



A lifetime of specialist care

Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Systematic assessment of refractory asthma (SARA)





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This leaflet gives you general information about your admission for a systematic assessment of refractory asthma (SARA). It does not replace the need for personal advice from a healthcare professional. Please contact us if you have any questions.

Introduction

This leaflet is for patients who are being admitted to Royal Brompton Hospital for investigation of their asthma

symptoms. It offers information about what to expect during your time in the hospital.

What do I need to know?

Why am I being admitted?

Many of the patients who are referred to our asthma clinic have symptoms that have been difficult to explain or control (refractory). Therefore, we sometimes ask patients to stay with us for a few days to carry out a detailed assessment (study) to try and understand exactly what is causing their symptoms, and how best to treat them.

Where will I stay?

You will receive a letter asking you to come to the reception

area of Lind ward, which is on the fourth floor of the Fulham Wing (also called South Block) of Royal Brompton Hospital. Your tests may be carried out in both the Fulham and Sydney Street wings of the hospital. We will arrange transport between the two if necessary.

How long will I stay?

Patients typically stay for between two and five days for assessment. Occasionally, some need to stay in longer for specialist treatment.



What should I bring?

During your stay you can wear your normal everyday clothes.

You need to bring:

- Loose, lightweight clothes.
- Comfortable shoes e.g. trainers, in case you need to have an exercise test.
- Toiletries (the hospital provides towels).
- Nightwear (pyjamas / nightdress, slippers, dressing gown).
- All your current medication in its original containers and, if possible, an up-to-date prescription list of your medication.
- Books, magazines, laptops, mobile phone and chargers, if necessary. Wifi internet is provided free of charge.

Please note that you are responsible for the safekeeping of your possessions and the hospital cannot accept liability for the loss or damage of any items during your admission.

Visiting hours, facilities and dietary requirements

The visiting hours for Lind ward are 8.00a.m. to 8.00p.m. There is a TV lounge where you can relax and spend time with visitors.

Please let us know when you arrive if you have any special dietary needs.

More information is available on the Trust website:

www.rbht.nhs.uk/patients/brompton/wards/lind-ward

About my test

Is there any medication I should avoid taking before my admission?

Please try and avoid taking the medications listed below because they can affect the test results or make them difficult to understand:

- **Inhalers** – please **do not** use on the day of admission unless absolutely necessary (see below), for example: Symbicort, Seretide, Flutiform, Fostair, Qvar, Oxis, Relvar, Spiriva
- **Theophylline tablets** – please **do not** take on the evening before your admission or the morning of your admission, for example: Phyllocontin, Uniphyllin, Slophyllin
- **Antihistamines** – please **do not** take for three days before admission, for example: loratidine (Clarityn), desloratidine (Neoclarityn), fexofenadine (Telfast), chlorpheniramine (Piriton)

If you find it difficult to manage without your inhaler,

please only use your bronchodilator (Ventolin, salbutamol, Bricanyl). When you arrive for your tests, please tell us if you have used it and at what time.

You can continue to take all your other medication as usual and it is important that you keep taking prednisolone (steroid tablets), if it is a regular medication for you.

What tests will I have?

You will have a number of different tests. We look at any previous tests that you have had at other hospitals and repeat them only if necessary. The following are tests you may have, but not everyone will need to have all of them.

Lung function tests

Lung function tests (including measurement of spirometry, lung volumes and gas transfer) are “breathing” tests, which look at how well your lungs work. Sometimes we ask you to use a salbutamol inhaler during the test, which we will give you. The tests usually take around an hour.



Histamine challenge (provocation) test

Some patients will have another breathing test – a histamine challenge. This test helps us to understand whether your symptoms are due to asthma. Using a nebuliser, you will be asked to inhale small, gradually increasing doses of a histamine solution to see how it affects your lung function.

Skin prick tests (allergy testing)

This is a safe way of testing for allergies to common substances, for example: grass pollen and house dust mites. It is not painful, but can cause an itchy rash that lasts up to 30 minutes.

Echocardiogram (echo)

This is a heart scan to look at the structure and function of the heart (similar to the ultrasound scan carried out on pregnant women). Some gel is placed on your chest and an ultrasound probe is moved over your chest. It can tell us whether your symptoms may be partly caused by your heart, or if there are any signs of side effects on your heart due to your asthma.

pH probe and impedance studies

This test provides information about whether there is an increase in the level of acid in your stomach. The acid may be going into your oesophagus (gullet) – this is called “reflux”, and can make your breathing symptoms worse. Sometimes reflux can cause symptoms of heart burn or indigestion, but not always. A small tube is passed into your stomach through your nose to monitor acid levels. It is left in place overnight and removed in the morning. It is very safe and only a little uncomfortable.

CT scan

This is a scan of your lungs and chest. It gives us more detail than a chest X-ray. The pictures can help understand more about what might be causing your symptoms.

Sleep study

You may have an overnight sleep study, which provides information about how much your oxygen levels vary while you are asleep. Changes in oxygen levels overnight can be due to a condition called obstructive sleep apnoea or may occur as a result of lung disease. This test involves wearing heart

rate and oxygen level monitors while you are asleep.

Blood tests

You will have some blood tests, to check, for example, the function of your immune system, and if your medications are being absorbed properly.

We have patient information leaflets with more details about lung function tests, echocardiograms and CT scans. Please let us know if you would

like any of these leaflets, using the contact details overleaf.

When will I get my test results?

Your test results and any changes to your treatment will be explained to you by one of the doctors before you go home. After you go home you may need some extra tests. If they are needed we will discuss this with you.

Which other professionals will I see?

Asthma specialist nurse

You will see the asthma specialist nurse, who will have a detailed discussion with you about your symptoms and about your treatment.

Ear, nose and throat (ENT) review

People often have some inflammation in their nose without noticing any symptoms. Treating this inflammation can help improve asthma symptoms, so most patients will see a nose specialist during their assessment.

Physiotherapy review

All patients see a physiotherapist. Physiotherapists can help with a variety of problems, including breathlessness, issues with physical activity and exercise, and difficulty with clearance of sputum (mucus, phlegm).

Speech and language therapist'

If we feel that your upper airways (throat) may be contributing to your symptoms, you may see the speech and language therapist who specialises in voice and throat symptoms.



Psychology review

Patients have the opportunity to speak to our psychologist during their admission. It is important to address the psychological wellbeing of anyone who has chronic respiratory symptoms.

Questions and contact details

If you have any other questions, or if you need to change or cancel the admission, please contact Kelly Fairclough, bed co-ordinator, using any of the following:

Telephone: **020 7351 8092** (direct line)

Switchboard: **020 7352 8121**, and ask for **bleep 7703**

Email: **k.fairclough@rbht.nhs.uk**

Your notes



Your notes

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call PALS on:

- Royal Brompton Hospital – 020 7349 7715
- Harefield Hospital – 01895 826 572

You can also email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 020 7352 8121
textphone: (18001) 020 7352 8121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
tel: 01895 823 737
textphone: (18001) 01895 823 737

Website: www.rbht.nhs.uk

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercemesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercemenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

