

THE FUTURE OF SURGERY



Romi Navaratnam trained at Nottingham, Cambridge, London and Sri Lanka prior to being appointed consultant colorectal and laparoscopic surgeon at the North Middlesex University Hospital and honorary senior lecturer at the Royal Free Medical School in 2002. He is also based at The Hospital of St John & St Elizabeth, The Wellington Hospital and the Princess Grace Hospital.

Romi's specialist interests include the investigation and management of gastrointestinal problems, such as irritable bowel syndrome and common anal conditions, including rectal bleeding, haemorrhoids, fissures and fistulae. His other major interest is colonoscopy (the identification of early colonic disease) and endoscopy for indigestion or heartburn. The majority of his surgical workload incorporates laparoscopic (keyhole, minimally invasive) surgical techniques for benign conditions of the gall bladder, groin and abdominal herniae, appendicectomy and malignant colorectal conditions.

In recent years, investigative colorectal and general surgery have since been modified from a traditional approach to a more non-invasive means of establishing a diagnosis and identifying early onset disease.



Thereafter, management of the condition and symptom improvement can be undertaken in a more conservative manner, which in many cases, may just involve simple quality of life measures.

Techniques are used during investigation which identify early disease, thus making it more amenable to a less intrusive method of treatment. It is a means of emphasising risk reduction, in that early presentation of disease equates to a more conservative means of managing a potentially complex problem.

This is particularly relevant in patients with a family history of gastrointestinal, in particular colonic problems. Where indicated or required, laparoscopic (minimally invasive, keyhole surgery) is routinely undertaken, in the management of common benign conditions such as gall bladders, herniae, appendicectomy and malignant colorectal conditions.

This aids recovery and enables fairly complex operations to take place with minor and cosmetically acceptable scars. In the large majority of cases, the symptoms that people present with, for example rectal bleeding, diarrhoea, constipation and abdominal pain, are associated with benign conditions such as haemorrhoids, irritable bowel syndrome or diverticular disease (believed to be the result of too little fibre in the diet). Investigating these conditions through the use of colonoscopy



or endoscopy can bring about significant peace of mind for patients.

COMMON COLORECTAL CONDITIONS

The most commonly encountered conditions include irritable bowel syndrome (abdominal discomfort, bloating, alternating constipation and diarrhoea), anal conditions such as rectal bleeding (blood arising from the back passage), and painful conditions of the anus including haemorrhoids (piles), fissures, fistulae and pruritus ani (significant itching of the anus).

The methods of investigation used are relatively non-invasive techniques such as endoscopy – a telescope test of the stomach, useful for indigestion, heartburn and abdominal pain, and colonoscopy – a telescope test of the back passage particularly useful for rectal bleeding, diarrhoea and constipation.

Colonoscopy can rapidly identify a cause and potentially treat it. Rectal bleeding, for example, may be attributable to haemorrhoids, meaning that a painless injection or the application of a band can reduce the frequency of bleeding episodes.

Colonoscopy is also a means of identifying early colonic disease, which is particularly relevant in the context of a family history of colonic problems, in particular colon cancer.

THE SCREENING PROCESS

Colorectal cancer screening (an attempt to identify early onset disease, thus making it more amenable to treatment), incorporating colonoscopy, has become increasingly prevalent over the past three years in the UK, as the government attempt to reduce the incidence of colorectal cancer. The incidence of colorectal cancer has fallen in USA and other parts of Europe, since the introduction of colon cancer screening.

THE CONSULTATION

A concise history and thorough examination is undertaken during the consultation in order to establish an accurate diagnosis and then following a recognised pathway, a management plan is initiated.

This may constitute routine blood tests and where indicated a combination of either colonoscopy, endoscopy and some form of imaging such as abdominal ultrasound, MRI or CT scan.

A holistic approach is undertaken and where no obvious cause is readily identifiable, Romi works closely with qualified medical practitioners who routinely practise recognised alternative medical techniques such as acupuncture.

Where further intervention is indicated, the use of minimally invasive techniques and keyhole surgery enhances recovery, enabling a more rapid return to normal activity, with minimal lifestyle disruption.

MR ROMI NAVARATNAM MSc, MS, FRCS (Lon), FRCS (Gen)

For his secretary, call 020 7078 3832, fax 0207 078 3898

The Hospital of St John & St Elizabeth, call 020 7806 4060, The Wellington Hospital, call 020 7483 5181

Write to: The Hospital of St John & St Elizabeth, 60 Grove End Road, London NW8 9NH