel normal again," said Zoe.

"Today, I am pretty much back to my old self. I suffer from double vision as a result of the accident which is a



I'm prouder than ever to work here and will forever be indebted to everyone who has helped me get back to being me.

bit frustrating when you're looking down microscopes all day. I also get headaches and have weakness down my right-hand side.

"My colleagues tell me my personality has changed a bit too, although some say for the better – as I'm a lot chattier than I used to be."

She added: "I'm prouder than ever to work here and will forever be indebted to everyone who has helped me get back to being me. It has been a long journey and a tough time for my family, but I could not be more thankful for the life I now have."

Dr Eynon added: "We are delighted with Zoe's recovery and so pleased that she is back at work and able to enjoy her young family.

"The implications of a serious brain injury like this are enormous and recovery can go on for years and years - no one should ever underestimate the significance of such an injury on a patient and their families."

Flights included **93** by the coastguard and **5** by the RAF



From the tea round to the ward round



When Lyndon Ridges-Jones first set foot on the wards at Southampton General Hospital in 2005, it was to make tea for patients.

But while you can still find him walking the wards, this time it's different.

Although Lyndon, 24, is now a junior doctor in surgery, he began his medical apprenticeship as a volunteer.

"I started as a volunteer at 16 in my last year of senior school and continued all the way through college until I went to university in Manchester," he explained.

"I got involved through contacting Kim Sutton [voluntary services manager] who put me in contact with a well-known volunteer called Malcolm Kitson and I worked on ward D4 when it was cardiothoracic medicine."

He continued: "I helped with everyday ward jobs such as making tea and filing paperwork but, as the staff

knew I wanted to go into medicine, I was able to observe clinical procedures like chest drains and help with heart tests and observations."

After completing a spell of work experience during college in general medicine and racking up more than 1,000 hours of voluntary service, for

It really is a wonderful feeling for us to see one of our own return to work in the organisation

which he received an award from the Mayor of Southampton, Lyndon moved to Manchester to study medicine.

In addition to spending a year in cancer research at the Christie Hospital in Manchester alongside his studies, Lyndon worked as a healthcare

assistant in the emergency department and oncology at Southampton General during holidays.

"Now, all these years later, I am back in Southampton as a foundation year one house officer in surgery, predominantly on the acute surgical unit and upper gastro-oesophageal/

intestinal wards," he said.

"I have bumped into staff from my volunteering days and I am really grateful to the voluntary services team, Kim and Malcolm in particular, and medical staff for the opportunities and freedom they gave me very early

on in my life."

Kim, who remained in contact with Lyndon after his first spell with the voluntary services team in 2005, added: "It really is a wonderful feeling for us to see one of our own return to work in the organisation and I hope Lyndon's story helps other young people see what can be achieved through dedication and a willingness to learn at the earliest opportunity."

Spouting off with... Jay Self

Nystagmus. Now there's a word that strikes fear into the hearts of most doctors.

But why? Perhaps it is because it is a sign with a plethora of underlying causes, some of which are severe and some less so.

It might also be because even the definition of the word raises more questions than answers: "Nystagmus: an uncontrolled, to-and-fro oscillation of the eyes initiated by slow phases."

Interestingly, though, nystagmus is not rare.

Prevalence estimates in the UK are approximately 1:1500 children. Some of these cases will have isolated nystagmus, some will have eye diseases and some will have systemic or neurological disease.

Perhaps, then, it is understandable that, for us doctors, diagnosing associated diseases and excluding

treatable causes is a priority.

But what then? Over 50% of children with nystagmus will not have a cause with a specific treatment. That's when we lose interest. But we shouldn't.

Many children can be helped in a variety of simple but hugely important ways.

For example, a significant part of the visual problems encountered by children with nystagmus is because of astigmatism, which can be corrected with glasses.

Similarly, children with nystagmus often have a direction of gaze in which they can see more clearly.

Simply advising schools and support teachers to sit the child on the correct side of the class can have a profound effect on schooling.

However, if the child has to hold the head in a very eccentric position to achieve this, then surgery can be

offered to re-align this preferred position into central gaze.

Registering children with a Certificate of Visual Impairment (CVI), even when their best, static visual acuity is reasonable, can impart a wide range of benefits which many clinicians overlook.

These simple measures and many more are specific to nystagmus and some are specific to certain forms of nystagmus, which makes accurate diagnosis even more important.

Furthermore, for families with children who have nystagmus, genetic counselling is a key issue. Details of the 'type' of nystagmus that a child has are central to providing this service.

RNIB estimates indicate that the total UK costs of sight loss are in the region of £4.9 billion a year and the combined Vision 2020 initiative and RNIB vision strategies both recognise that early diagnosis and intervention

are cost-effective tools in reducing this bill.

After all, the children we see in clinic today with nystagmus will be working age for 50+ years, so can we afford to write off children with nystagmus as beyond help?

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Jay Self is a consultant paediatric ophthalmologist at Southampton General Hospital and a senior lecturer in ophthalmic genetics at the University of Southampton. He also works in partnership with three charities – IN-vision, Nystagmus Network and the Gift of Sight Appeal – and we would like to thank all three organisations for sponsoring the Sudoku competition on page 8.

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If you have a burning issue you'd like to get off your chest, email connect@uhs.nhs.uk



Supergran Maureen is first for Southampton

Keen seamstress Maureen McKenzie considers herself lucky.

While many would be hesitant about staying in a sealed-off hospital room to have radioactive substances pumped into their body, the 70-year-old jumped at the chance.

Maureen, from Totton, was diagnosed with pancreatic cancer after suddenly falling very ill last summer.

The grandmother-of-five underwent surgery at Southampton General Hospital early this year and had a massive tumour removed from her pancreas, along with half her liver, under consultant hepatobiliary and pancreatic surgeon Neil Pearce.

Her particular type of cancer – neuroendocrine tumours (NET), also known as carcinoid, was fairly rare. Unlike more common cancers, such as breast or lung, NET are not associated with a specific area or organ.

Instead, they can arise in different tissues and organs throughout the body that contain neuroendocrine cells, which are part of the nervous system.

Doctors in Southampton had been trying to secure funding to offer a highly specialised targeted radioactive treatment known as peptide receptor radionuclide therapy (PRRT).

In the end, the equipment for this treatment was jointly funded by UHS and the PLANETS charitable fund, which is part of Southampton Hospital Charity.

In July, Maureen became the first Southampton patient to receive PRRT –

and was amazed how quickly she could see the results.

“The treatment was absolutely brilliant; I cannot fault it,” she said.

“I had a cannula put into one arm to receive the radioactive treatment.

The radioactivity is excreted through the kidneys and may affect kidney function. Therefore, another cannula was used to administer fluids to protect my kidneys from the possible side-effects of the radiation.

“The room was sealed off but people came to the door to speak to me.

“I didn’t feel a thing and was quite happy relaxing on my bed with my books and the television.

“The doctors and nurses were lovely and couldn’t have been more informative.”

After a night’s sleep, Maureen had to drink lots to help flush the treatment out of her system, then was allowed home after a shower and a scan.

The initial scan after the first treatment showed how the PRRT had already hit the tumour “hotspots” in Maureen’s body – while another scan following the second treatment, four months later, showed it was continuing to work.

“I was delighted as I could see a hotspot on my thigh had gone and other areas were faded,” said Maureen.

“I feel extremely fortunate to have been the first person in Southampton to have this treatment.

“For me, having PRRT wasn’t a



difficult decision. Everyone has been so supportive and having it here in Southampton has saved me making a trek up to London to have the treatment in unfamiliar surroundings.

“I know that what I have isn’t curable, but it is treatable – and I am more positive about the future now as I can see the results.”

would really like to thank Emma for her support; she is like my right arm,” said Maureen, who has worked as a payroll clerk, care worker and healthcare assistant.

“I can ask her anything and she will explain it to me. She is always truthful and that is what I appreciate, as I want to know exactly what I am dealing with.”

Now Maureen has returned to her part-

 I feel extremely fortunate to have been the first person in Southampton to have this treatment.

Maureen, who lives with husband Stuart, 66, underwent a second course of treatment in November and is expected to have a third in February next year.

Describing the care as “second to none”, she paid tribute to the team in Southampton’s nuclear medicine department who looked after her before, during and after the treatment.

Dr Francis Sundram, consultant and clinical lead for nuclear medicine, leads the PRRT team. Together, they have worked tirelessly to introduce this novel therapy to Southampton.

In particular, Maureen said Emma Ramsey, NET specialist nurse, was “absolutely A1”.

“The whole team are superb but I

time shop job in Lymington – and is even planning to take part in a charity abseil down Portsmouth’s Spinnaker Tower in June 2014 if she is well enough.

The nuclear medicine department is supported by the medical physics and radiopharmacy teams in delivering PRRT at Southampton.

Patients are also cared for during their treatment by the C4 oncology team, led by Dr Andrew Jackson, and can utilise the acute oncology services team after working hours and during the weekends.

Three further patients have since undergone PRRT at Southampton General Hospital and the expectation is that the service can be expanded to treat more patients next year.

Dr Sundram said he was delighted that Southampton was now able to offer eligible patients such an innovative treatment locally.

“Patients can be cared for and be treated in familiar surroundings, which greatly reduces anxiety during a period which is already very stressful,” he said.



The PRRT team

PRRT: the clever bit

Peptide receptor radionuclide therapy (PRRT) uses radioactive material to treat neuroendocrine tumours (NET).

The radioactive substance, known as Yttrium (Y-90), is added to a compound called DOTATATE. Together they are given via a drip into a vein in the patient’s arm.

Once inside the body, the DOTATATE binds to the NET cells while Y-90 emits radiation which destroys these cells.

Almost all the radiation is absorbed by the tumour, and very little goes to normal healthy tissues.

Usually, patients need three or four treatments, about ten to 12 weeks apart. Unlike chemotherapy, the side effects are usually mild and may last up to a few days.

Treatment is given in a specially designed shielded en-suite room at Southampton General Hospital where patients stay for either one or two nights.

UHS hopes to introduce Lutetium therapy in 2014, which requires additional equipment and PLANETS will be funding this. Lutetium therapy uses a different radioactive substance but it works in a similar fashion to Yttrium.



In April 2003, I lost my first son, Lachlan, to pneumococcal meningitis.



He had suffered the same horrific condition almost a year before but had survived, this time the strain was stronger and he also developed septicaemia. He died within ten hours of falling ill.

He was taken to Queen's Medical Centre in Nottingham for a post mortem and we were shocked to discover that, while the primary cause of death was pneumococcal meningitis, the secondary cause was the absence of a spleen, known as asplenia.

This explained why Lachlan had been so unlucky in contracting meningitis twice. The spleen filters out bad bacteria and he had been born without one, resulting in him being at higher risk of infection.

Coincidentally, my brother was diagnosed as asplenic in his mid-twenties and took a daily dose of penicillin, enabling him carry on with life normally. We felt certain that the two were linked.

Shortly after we lost Lachlan, I fell pregnant with my daughter Arwen. My ex-husband and I received genetic counselling and were given a 50/50 chance of other children not having a spleen.

It turned out that Arwen did in fact have a spleen, but her little brother who arrived the following year didn't.

Not long after this, my marriage ended and I went on to meet my present husband, Tim, and moved to Southampton, which is where we first met Professor Saul Faust – my son Ojo's consultant – Dr Tony Williams and the immunology team at Southampton General.

Aware of our family's medical history, the hospital asked if we would take part in a research project based in Paris.

They wanted to investigate the few families that had a history of asplenia to see if they could find a genetic link and possibly a faulty gene which would explain the lack of a functioning spleen.

The whole family took part including our new baby daughter Ffion.

It was over a year later when we got the results of our blood tests from the research team, who are now based at the Rockefeller University in New York.

They discovered that my son, my brother and I were carriers of a gene that caused asplenia. Following the results, I was scanned and it turned out that I, too, don't have a spleen.

My two daughters both have functioning spleens and are not carriers.

In April this year, I gave birth to another baby boy, Joshua. He was immediately put onto antibiotics at birth and blood tests were sent off to New York.

Just like his brothers, Joshua is asplenic and, like myself and Ojo, will have to have preventative antibiotics and extra vaccinations for the rest of his life.

The research that we have been part of has meant an advance in discovering how the spleen develops and functions, as well as the critical discovery of the faulty gene.

It means that, however painful losing Lachlan was, his little life was not in vain and he has enabled some important research to take place, which will help future generations of ours and other families.

Maria Lawton, Southampton

For more information on clinical research at UHS, visit www.uhs.nhs.uk/clinicalresearch

The fundraising connection

Call Southampton Hospital Charity on 023 8120 8881 or visit www.uhs.nhs.uk/charity

Headaches end in six-hour brain op for Lewis

When teenager Lewis Smith developed a temperature and headache, everyone thought it was concussion following a football knock.

The 13-year-old had been on holiday in Cornwall with his family in July when they began to notice something was very wrong.

"We were none the wiser about Lewis's condition until we set off on holiday and I noticed his forehead had started to swell up," explained mum Nicki, 44.

"He had suffered a knock on the head playing football a couple of weeks before, so we thought it might have been related to that.

"When it began to cover his right eye, giving him ongoing headaches, we visited two hospitals but both indicated it might be mild concussion."

Still concerned about their son's health, Nicki and husband Danny, also 44, cut the holiday short and returned home.

The family, from Droxford, headed straight to the Queen Alexandra Hospital in Portsmouth, where Lewis was admitted and underwent a CT scan.

Doctors discovered a sinus infection between his skull and his brain and rushed him to Southampton Children's Hospital, where he underwent six hours of emergency brain surgery.

"It was all such a sudden shock to us," said Nicki. "One moment we were on holiday, the next our son was being taken into an operating theatre – it was a complete nightmare."

Lewis was suffering from common sinusitis – inflammation of small cavities behind the cheekbone and forehead – which, in most cases, can be cleared with over-the-counter medication or antibiotics.

But, in very rare cases – around one in 10,000 – bacteria can spread to the eye, surrounding bone, blood or the brain and prove fatal unless treated quickly.

On arrival in Southampton, he was already showing signs of fever and sepsis.

"When anyone has an infection to the brain it is very serious and the antibiotics must be strong enough to penetrate the blood brain barrier and kill it off," explained Chrissy Ward, an advanced paediatric neurosurgical nurse practitioner.

"But we also had to contend with the swelling on his brain and couldn't risk the possibility of raised pressure in his skull as it would have caused him to become unconscious.

"Therefore, the neurosurgeons

had to perform a craniectomy – removal of a section of skull – to allow his brain to swell without pressurising the skull."

As part of the procedure, the piece of bone cut from Lewis's skull was placed in his stomach to protect and preserve it.

He then had intravenous and oral antibiotics for six weeks before having the bone in his skull replaced two months later on his 13th birthday.

"Sinusitis with secondary infection in the brain is a life-threatening condition that requires swift treatment," said neurosurgeon Mr Aabir Chakraborty.

"Lewis received this swift treatment from a number of specialist teams and I am delighted he has made such a good recovery."

Although Lewis cannot return to contact sport until early 2014, he has been working hard with his teammates at Botley Football Club to fundraise for staff in Southampton and at the QA and has so far raised £1,615.



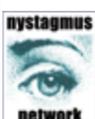
Sudoku challenge

Win an iPod shuffle



Enter numbers from 1 to 9 into the blank squares, so that every row, every column and every 3x3 square has one of each digit.

Send your entry in the post to Connect, Mailpoint 18, Southampton General Hospital, Tremona Road, SO16 6YD to be in with a chance of winning a 2GB iPod shuffle. Entries close February 21 2014.



	1						
		8				9	2
6			8	3			
	8		3	7			1
7	3		5	1		8	9
1			6	8		3	
			9	1			6
8	5					2	
						5	