

Health matters

Best of Health

by Dr Boleslaw Posmyk, chair of Hartlepool and Stockton-on-Tees Clinical Commissioning Group



IN Hartlepool we are more likely to die young from cancer than people in most other parts of the United Kingdom.

This week, I'm going to focus on ovarian cancer. I shall be particularly looking at what we can do to prevent or diagnose the disease earlier.

Ovarian cancer is the fifth most common cancer among women after breast cancer, bowel cancer, lung cancer and cancer of the uterus (womb).

There are around 7,100 women diagnosed with the disease each year.

It is most common in women who have been through the menopause, which is usually people who are over the age of 50, although it can affect women of any age.

Symptoms of ovarian cancer can be difficult to recognise as they are very similar to those of other conditions.

However, there are early symptoms to look out for, such as persistent bloating, pain in the pelvis and lower stomach, and difficulty eating.

If you experience any of these symptoms, and especially if you have been having them for a long time, it is very important that you go to see your GP.

The ovaries are a pair of small organs in the female reproductive system that contain and release an egg once a month.

This is known as ovulation.

Different types of ovarian cancer affect different parts of the

ovaries. For example, epithelial ovarian cancer, which is a type which affects the surface layers of the ovary, is the most common type.

The exact cause of ovarian cancer is unknown, but certain things are thought to increase a woman's risk of developing the condition.

Those factors include age, the number of eggs that the ovaries release and whether someone in your family has had ovarian or breast cancer in the past.

However, only one in 10 cases of ovarian cancer has a genetic link.

As with most types of cancer, the outlook for ovarian cancer will depend on the stage it's at when diagnosed. On other words, the outlook for the person concerned depends on how far the cancer has advanced.

There are methods of screening for ovarian cancer but, currently, they haven't been fully tested.

Screening is only available for women who are at high risk of developing the condition due to a strong family history or inheritance of a particular faulty gene.

Clinical trials in the UK are currently being carried out to assess the effectiveness of screening in high-risk women and in the general population as well.

A cervical screening test, which used to be called a smear test, can't detect ovarian cancer.



SETTING THE STANDARD: Students pictured on the national Anatomical Pathology Technology course, which was held within the North Tees and Hartlepool NHS Foundation Trust

Care at the end of life

By CHRIS CORDNER
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DOZENS of students are training to become mortuary staff.

The North Tees and Hartlepool NHS Foundation Trust became the first national training centre to provide the The Royal Society of Public Health Level 3 Diploma in Anatomical Pathology Technology.

The course has now attracted another group of more than 20 students. Anatomical pathology technologists work in both NHS and public mortuaries.

Mortuary and bereavement service manager Michelle Lancaster, who runs the course, said the students get an academically recognised qualification which allows them to apply to complete the level 4 diploma in APT all the way through to a level 6 BSc Hons degree.

That's something mortuary staff have never been able to do before.

Michelle added: "The UK is one of very few countries where it is essential to have qualified staff working in mortuaries. Our dedicated training programme has already attracted international candidates."

The new qualification has five theory modules and five practical modules which the students have to pass.

The course teaches students about:

- Helping the pathologist during post-mortem examination.
- Making sure the reconstruction of the deceased is to an extremely high standard so that relatives and friends can view the body.
- Providing emotional and practical support to the bereaved.
- Ensuring the deceased are provided dignity and care.
- Ensuring some of the legal processes connected to a death go smoothly.
- Maintaining compliance

and working with regulatory bodies such as the Human Tissue Authority

Michelle added: "We have used the expertise of people from both within the Trust and externally to make sure that programme lectures and events give the students the best learning experience and training possible."

"We are constantly working hard at the trust to improve our mortuary services."

She said care given at the end of life had to be right for the families "at what can be a traumatic and emotional time for them and their relatives, so they are able to go away with closure and good memories of their loved ones".

"The work that all mortuary teams do is vital for families of those who have sadly died. That's why we need to make sure that the care we provide is the best it possibly can be."

"I am really pleased that this programme has been so successful and will continue to be for the future."

Optician's View

by ROSS HUTCHESON
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DENIAL. A simple six-letter word consisting of three vowels and three consonants.

I was thinking about this word just the other day as it is something that I deal with on a daily basis.

If only I had a pound for every time I have had a patient sit in my chair with reduced vision, showed them that with spectacles or contact lenses I could improve their vision dramatically and yet the customer denies totally they need specs, I'd be a very rich man.

You may know that as well as sight tests, spectacles and contact lenses we also do hearing tests and hearing aids. Now it is in the area of hearing that we tend to come across denial BIG TIME.

It appears that lots of people would rather sit and become more and more isolated than accept that they need a hearing test and perhaps a hearing aid.

Why is that, I often wonder. Hearing, like sight, is one of our five senses and surely equally important?

And yet on a whole people are more willing to do something about sight loss than they are about hearing loss. Imagine sitting in company and not being able to hear properly what other people were saying?

Would you put up with that? Perhaps you are, in which case we can help. Why though is there a perceived difference between the two losses?

Vanity surely plays a part, spectacles can be seen as glamorous, whereas hearing aids have never been seen that way. Another reason, I believe, has been the lack of choice.

Adverts for hearing aids were to be found in the rear pages of newspapers amongst the adverts for comfortable slippers and slacks. With that lack of choice came expense as customers could not shop around, and the various providers took advantage of that.

Things however are changing, have you noticed how many hearing aid advertisements are appearing on telly? Lots, even on prime time television.

The exposure surrounding hearing loss is increasing and with it acceptance. It is not seen as a weakness or ageing anymore.

I do believe that society, in some respects, has become more caring and less judgemental and so disabilities and illnesses are no longer frowned upon as they used to be.

Television exposure means hearing aids become seen as part of everyday life. People begin to accept them and deny them less, then people shop around.

Because of this hearing aids are now the cheapest they have been for a long time. So if you are struggling to hear, accept it and do something about it. You will find that you will engage with people more be more involved, your family and finds will enjoy the benefit also.

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