

HOW TO FIND US

London Bridge Hospital is situated on the South Bank of the Thames. We are next to London Bridge mainline and underground stations with easy access to the City. Please note: No right hand turn from Borough High Street into Duke Street Hill.



LONDON BRIDGE HOSPITAL

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London Bridge Hospital

Guy's Hospital &
London Bridge Hospital

Peripheral Blood Stem Cell
& Bone Marrow
Transplantation Programme

Guy's and St Thomas'
Foundation Trust





London Bridge Hospital

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PATIENT INFORMATION LEAFLET

• ABOUT BONE MARROW AND STEM CELL TRANSPLANTATION

Bone marrow or stem cell transplantation is now the treatment of choice for a wide range of haematological and non-haematological disorders and cancers, which respond well to very high doses of chemotherapy and/or radiotherapy.

High doses of chemotherapy and/or radiotherapy damage the bone marrow's ability to produce blood cells, and indeed without the transplanted cells, marrow might never recover. The transplanted cells will engraft (start to produce new cells), in about two-three weeks. A transplant, in essence, either revives or replaces the old marrow to go on to produce new and healthy blood cells.

Recent developments have led to reduced intensity or so-called mini transplants. The doses of chemotherapy used for these donor transplants are much lower, and so many of the side-effects associated with a mini transplant are less severe. It will be the Transplant Team's decision as to which type of transplant is best for you. Your doctor and the transplant team will be able to explain why it is necessary for you to have this type of treatment.

• WHERE DO CELLS COME FROM?

There are two categories of transplant

- **Autograft** - the patients own bone marrow or stem cells
- **Allograft** - the bone marrow or stem cells from a donor are used

There are different types of donor

- **Sibling** - a brother or sister
- **VUD** - Volunteer Unrelated Donor
- **Alternative family** - a parent, cousin or child
- **Syngeneic** - an identical twin

• DONORS AND TISSUE TYPING

The type of bone marrow transplant depends upon the type of disease that is being treated and the quality of your bone marrow or stem cells. If your own stem cells cannot be used, or it is thought that you would benefit more from a transplant using donor cells, then the donor option will be explored in more detail, when you come to clinic.

• STEM CELLS

The stem cells are the primitive cells from which all blood cells are formed. They live in the bone marrow and small numbers also circulate in the blood. These stem cells can be increased in numbers in the bone marrow by giving a hormone called GCSF (Granulocyte Colony Stimulating Factor) and collected using a special machine called a Blood Cell Separator. The stem cells 'spill out' of the bone marrow into the circulating blood. The stem cells can either be frozen for the future or infused into your blood by a drip. The stem cells then circulate in the blood and find their way back to the bone marrow. Once back in the bone marrow they start producing blood cells again after your transplant.

• HOW LONG WILL IT TAKE?

It is important to note the time you have to spend in the UK varies hugely depending on which type of transplant you are having. Also you may be able to return home for periods between the planning stages, harvest and admission. You may also have to return to the UK for follow-up visits. The doctor will be able to provide you with more information when you have your initial consultation in the UK.

• AUTOLOGOUS TRANSPLANTATION

There are two stages of autologous transplantation. The first stage is to collect your peripheral blood stem cells, which are then frozen. This can be undertaken as an outpatient and they are collected and frozen at Guy's Hospital.



The second stage is where you are admitted to London Bridge Hospital and receive chemotherapy (and in some cases radiotherapy). Shortly after, your cells will be thawed and infused back into your blood. The stem cells find their way back to the bone marrow and start producing blood cells again. It takes it approximately two weeks for the blood cells to grow back. During this time you have to stay in hospital to protect you from infections. Patients are usually in hospital for three-four weeks but this can vary. In addition, you may have to stay in the UK for a period of time following the autograft until the team decides it is safe for you to return home and see your doctor locally. During this period you can stay either in a hotel nearby or with friends or relatives if they do not live too far away from the hospital.

• ALLOGENEIC TRANSPLANTATION

The first stage is to find out if you have a donor that is the same tissue type as you. Siblings have a one in four chance of being a match. If there is more than one matched donor in the family, the Transplant Team will decide which one is the most suitable. Occasionally if there is no match in your family an unrelated donor can be found.

The peripheral blood stem cells are collected from the donor and either frozen or infused back into your blood as fresh on the same day they are collected. It depends on the timing of your chemotherapy (and in some cases radiotherapy). The stem cells find their way back to your bone marrow and start producing blood cells again. This takes approximately three weeks for the blood cells to grow back during which time you have to stay in hospital to protect you from infections. Patients are usually in hospital for four-five weeks but this can vary. In addition, may have to stay in the UK for a period of time following the allograft until the team decides it is safe for you to return home and see your doctor locally. During this period you can stay either in a hotel nearby or with friends or relatives if they do not live too far away from the hospital.

• **WHILST YOU ARE AN INPATIENT**

A family member/friend may be able to stay with you in your room or if not at least nearby in a local hotel. Often several members of the family prefer to be nearby to help care for and support you. It is also good to plan ahead and to bring with you several favourite items, which may help to pass the time whilst you are in hospital.

• **WHAT IS IT LIKE?**

We try to protect you from infection during the transplant period. We call this 'Protective Isolation'. It is important to note 'Protective Isolation' is to protect you from infection and does not mean solitary confinement. You are allowed visitors and we have a relaxed policy for visitors in our units. However, it is best not to have more than two or three visitors at a time and there may be extra precautions required for child visitors. Fresh flowers and plants are not allowed as they are an infection risk and strict handwashing should be adhered to by staff, patients and visitors alike.

• **COMFORT DURING YOUR STAY**

Naturally, we are committed to the well-being and care of our patients. We will strive to make any stay, whether just a few hours or several days, relaxing and comfortable.

You will be cared for by a friendly and professional team:

- The consultant continues to be your main carer throughout, keeping you fully informed of all treatments and procedures.
- Our team of nurses, with specialist skills, support every clinical need and are on hand to assist at all times.
- A resident medical officer is available 24 hours a day.

London Bridge is one of the largest privately operated hospitals in the UK. Our beautifully appointed single rooms have been designed to cater for our patients' individual requirements. All rooms are air-conditioned, with en-suite bathroom and shower. Many rooms overlook the River Thames whilst others overlook the attractive internal atrium.

Each bedroom has TV, satellite channels, radio, direct dial telephone, internet facility, refrigerator and Nurse Call system.



We can arrange daily newspapers, books and a number of business services including internet and email access directly from each room.

We are happy to discuss your individual requirements before admission, so that everything is in place on arrival.

A different menu for each day of the week gives patients a choice of dishes including vegetarian options. Our chef also caters for other special diets and we have a dietitian who will recommend the dishes that are most appropriate. Specific dietary customs are catered for.

Visitors are welcome to join you for meals in your room. There is also a lovely restaurant on the ground floor of the main building. We have significant experience in meeting the cultural needs of patients from many countries. We provide interpreters who understand and can explain medical terms.

The Middle East Department plays a big role in providing high quality service for Middle Eastern patients and their relatives during their stay in our hospital.

Our Middle East staff speak Arabic and they take pride in looking after the patients and their relatives to try and make them feel 'at home'. The service begins from the moment the medical report is received. The medical report is then passed to the appropriate specialist for a medical opinion of what surgery or treatment is required. If the patient decides to come to London for treatment, the Middle-East team will help with the necessary arrangements for the patient and his or her relatives, including providing a list of accommodation details, consultation and/or admission and transportation (ambulance or air ambulance as required).

Once a patient has arrived at the hospital, a full range of services are provided including translators to meet all patients daily needs during their stay.

Visiting times are flexible, with family and friends welcome up to 10.30pm. Visitors will be restricted during certain times of the transplant process. Visitors will also have to adhere to strict barrier nursing protocols in place for patients safety.

If required, we will also arrange accommodation and transport for relatives.

• AFTER THE TRANSPLANT

Going home after transplant can be a difficult period of re-adjustment for you and your family. Although you may feel relieved and excited about leaving the hospital, you may also feel a little anxious about leaving the security of the hospital. This is perfectly normal and if you have any questions when you get home, please call the transplant unit (you will be given contact numbers before you leave the hospital). A familiar voice is often reassuring and the nurse or doctor can probably sort out most of your queries over the phone. During the days prior to your discharge, your nurses will help you with your plans for going home. Do not worry there is always help at hand.

• RETURNING HOME

The transplant team will decide when it is safe for you to return home. Your local doctor will be provided with details of the treatment you have had as well as any medications you continue to take. There will also be advice on follow-up care. At some stage you may have to return to the UK for long term follow-up advice but this will be negotiated with you and your local team. When you return home it may take more time to fully recover and for your energy to reach normal levels. It is important that you adopt a gradual approach to recovery and rehabilitation and do not take on too much too soon. Please contact the Transplant Team in the UK if you need further advice.

• TRANSPLANT TEAM

Dr Majid Kazmi (BMedBiol (Hons), MBChB (comm), MRCP, FRCPath) qualified in 1991 with commendation from the University of Aberdeen. He completed higher specialist training at Guy's and St Thomas' NHS Foundation Trust and took up his Consultant post in 2001. He is currently director of the Guy's and St Thomas' PBSCT programme and lead clinician for haematology. He has a particular interest in myeloma and transplantation for auto-immune disease.



Dr Robert Carr (BSc, MBChB, FRCP, FRCPE, FRCPath) graduated from Edinburgh Medical School. After completing his training in general medicine and haematology in Edinburgh and Liverpool he was appointed as a senior lecturer and honorary Consultant in Haematology at the United Medical and Dental School of Guy's and St Thomas' Hospital in 1991. Initially based at St Thomas', he established the first marrow transplant service at the hospital and since the merger of Guy's and St Thomas', has led the treatment of patients with acute leukaemia. His particular interest is in leukaemia and lymphoma in young adults and he is currently establishing a specialist Teenage and Young Adult haemato-oncology unit at Guy's and St Thomas' NHS Foundation Trust.

Dr Paul Fields (MBChB, FRCP, MRCPATH, PhD) graduated from the University of Liverpool in 1988. He then went on to complete his post-graduate Haematology training at the Royal Free Hospital and University College Hospital, London. He is currently a Consultant Haematologist at Guy's and St Thomas' NHS Foundation Trust. During his postgraduate training he was awarded an MRC clinical training fellowship and undertook research training at the University of London and the University of Pennsylvania, USA leading to a PhD degree awarded from the University of London in Immunology and Genetics. He attained two post-graduate young investigator awards during his PhD thesis. His clinical interests are in stem cell transplantation, lymphoproliferative diseases and immunomodulatory strategies to treat haemato-oncological diseases. He sits on two NCRN Lymphoma working groups and is a UK principle investigator for a Lymphoma NCRN badged CR (UK) study. Dr Fields is a member of the British Society of Haematology, American Society of Haematology and European Society for Bone Marrow Transplantation. He has authored and co-authored several publications (paper, reviews) around his research interests and lymphoproliferative disorders.

Dr Matthew Smith (MA, MBBS, MRCP, MRCPATH, MD) trained in Medicine at Cambridge University and King's College, London. He qualified in 1994 and specialised in Haematology in 1997. He trained in this speciality at the Royal Marsden Hospital, London and St Bartholomew's Hospital, London before completing a 3-year Cancer Research UK funded Clinical Fellow post. From this work he completed an MD thesis on the mutational abnormalities present in acute myeloid leukaemia and in familial myeloid disorders. He was appointed by Guy's and St Thomas's NHS Foundation Trust in 2005 and is currently working to develop clinical and laboratory research in AML, MDS and CML at the Guy's Hospital site.

Liz Bishop (RGN, BSc, MSc) qualified as a nurse in Dundee, Scotland in 1986. Since then she has worked in a variety of London hospitals and specialised in haematology in 1994. She gained experience in transplant nursing at St George's Hospital, London and the Royal Marsden Hospital, London. She is currently undertaking a Doctorate study at Surrey University. She was appointed by Guy's and St Thomas' NHS Foundation Trust as Nurse Consultant in 2005 to lead the nursing team and is currently working to develop nursing expertise in transplantation through research and audit projects at the Guy's Hospital site.



