

To whom it may concern,

Your patient may fit initial criteria to be eligible for consideration of a **Lung Volume Reduction** procedure that could help with their symptomatic breathlessness caused by emphysema.



Lung Volume
Reduction Surgery



Zephyr®
Endobronchial
Valve

Lung volume reduction can be performed surgically, by removing sections of emphysematous tissue that does not contribute to gas exchange, and traps air that is a cause of their breathlessness.

It can also be performed by minimally invasive means via a bronchoscope and the insertion of small one-way valves called endobronchial valves. These valves slowly remove the trapped air from the diseased portions of the lung and allow the patient to breath much more effectively and efficiently to reduce their symptoms.¹

These treatment options are recommended by both **GOLD**² and **NICE**³ and can be performed once some initial criteria are met from various tests. NICE guidance in relation to lung volume reduction can be found here:

<https://www.nice.org.uk/guidance/ng115/chapter/Recommendations>



Late in 2020 NHS England recognised the value of such a procedure in the correct population and granted National Commissioning for Lung Volume Reduction by surgery or Endo-Bronchial Valves in adults with severe emphysema (NHS Reference 200806P (1622)).

Lung surgery and lung volume reduction procedures³

1.2.88 Offer a respiratory review to assess whether a lung volume reduction procedure is a possibility for people with COPD when they complete pulmonary rehabilitation and at other subsequent reviews, if all of the following apply:

- they have severe COPD, with FEV1 less than 50% and breathlessness that affects their quality of life despite optimal medical treatment (see recommendations 1.2.11 to 1.2.17)
- they do not smoke
- they can complete a 6-minute walk distance of at least 140 m (if limited by breathlessness). **[2018]**

1.2.89 At the respiratory review, refer the person with COPD to a lung volume reduction multidisciplinary team to assess whether lung volume reduction surgery or endobronchial valves are suitable if they have:

- hyperinflation, assessed by lung function testing with body plethysmography **and**
- emphysema on unenhanced CT chest scan **and**
- optimised treatment for other comorbidities. **[2018]**

Please can you review the points above in relation to your patient and refer to James Cook University Hospital in Middlesbrough via stees.lvrs@nhs.net – or one of the centres below - where they will be considered for treatment.

National Advanced Emphysema Services and MDT contact details (status MONTH/YEAR by city):

City	Hospital/Facility	Contact	Phone Number
Birmingham	Queen Elizabeth Hospital Birmingham	Mr Naidu Mr Fallouh	¹ +44 1213715925 or ² +44 121 4243561
Bristol	Bristol Royal Infirmary	Mr Batchelor Dr Curtis	+44 117 342 2620
Cambridge	Addenbrookes Hospital	Dr Mahadeva	+44 1223 348 119
Cardiff	University Hospital Wales	Ms Kornaszewska Dr Sabit	+44 29 207 47747
Edinburgh	Edinburgh Royal Infirmary	Dr Skwarski Mr Will	+44 131 242 1867
Hull	Castle Hill Hospital	Mr Tentzeris Mr Crooks	+44 7926 379386
Leeds	Spire Leeds Hospital (Private)	Mr Papagiannopoulos	+44 113 269 885
Leeds	St James University Hospital	Mr Chaudhuri Dr Dimov	+44 113 206 8760
Leicester	Glenfield Hospital	Mr Rathinam Dr Panchal	¹ +44 116 258 3959 or ² +44 116 258 3844
Liverpool	Liverpool Heart & Chest Hospital	Dr Mohan ¹ Mr Shackcloth ²	¹ +44 151 600 1153 or ² +44 151 600 1398
London	Guys and St Thomas's	Dr Dewar Mr Okiror	+44 20 7188 7188
London	Royal Brompton Hospital	Dr Shah ¹ Dr Hopkinson ²	¹ +44 20 7351 8021 or ² +44 20 7349 7775
London	St Bartholomew's Hospital	Mr Waller Mr Kelvin Lau	+44 20 7377 7000
London	St George's Hospital	Mr Vaughan Dr Ruickbie	+44 20 8672 1255
London	The Harley Street Clinic (Private)	Dr Shah	+44 20 7034 8758
London	University College London Hospital	Dr Heightman Dr Thakrar Mr Panagiotopoulos	+44 20 3456 7890
Manchester	Wythenshawe Hospital	Dr Barraclough ¹ Dr Al-Aloul ²	¹ +44 161 998 7070 or ² +44 161 291 2565
Middlesbrough	James Cook University Hospital	Dr Sathyamurthy Mr Dunning	+44 1642 854475
Nottingham	Nottingham City Hospital	Prof Baldwin Dr Kemp	+44 7812 275908 or +44 115 969 1169 ext 77608
Oxford	The John Radcliffe Hospital	Ms Belcher Dr Moore	+44 1865 221 749
Oxford	The Manor Hospital (Private)	Ms Belcher	+44 1865 221 749
Scotland	Golden Jubilee National Hospital	Mr Kirk	+44 116 258 3158
Sheffield	Northern General Hospital	Miss Tenconi	+44 114 226 9279
Southampton	University Hospital Southampton NHS Foundation Trust	Mr Alzetani Dr Havelock	+44 23 8077 722
Southampton	Southampton General Hospital	Mr Alzetani	+44 23 8077 722
Staffordshire	Royal Stoke Hospital	Dr Haris ¹ Mr Ghosh ²	¹ +44 1782 675 748 or ² +44 1782 675 962
West Yorkshire	Nuffield Health, Leeds Hospital (Private)	Mr Papagiannopoulos Mr Milton	+44 113 882 067
Wolverhampton	New Cross Hospital Heart and Lung Centre	Dr Ejiofor ¹ Mr Habib ²	¹ +44 1902 307 999 ext 4106 or ² +44 1902 694 213

Risk Statement: Complications of the Zephyr Endobronchial Valve treatment can include but are not limited to pneumothorax, worsening of COPD symptoms, hemoptysis, pneumonia, dyspnea and, in rare cases, death. **International Brief Statement:** The Zephyr® Endobronchial Valve is an implantable bronchial valve intended to control airflow in order to improve lung functions in patients with hyperinflation associated with severe emphysema and/or to reduce air leaks. The Zephyr Valve is contraindicated for: Patients for whom bronchoscopic procedures are contraindicated; Evidence of active pulmonary infection; Patients with known allergies to Nitinol (nickel-titanium) or its constituent metals (nickel or titanium); Patients with known allergies to silicone; Patients who have not quit smoking. Use is restricted to a trained physician. Prior to use, please reference the Zephyr Endobronchial System Instructions for more information on indications, contraindications, warnings, all precautions, and adverse events.

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