

Dr Rosemary Leonard

GETTING TO
THE HEART OF
MEDICAL MATTERS



Q In 2017 I had quadruple heart bypass and was fitted with a pacemaker, declared fit and I now lead a normal, healthy life. I take bisoprolol 2.5 mg, ramipril 10 mg and atorvastatin 80mg, but when I requested three months of pills to allow me to make an extended visit to my family in South Africa, the pharmacist said I was not entitled to do this.

He suggested I should go private to pay for my prescription. My cardiologist says I should never be without my medication so I would like to clarify my entitlement. I take these drugs every day without fail and most certainly cannot afford to miss them.

A The NHS does not have the responsibility for your medical care while you are abroad, which is why it is important to always have health insurance.

However, the NHS does accept responsibility for supplying ongoing medication for up to three months while you are away.

How much medication you get from each prescription can vary from practice to practice, but the standard amount is one or two months' supply (more for contraceptive pills).

If you are leaving the country for less than three months but require more than your usual supply to cover while you are away, then you should explain this to your doctor.

As long as the medication is for a long-term condition, and it is safe to do so – for example, no regular monitoring is required – then at our surgery we will prescribe up to three months' supply.

Your medications are standard therapy for someone with a heart condition and usually require an annual blood test to check your kidney function and cholesterol level.

You should also have at least an annual check of your blood pressure.

But so long as these have been done recently it is reasonable to expect to get a three-month supply.

If you were going away for longer than this, then the NHS is only obliged to give you enough medication to get you to your destination, where you should then find an alternative supply from a local doctor and pharmacist.

Q My wife was diagnosed with emphysema in 1996 and given medication. Before the pandemic we went to Cyprus to celebrate her 70th birthday and while we were there she was taken ill and had to spend 16 nights in hospital.

The Cypriot doctor took blood from my wife's wrist to perform a 'gas test'



Why was I refused enough tablets to make trip abroad?

and asked how often it had been done since her diagnosis. He was horrified when we replied "never". So, how often should gas tests be done - and should we be asking for them now we are back home?

A In emphysema, the tiny air sacs at the end of the airways are damaged and make it harder for the lungs to absorb oxygen, which in turn can lead to breathlessness, especially

when exercising. The blood test you describe is one that tests the levels of oxygen and carbon dioxide in arterial blood and can also check whether it is too acidic or alkaline, which may indicate if you have a severe breathing disorder or a problem with your kidneys.

The blood is usually taken by 'stabbing' the artery in the wrist, so is a very different procedure from a

standard blood test. The sample has to go immediately to a hospital laboratory without delay. For this reason, it is therefore only done in a hospital setting, never at a GP surgery. Even in a hospital it is usually only carried out when patients are very unwell.

It is possible to measure oxygen levels with a pulse oximeter, a small device which is placed on a finger,

but general management of emphysema is based on symptoms rather than oxygen levels.

If symptoms are severe, then testing blood oxygen and carbon dioxide can be done to assess whether oxygen therapy may be beneficial and, if so, how much will be required. Your wife should speak to her GP for guidance on how best to manage the condition.

Q After months of feeling as if there was excess mucus at the back of my nose I was diagnosed with post-nasal drip. I have tried all the usual remedies to no effect and was even given a scan after an examination at an ENT clinic, which was clear, but I still have no relief.

I am at my wits' end as I have to take sleeping tablets most nights as I can't get to sleep. It is constant, all day every day. Any suggestions?

A A post-nasal drip is caused by inflammation of the lining of the nose, which leads to the production of excess mucus, which can then drip down to the back of the throat.

Underlying causes can include an infection, such as a cold, but more long-term inflammation is often caused by an allergy.

At this time of year pollens are often to blame, but year-round triggers include house dust mites, or exposure to dogs or cats.

You haven't specified what treatments you have had, but steroid nasal sprays can usually help to reduce inflammation, especially the stronger ones, such as mometasone, which are only available with a prescription from a doctor.

Sometimes strong steroid nasal drops can be used too, but to be effective these treatments have to be used regularly, every day. A nasal spray containing Ipratropium, which dries up excess secretions, can also be helpful – again, this is only available on prescription.

Identifying the trigger for rhinitis can often be helpful and this can usually be done with blood tests that your GP can arrange.

If, for example, you find out that you are allergic to house dust mites, then a deep clean of all soft furnishings and surfaces to clear away dust can be very helpful, together with putting special anti-allergens covers on your mattress and bed linen.

● If you have a health question for Dr Leonard, email her in confidence at yourhealth@express.co.uk. Dr Leonard regrets she cannot enter into personal correspondence or reply to everyone.

DAMAGE
Never use
cotton buds
to clear wax



HOW TO CLEAN YOUR EARS SAFELY

Before you next attack your ears with a cotton bud, you should keep in mind that your ears are self-cleaning.

"Cotton buds will only push wax deep into your ear and can cause damage," says Dr Riaz Rampuri, co-founder of Auris Ear Care (aurisearcare.co.uk), the first and only regulated mobile ear care provider in the UK.

"The NHS recommend against using spiral ear cleaners, ear candles and

home vacuum kits," Dr Rampuri adds.

And as your grandmother may have told you many times, the rule remains: don't put anything in your ear smaller than your elbow.

"Definitely avoid using hair clips, keys, cotton buds and fingernails, which can all trigger infections. In fact, any scratching of the delicate tissue will make infections worse."

So how can you prevent ear wax building up – and do you even need to?

"You can't stop your ears producing wax, and a little is good for them and protects against germs and damage," explains Dr Rampuri.

"If you really feel you need to, a few drops of olive oil in the ears every week can keep wax soft and prevent build up.

"Remember that ear plugs and in-ear headphones push wax further into your ear. It is wise to ensure hearing aids are dry and cleaned regularly too."