

# YOUR GUIDE TO THE OCCUPATIONAL LUNG DISEASE CLINIC

This is the largest clinic in Europe for the investigation and study of occupational lung diseases. It is part of Royal Brompton and Harefield NHS Hospital Trust, and also of the National Heart and Lung Institute at Imperial College. You may wish to know that:

- Our clinical service is funded by the NHS
- You are being seen here as an NHS patient. We do not see people privately.
- We do not receive any payment from industry, including your employers.

*Department of Occupational and Environmental Medicine  
Royal Brompton Hospital, London and  
National Heart & Lung Institute (Imperial College)*



# OCCUPATIONAL LUNG DISEASE CLINIC

## Confidentiality

Patient confidentiality is very important to us, and your health will not be discussed with anyone without your approval. We usually write with your results to the doctor or nurse who referred you to our clinic, and to your GP, with a copy to yourself. **If you want to see a copy of this letter before it is sent, please inform the doctor you see at the Clinic.**

## **Q: What will happen to me in Clinic?**

### **1: Initial tests**

- When you arrive at the clinic, you will be invited to have a **chest X-ray**.
- The first person you see will be a clinical nurse specialist, who will ask you a few preliminary questions.
- She will invite you to have some skin tests with everyday allergens such as house dust mite and grass pollen. This is to see if you have a constitutional tendency to allergies.

Then, if appropriate, you will have **skin tests** to agents you work with – for example, flour or latex. If you work with something unusual then we may have to make a special test solution (although not all substances can be made into a skin test).

- Skin testing is a safe, painless procedure; positive tests cause a short-lived, itchy “nettle” rash on your arm. The test takes about 15 minutes and you will then have the result straightaway
- A positive skin test means that you are making antibodies to the test solution. This isn't necessarily abnormal.

The clinical nurse specialist will also test your breathing on a **spirometer**. This measures how much air your lungs hold and how rapidly you can blow it out.

- You may be given 2-4 puffs of salbutamol (Ventolin), and after 10 minutes your lung function will be tested again to see if there has been an improvement. This is called a reversibility test, and is one of the tests used to diagnose asthma.
- We may then take blood, which also allows us to measure whether you have any antibodies to substances you work with. As with skin tests, this blood test is available for many substances, but not all.

### **2: Medical assessment**

You will then be seen by a specialist doctor. He or she will take a thorough history of your condition and work history. Your chest X-ray, skin tests and spirometry results will be assessed. The doctor will then decide if any further investigations are necessary. These might include further blood or breathing tests or a chest scan.

### **3: Other investigations following your assessment**

You may be asked to **measure your breathing both at home and at work**, so that a more thorough assessment can be made of your condition. You will be asked to use a simple device known as a **peak**

**flow meter**, and to make measurements with it every two hours for about a month. We appreciate that this requires quite a lot of work from you, but it is a very important test which helps us to reach a diagnosis in many cases.

In some cases, you may be advised to come into hospital for inhalation testing. This is a way of getting you to carry out the tasks you do at work in a controlled fashion and in a special laboratory, where your lung function can be directly measured at the same time. Inhalation testing requires a stay in our 'minimal care ward' in the hospital for between five and ten days.

#### **4: The results of the tests**

You will probably be asked to return to our clinic after six to eight weeks to discuss the results of your tests. The doctor will then go through all these with you and tell you the conclusion we have reached. At this stage, in the few cases where a diagnosis has not yet been reached, further tests may be required. In some cases, we may be able to carry out this review by telephone.

#### **Q: What happens next?**

#### **5: Work-related lung disease**

The results of your investigations and review may show that there is a connection between your symptoms and your work (present or past); in this case the doctor will carefully explain your diagnosis and discuss with you the implications for your future health and, if necessary, your work.

a) In some cases, you may be advised that your health will deteriorate if you continue to work with the substance that is responsible for your problems. Please note that only very rarely is it necessary to make quick decisions about your work; more usually you will be advised that there is no harm in taking a little time to make long-term plans about changing your job.

b) In other situations, wearing suitable respiratory protection (a mask), lowering exposure to the cause of your problems and perhaps taking appropriate treatment will be sufficient to control your symptoms and protect your long-term health.

You may be eligible to claim for Industrial Injuries Disablement Benefit, a small amount of compensation from the Benefits Agency; we will give you appropriate advice and a leaflet to help you.

#### **6: Pre-employment issues**

Some issues concern 'pre-employment' – the question of whether a past or current health problem will cause you difficulties in a new job. In these cases, the aim of your coming to this clinic and having any necessary tests will be to consider the possible implications of taking the new job. Again all the relevant issues will be discussed with you carefully. In all cases we will keep you fully informed of our decisions.

- We will send you copies of all our letters and reports.
- The healthcare professional who referred you to our clinic (usually an occupational health professional, GP or another lung specialist) will receive the same letters and reports. You will probably find it helpful to discuss the outcome of your clinic visit with them.
- It can be helpful to involve your employer (if you have one) but please note that we cannot contact them without your written permission.

#### **7: Further help**

If it seems appropriate, and if you wish, we will offer you follow-up visits to our clinic.

*We understand how concerned you may feel about your health when visiting our clinic; we also appreciate your concern about the future of your job. If you have any questions, you may contact us at any time on 020 7351 8341.*

*Alternatively, visit our website at [www.lungsatwork.org.uk](http://www.lungsatwork.org.uk)*



**Kay Stephenson**  
Clinical Secretary



**Julie Cannon**  
Clinical Nurse Specialist



**Justine Arbery**  
Clinical Nurse Specialist



**Professor Sir Anthony Newman Taylor**  
Consultant Physician



**Professor Paul Cullinan**  
Professor in Occupational & Environmental Respiratory Disease



**Dr Jo Szram**  
Research Fellow in Occupational Environmental Medicine



**Dr Bernard Graneek**  
Consultant Occupational Health Physician



**Eunice Haining**  
P.A. to Professor Newman Taylor