



KING  
EDWARD VII's  
HOSPITAL

# Friends Newsletter

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LIEUTENANT MACLEOD  
(Royal Dublin Fusiliers, Wounded, Colours).



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## Dear Friends

It is my pleasure to introduce the Spring Edition of the Friends Newsletter.

I would like to start by drawing your attention to a highly successful year for the Centre for Veterans' Health. As you know, our Hospital was founded to care for veterans of the Armed Forces, and I am proud that that commitment remains as strong today as it did in 1899. Fuelled by a spirit of philanthropy that has spanned generations, we have been able to care for thousands of veterans throughout our history, including over 150 last year.

You can see our Centre for Veterans' Health Year in Numbers on page 4, as well as a personal testimony from Captain Alex Horsfall, who we were able to help as a result of the proceeds raised from our Christmas Carol Concert. In the presence of our President, HRH the Duke of Kent, this event was a huge success despite the endeavours of the rail unions and the icy weather conditions! Please do save the date (5th December) for this year's event.

In addition to philanthropy fuelling our work with veterans, we have also relied upon generous donations for capital projects, and for investments in new technologies and procedures. It has been encouraging to have the support of so many of you for our Next Chapter Appeal, with work on our main hospital building now underway. My sincere thanks to all of you who have made a donation. I was also delighted that a very generous donation has enabled us to introduce a new procedure, HoLEP, which you can read about

in detail on pages 10 and 11. This is an innovative and life-changing urological procedure and we are now one of only very few private Hospitals in the UK able to offer it.

This June we honoured our incredible medical and non-clinical staff members for their years of commitment and hard work here at the Hospital. In addition to celebrating our long serving staff for between 5 to 40 years service, we also took the opportunity to thank His Royal Highness, the Duke of Kent, for 50 Years of service as President of the Hospital and his passionate support of our Hospital and our charitable support of Veterans of the Armed Forces.

Last but my no means least, whilst delivering the best medical treatment is core to what we do, delivering truly outstanding patient centred care is something King Edward VII's Hospital has always prided itself on. With that in mind, we were pleased to join with other hospitals and healthcare organisations from around the world on 12th May to celebrate International Nurses' Day – where we recognise the outstanding job that our nurses do each day. Some photos are included on page 17.

Thank you for your support, and I do hope you enjoying reading this Spring Edition of our Friends Newsletter.

Professor Justin Vale  
CEO



# Personal testimony

Thanks to the funds raised at our December Carol Concert, we were delighted to be able to support Captain Alex Horsfall earlier this year. He now shares his military experience and a testimony of his time at our hospital



In 2007, I left university and joined the British Army. With the Iraq and Afghanistan campaigns in full swing, I had a great sense of excitement and uncertainty, probably in equal measures. I joined The Rifles, a newly amalgamated regiment, and managed to find my feet as a young platoon commander in Northern Ireland and Kosovo. In 2009, I was deployed to Sangin, Helmand Province, a Taliban stronghold in southern Afghanistan. After four months, the platoon was sadly caught up in a Taliban ambush involving multiple improvised explosive devices which left five of my Riflemen dead and several injured. I was extremely fortunate to survive, thanks to those soldiers around me, but had my left hand and leg amputated alongside a few other injuries. I spent the next few years in and out of hospital and rehabilitation. I quickly learnt to walk again with the help of a prosthesis but as is perhaps inevitable, after over a decade of putting excess strain on my good leg, something snapped.

I was extremely grateful to be invited to come to King Edward VII Hospital for a consultation, free of charge under their veterans fund. At the time we all simply thought I had torn a muscle or a ligament, but following an MRI scan I was told a small break in the femur would mean I would need a knee replacement. Despite this, and without a second's thought, the hospital was willing to cover all of the costs of five days stay, alongside scans, surgery, physiotherapy and round the clock care.

One of my fondest memories of King Edward VII was the people. The genuine undivided attention staff were all able to provide to the patients is laudable and I honestly believe this played an integral part in my recovery. The warmth from each and every interaction I had, whatever

the time of day or night, whether about my health or simply an intimate chinwag, was strikingly memorable. I have had the misfortune of getting to know hospitals up and down the country, but it was evident right from the start, that King Edward VII stands out through the effort from staff in building genuine relationships with each patient. We are all mindful of the profound challenges the health service has had to endure over the last few years, but I hope they are all aware of the reassuring pride they engender in the public with their stoic and unrelenting professionalism.

In 2009, injured servicemen were returning from Afghanistan in their droves. It is perhaps odd to say, but it was a good time to be injured, as the military was always at the forefront of the minds of the British people. Since then, with less wounded and killed on operations, the well-being of veterans is understandably no longer front page news. However, it is precisely why it is so heart-warming and uplifting to see organisations such as King Edward VII, still looking out for the well-being of veterans.

So for that, and to all at King Edward VII, I say an enormous and heartfelt thank you, from the surgeons, to the nurses, to the radiographers, to the physios and of course to the front of house, who had to put up with my incessant 'fresh air' breaks. My knee has slowly but surely healed and I am back up and walking, having had the envious pleasure of recently throwing my crutch to touch, hopefully never to be seen again!

I can proudly and painlessly stand up straight and salute you all.







# Supporting our veterans: A year in numbers

Thanks to your generous support we were able to support hundreds of veterans in the 2022/23 financial year. Thank you.

## THE PAIN MANAGEMENT PROGRAMME

Rated twice as outstanding by the Care Quality Commission (CQC), our flagship pain management programme, provides practical strategies to help veterans improve the quality of their lives alongside their pain. Strategies include: helping veterans gain a greater understanding of pain, managing physical activity and mood, and reviewing pain-related medications in order to improve confidence in the day-to-day management of their pain.

- 7 virtual PMPs delivered
- 76 veterans assessed
- 47 veterans completed the PMP

With many thanks to Michael Hockney MBE and the Lord Mayor's Big Curry Lunch for their generous support of the pain management programme.

## 20% DISCOUNT

All Service or ex-Service Personnel (including reserves), without medical insurance are entitled to a 20% discount on their hospital bill. This is regardless of rank or length of service. It also extends to their spouses/civil partners and includes widowers and widows.

46 admissions relating to 36 different patients

An additional 58 individuals benefitted from 100 non-admitted interactions (consultations, diagnostics etc)

The total amount contributed by the hospital for these patients was £89,503

## 100% MEANS-TESTED GRANTS

The Centre for Veterans' Health means-tested grants programme provides 100% grants to uninsured Service or ex-Service Personnel, (including reserves), without medical insurance, enabling them to access the Hospital completely free of charge. Many consultants agree to undertake these procedures on a pro bono basis.

12 grants provided

The largest grant was for £41,000

£120,000 allocated by the hospital

A charitable trust generously donated £80,000

## PILOT HEARING LOSS AND TINNITUS SERVICE

The Hospital piloted a new consultant led pro bono telephone consultation service to support veterans with hearing loss and tinnitus.

- 11 veterans supported
- 90% found the service definitely useful
- 90% had sufficient consultation time
- 100% found the explanations easy to understand
- 100% were extremely likely or likely to recommend our consultant to other veterans

# Capital Appeal

We were delighted to launch our Next Chapter Appeal earlier this year. This is a major fundraising appeal, to deliver a major project of upgrades and refurbishment throughout our main hospital meeting.

The core of this project is the provision of additional surgical capacity, with significant improvements, both technical and aesthetic, to existing structures and spaces.

The works will upgrade mechanical and electrical systems, enabling and delivering a full range of sector-leading diagnostic, treatment and support technologies. This will allow us to provide the gold standard of patient comfort and experience.

It will physically transform the whole campus while streamlining clinical operations and safeguarding the future of the Hospital, guaranteeing the best for our patients.

### Improvements will include:

- The addition of a fifth operating theatre
- Existing surgical departments will be significantly improved, with our four existing theatres undergoing refurbishment and technological enhancement
- The hospital's roof will undergo significant, essential renovation, to both ensure the integrity of the building and house a new electrical plant capable of running state-of-the-art systems
- Upgraded mechanical plants will be developed in both new and existing spaces, serving the upgraded surgical department, advances in IT, our digital transformation programme and building overall

• Refurbishment of all patient rooms will bring them up to best-in-class technical, environmental and aesthetic standards, to ensure the highest standards of patient care

• The remaining hospital building, including all common areas, will undergo refurbishment to the same high specification

We have been very encouraged by the early response to our Appeal, and would like to thank all those who have made a donation.

Please do contact us at fundraising@kingedwardvii.co.uk if you are in a position to support this appeal. We would be delighted to hear from you.



**Alex Le Vey**  
Director of Strategy  
and Philanthropy  
alevey@kingedwardvii.co.uk





# Rebecca Sumner

tells us about her background and new role as Director of Operations

**I have worked at the Hospital since July 2019, formerly as Head of Outpatients. This was my first role in private healthcare, having joined from UCLH NHS Trust, where I had spent the last 12 years working in various operational management positions across the surgical specialities division. I have recently been appointed the Director of Operations which involves managing the day-to-day activities of the hospital across several departments, focusing on productivity, efficiency and above all else delivering an outstanding experience for our patients.**

I feel very proud to work at King Edward VII's Hospital. I have a passion for operational excellence and commitment to patient centred care. Our personalised approach to healthcare is not limited to clinically shared decision making and treatment planning, but truly extends to all aspects and departments of our hospital. We continuously strive to improve, seeking feedback directly from patients and their families through our "5-a-day" questionnaire, via our inpatient and outpatient surveys and across our consultant and patient forums. This may be as simple as procuring different height chairs

or developing systems to alert us in advance if patients need additional support, so that we can ensure it is available and offered without the need to ask.

As Head of Outpatients, I led on the opening of our new outpatient and diagnostic centre and many of the improvements and efficiencies we have been able to deliver have been a direct result of this careful engagement with patients, consultants and staff. I am looking forward to being part of the redevelopment of the main hospital building to align the standard of our facilities and drive further improvements.

In September 2022, the hospital was rated "good" by the Care Quality Commission – this has only encouraged our efforts on our journey to outstanding. As well as plans to improve our estate and facilities, we have already introduced new initiatives, had two accessibility audits and are in the process of obtaining accreditation for various departments and services.





# An interview with **Desmond Runganga** Orthopaedic Clinical Nurse Specialist

## **How long have I been working at King Edward VII's Hospital?**

I joined King Edward VII's Hospital in October 2018, so am currently in my fifth year at the Hospital.

## **What does your role involve?**

My role involves overseeing and managing the care of patients with musculoskeletal disorders, ensuring that they receive the highest quality of care and support throughout their treatment journey. This involves collaborating with other healthcare professionals to provide comprehensive and coordinated care, from pre-assessment to discharge and beyond.

During a patient's hospital stay, I oversee their care, working with other healthcare professionals such as Physiotherapists, Occupational Therapists, Wound care specialists, Pharmacists, and others to ensure that patients receive the appropriate care. After discharge, I continue to monitor and support patients in their recovery, providing follow-up care and resources to support on-going recovery.

Overall, my role as an Orthopaedic CNS is essential in improving patient outcomes, providing high-quality care, and supporting patients and their families through what can be a challenging time.

## **What makes KEVII special / what do you enjoy most about working here?**

What I enjoy most about working at King Edward VII's Hospital is the strong sense of community and family that we have. As one of the smallest and most exclusive private hospitals in the country, we take pride in providing personalized care to our patients. It's a pleasure to work in an environment where patient satisfaction is a top priority, and everyone works together as a team.

## **How do you support the Hospital's work with veterans?**

As an Orthopaedic Clinical Nurse Specialist, I support the Hospital's work with veterans by serving on a committee that evaluates applications from veterans seeking medical treatment. Working with GP referrals and other relevant medical information, we assess whether the veteran is eligible for treatment or further tests and direct them to the appropriate medical professional for care.

## **A favourite KE7 memory**

There have been many, but my favourite is when the Ex-Co team invited me to attend the Laing Buisson hospital awards ceremony. Our hospital had been nominated for the Best Hospital Award, and I was thrilled to be part of the team that represented us. The event was a fantastic night filled with opportunities to network with other professionals, enjoy the entertainment, and celebrate our moment of glory as winners.

## **What have been the most significant changes you have seen at the Hospital in recent years?**

We have had quite a few, but the implementation of the Enhanced Recovery After Surgery (ERAS) program has resulted in significant improvements in patient outcomes, particularly for knee replacement/resurfacing patients, and reduced hospital stays. Additionally, the hospital's team of Clinical Nurse Specialists (CNS) and Advanced Nurse Practitioners (ANP) across their four core specialties have increased staff and patient education, resulting in improved staff confidence in carrying out procedures such as complex wound dressing.





# Innovative treatment for a growing problem

The common symptoms that accompany an enlarged prostate gland can cause emotional as well as physical distress, but when lifestyle changes are not enough to tackle the problem, a minimally invasive surgical technique is offering hope for men to get their lives back on track.

Urology is one of King Edward VII's Hospital's four key clinical specialisms. We endeavour to pioneer the latest treatments for the benefit of our patients. As such, thanks to the support of a very generous donation, we were delighted to introduce HoLEP in May this year.

An enlarged prostate gland is one of the most common medical conditions affecting men as they grow older. Indeed, it is estimated that as many as half of all men over the age of 50 have some degree of prostate enlargement, known clinically as benign prostatic hyperplasia (BPH) and in the over-80s, that figure shoots up to more than 80%.

A normal prostate typically weighs in at around 30 grams, but the hormonal changes that occur with age can cause it to grow dramatically - to an excess of 80 grams in the most severe cases. The resulting pressure on the bladder and the urethra can lead to a host of symptoms such as: hesitancy, increased frequency - especially at night - and weak urine flow. These can often be improved with simple lifestyle changes. However, progressive BPH can result in a range of more worrying lower urinary tract problems, such as blood in the urine, incomplete bladder emptying and repeated infection. Although BPH is not cancerous, serious complications can arise if it is left untreated, including urinary retention - a painful condition where the prostate blocks the urine flow completely and which requires emergency treatment.

Mr Marios Hadjipavlou, Consultant Urological surgeon at King Edward VII's Hospital recommends men always get their symptoms checked by a

doctor. 'A PSA blood test and simple physical examination is often enough to rule out something more sinister, such as cancer,' says Mr Hadjipavlou. 'Sometimes an MRI will be needed and, less frequently a biopsy will be required, but this can be done very easily through the skin, transperineal and under a local anaesthetic or sedation.'

If BPH is identified as the problem, there are a variety of treatment options. Conservative management can often be enough to tackle mild symptoms. More progressive forms of the condition can be treated with medication but for particularly enlarged prostates or in cases where patients cannot tolerate medication, surgery might be needed. This can feel like a daunting prospect, but advances in minimally invasive surgical techniques are leading to faster



**Mr Marios Hadjipavlou**  
Consultant Urological surgeon

recovery times, fewer side effects and better outcomes for patients - even those with progressive BPH.

Mr Hadjipavlou specialises in Endourology, which unlike classical open surgery, uses small, thin instruments passed through the urethra to perform surgery without the need for incisions. There are a number of minimally invasive techniques available to treat moderate BPH, but at King Edward VII's Hospital, he is advancing the use of holmium laser enucleation of the prostate, known as HoLEP, to treat the most complex cases.

Holmium lasers have long been used in the treatment of kidney stones. However, their use in treating prostate enlargement is confined to just a few specialist centres. The technique itself is complex and takes time to master. Currently, Mr Hadjipavlou is one of just a handful of surgeons able to offer HoLEP in London. 'HoLEP is beneficial for patients that have larger prostates because other techniques can't remove as much of the excess tissue and so do not work particularly well for patients with very enlarged prostates. There is also limited availability in the UK, so while HoLEP can be used to treat smaller prostate enlargement, it is generally reserved for people that have a prostate larger than 70 or 80



grams and, therefore, fewer treatment options,' explains Mr Hadjipavlou.

The procedure itself is carried out under general anaesthetic and can usually be completed in around an hour - sometimes longer if the prostate is particularly enlarged. Mr Hadjipavlou describes it as 'making a hole in an orange and peeling it from the inside... We insert a fine telescope through the urethra and essentially carve out the inner, enlarged part of the prostate with a laser device which cuts and controls bleeding at the same time,' he says.

A power morcellator device is then used to 'mince' the excess tissue, allowing it to be removed through the bladder and out through the urethra.

'Because there are no knives and no incisions, patients won't experience any pain,' says Mr Hadjipavlou. 'They will require an overnight stay in hospital and a catheter will be inserted immediately at the end of the operation, but this is usually removed the next morning and they will be able to pee normally straight away.'

Patients often experience some mild post-operative symptoms such as burning, urgency and frequency following the procedure, but these generally improve over two to three weeks.

'The benefits for men following surgery are enormous,' says Mr Hadjipavlou. 'Their flow and bladder emptying will immediately be massively better and after six weeks they can expect to be back to normal.'

No surgery is without risk and there is a possibility of temporary urinary leakage, which can become long term in rare cases, and narrowing of the urethra - although this can usually be managed by a gentle stretching procedure in most cases. There is also a small risk of erectile dysfunction, but it is common for men to lose their ability to ejaculate. Because HoLEP is generally performed for advanced prostate enlargement, which tends to affect older men, this is often not a problem, but Mr Hadjipavlou says those wishing to preserve their fertility will need to consider carefully before deciding whether it is the right choice for them.

However, for most men suffering symptoms of advanced prostate enlargement, the benefits far outweigh the risks. Advances in laser technology as well as surgical techniques are providing enhanced outcomes for patients.

Mr Hadjipavlou has pioneered the en-bloc technique where the excess prostate tissue is detached in one piece, making the operation much faster with low risk of urinary incontinence. Since almost all of the excess tissue is removed with HoLEP, it is rare for it to grow back, meaning that patients usually require no further treatment for the rest of their lives.

'As well as immediate relief from symptoms, in the long-term men will have a lower risk of urinary infection and blood in the urine,' he says. 'But the first thing that many patients say when we follow them up is that they are peeing like a 20-year-old and that can make a massive difference to their lifestyle as well as their confidence.'



# Into the Archive

## Two of the Hospital's First Patients

**Mr Paul Montgomery** is a consultant ENT surgeon with expertise in treating vertigo, dizziness and balance disorders. Paul has been a consultant at King Edward VII's Hospital since 2019, and has recently begun exploring the history of the Hospital. Today, he brings us an article on Two of the Hospital's First Patients.

During the "Black Week" of 10–17 December 1899 the British Army suffered three devastating defeats by the Boer Republics at the battles of Stormberg, Magersfontein and Colenso, leading to the first patients coming under Agnes Keyser's care.

### 2nd Lieutenant Roderick Macleod & The Disaster of Colenso

**L**ieutenant Roderick Macleod was one of Agnes's first patients. At the battle of Colenso he was very seriously wounded in the leg and left for dead, but was rescued from the battlefield and transferred to Sister Agnes's Hospital. Colenso was described by Lord Roberts who lost his son, Frederick, as "murder, sheer murder".

His leg was saved but it was left two inches shorter than it had been and he was invalided out of the Army.

He remained a lifelong friend of Agnes until the day she died.



Lieutenant Roderick Macleod



The Last Shot at Colenso by Richard Caton Woodville



Roderick Macleod's Webley WG Army M1896 revolver, 1899

### "The Indestructible Major Kays" and the Spion Kop Massacre

**T**he Spion Kop10 was another terrible defeat for the British. At the top of the Hill of Spion Kop, is the 'The acre of massacre', where 1000 British troops were killed in a space no larger than Trafalgar Square.

Into the battle, Major Walpole Swinton Kays led a battalion of the Kings Royal Rifle Corps in a sword charge on the heights of Sugar Loaf Hill, near Spion Kop, cracking the Boer line and reliving pressure on his fellow soldiers on the hill of Spion Kop.

Major Kays was injured in the attack and transferred back to Sister Agnes's Hospital where he was treated by Sir Frederick Treves, Queen Victoria's surgeon.

Kays had a sixpenny bet with Sister Agnes and Treves that he would be able to return to combat duty in the Boer War - Kays won!



Walpole Swinton Kays

He wore the sixpence coin on a chain for the rest of his life. Sir Frederick gave him a copy of his book "Tale of a Field Hospital" he inscribed on the fly leaf "To the indestructible Major Kays."

He returned to South Africa for the last six months of the war, and commanded the mounted infantry battalion of his regiment.



"British advance up Spion Kop" by Richard Caton Woodville Jr

Remarkably at the same battlefield two world figures, Winston Churchill & Mahatma Gandhi were also at the battle at the same time.



Churchill in the Boer War

Winston Churchill was acting as a courier and described the battle scene.

"Corpses lay here and there. Many of the wounds were of a horrible nature. The splinters and fragments of the shells had torn and mutilated them. The shallow trenches were choked with dead and wounded."



# 6 things you could be doing that will make your knee pain worse

Knee pain can be caused by a number of different factors including sprains and strains, tendonitis, a torn ligament or cartilage damage.

Mr Robert Marston, explains what you may be doing to make your knee pain worse, and what changes you could make in order to look after your knee joints and make them feel more comfortable.

## 1. Exercising too much, or not enough

The knee joint can withstand many times our body weight in terms of force. For example, when we're walking, the knee takes the force equivalent to three times our body weight and when we're running, it takes six times the load.

When we're putting our lower body under intense force and load, such as when we're going up and down stairs or an incline or we're performing squats and lunges, our knees take ten times our body weight.

If we have chronic knee pain, it's important to make sure we're exercising to support our knee joints, and to not overdo things. In my experience, the most aggravating activity for patients with knee problems are endless squats and lunges, which put high forces repeatedly through the knee. It's also a good idea to avoid high impact exercises that 'jar' the leg, such as running, kickboxing and jumping.

Walking is excellent exercise, not only for the knee, but also for the cardiovascular system. Many cardiologists suggest that a brisk 30 minute walk three times a week is more beneficial for the heart than high intensity gym exercises.

Other non-impact activities such as cycling and swimming are also good for the knee and overall fitness. Whatever exercise you decide on, always ensure that you warm up and stretch your legs and lower body before any workout.

## 2. Consuming a pro-inflammatory diet

You may not think it, but your diet could be a contributing factor to your knee pain.

As yet, there is no clear evidence that any specific food or ingredient is detrimental to knee pain. However, some people find that consuming acidic fruits and vegetables make their symptoms feel worse.



There is also anecdotal evidence that foods that cause an increase in inflammation may also make joint pain worse. This includes highly processed foods that are high in saturated fat, salt and sugar, red and processed meat, dairy products and alcohol.

Consuming anti-inflammatory foods can help to reduce levels of inflammation in the body, that in turn, can help to reduce knee pain that's accompanied by swelling, redness, or a warm feeling to the skin – all signs of inflammation. The most important thing is to eat a healthy, balanced diet and to avoid overeating to help maintain a healthy weight.

It's worth remembering that if you're one stone overweight, you're putting the equivalent of 10 stone of excess weight onto the knee joint when you're walking up or down stairs or carrying out squats and lunges. If you're overweight, take steps through diet and exercise to begin to lose weight.

## 3. Sleeping in the wrong position

Our weight, what we choose to eat and what level of exercise we undertake can all affect our knee joints. However, how we sleep can also have an impact.

Patients with arthritis or another type of knee pain often find that if they lie on their side with the inner surface of each knee touching, it causes pain that can disturb sleep. Therefore, it's best to avoid this position if you have persistent pain in one or both knees.

If you like to sleep on your side, special pillows are available that can be placed between the legs that separate your knees and prevent direct contact between them.

## 4. Wearing the wrong footwear to support the knee joint

Prolonged episodes of either standing or walking in certain shoes can negatively impact on the knee joint. High heels, that change the centre of gravity of the legs and feet, any footwear that makes the lower limbs unstable or ill-fitting shoes, could be making your knee pain worse. Flat, supportive, well-fitting shoes are the best option for preventing and managing knee pain.

## 5. Not being aware of the lifestyle habits that can make knee pain worse

When sitting or driving, have your leg at a 45° angle rather than flexed to 90° (as you may automatically do with your left leg when driving an automatic car). Also, adjust your seat so that your right leg is at a more relaxed angle, rather than highly flexed and bent at 90°.

If you experience knee pain when sitting, make sure you sit with your knee at 45° rather than 90° or further, since this reduces the static force across the joint.

It's also important to take steps to avoid tripping and falling, such as keeping walkways and stairs free from clutter, keeping common areas well lit and using the handrail when going up and down the stairs.

## 6. Avoiding medical advice

One of the main reasons knee pain can become worse is not seeking medical attention soon enough.

The right time to seek medical advice is when you feel that conservative measures, such as avoiding exercise that aggravates your knees, managing your weight, taking supplements and using pain relief including an NSAID, are no longer working to relieve your pain.

You should also seek medical help if you experience sudden knee pain, or you've twisted or fallen onto it during physical activity. If you ever feel that your quality of life is suffering or you cannot do the things you enjoy because of your knee pain, it's time to speak to a doctor.



**Mr Robert Marston**  
Orthopaedic  
Consultant

# Celebrating Christmas Carol Concert

At St. Marylebone Parish Church with King Edward VII's Hospital

Save the date

5<sup>TH</sup>  
DECEMBER





# Celebrating Our Staff

## Long Service Award Winners 2023

On 26 June, we celebrated KEVII’s long-serving staff members at St. James’ Palace, as well as His Royal Highness The Duke of Kent who has been our President for 50 years. We can’t thank our teams enough for their ongoing commitment and dedication to our Hospital.

This year’s recipients are:

- 5 years**  
 Melanie Bartley  
 Angelee Otic  
 Peter O’Neill  
 Justin Vale  
 Natasha Anderson  
 Chris Crueru  
 Eddie Murillo Solis  
 Daniel Borisov  
 Miriam Buenafe  
 Caroline Dunne  
 Emily Caliao  
 Raza Sinkeviciute  
 Temporo Dy  
 Eva Mysko



- 20 years**  
 Tiana Jones  
 Rob Lusterio  
 Sibio Sibanda  
 Melody Cruz  
 Ersire Remollo



- 25 years**  
 Sara Jones



- 35 years**  
 Robert Gomez  
 Isabelle Nichol



- 40 years**  
 Luis Frieria

CELEBRATING

INTERNATIONAL

NURSES DAY

12th May 2023





# Get in touch

For more information on anything included in this newsletter, or to discuss how to best support the Hospital, please contact:

Fundraising Office  
[fundraising@kingedwardvii.co.uk](mailto:fundraising@kingedwardvii.co.uk)



KING EDWARD VII's  
HOSPITAL

[kingedwardvii.co.uk](http://kingedwardvii.co.uk)

King Edward VII's Hospital  
5-10 Beaumont Street  
Marylebone, London, W1G 6AA

Registered Charity No. 208944

