

Medilink

Medical Professionals direct link
to programs and services at the Wesley

Supporting surgical excellence

Articles in this issue:

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- + Bowel cancer surgery on the rise
- + Evidence for positive bariatric surgery outcomes
- + Early detection of lymphoedema
- + World-first trial for respiratory app

Focus on Wesley Intensive Care Unit

Professor Bala Venkatesh, Director of Wesley Intensive Care Unit



Dr Luis Prado

MBBS Grad Dip Sp Med FRACGP FRACMA
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Director of Medical Services

Welcome

Welcome to our second Medilink for 2016. In this edition our focus is on our Intensive Care Unit and the surgical support our hospital offers the medical community to assist in the delivery of both tertiary and primary care. The critical care provided by our ICU supports all our surgery, no matter how complicated. Under the direction of Professor Bala Venkatesh, one of Australia's most pre-eminent intensivists, the ICU enables us to undertake complex surgery with minimised risk.

Perioperative medicine is an area that we take very seriously. The Wesley's Pre-admission Clinic ensures our patients are well prepared before embarking on their surgical journey from admission through treatment to their recovery at home. Our new Enhanced Recovery Pathway has already been successful for a number of orthopaedic surgery patients. The program has resulted in reduced lengths of stay as patients become more involved in their own care. The Wesley's pre-operative and post-operative care also includes pharmaceutical support which assists patients and GPs post discharge from the hospital.

At the Wesley our aim is to attain the highest standard of patient safety and patient outcomes. We endeavour to have the most up-to-date equipment and techniques in the country. I am proud to announce that the Wesley has the largest da Vinci robotics program in Australia, with two surgical systems performing in excess of 800 robotic procedures per annum.

This achievement proves our commitment to providing patients with complex cancers and diseases the opportunity to undergo minimally invasive surgery, with reduced post-op complications

and hospitalisation.

In this edition we also highlight the work of our colorectal and hepato-biliary services. Our surgical team are leaders in their field and perform more than 400 procedures every year, including 3D laparoscopic surgery and robotic surgery.

The Wesley is also expanding its services in the area of bariatric surgery. We currently have a number of specialists who treat more than 800 cases a year providing considerable relief for obese patients who may otherwise be faced with life-threatening conditions.

On a celebratory note, the Wesley Bone Marrow Transplant Unit is marking 20 years. We are extremely proud of the unit, headed by Dr John Bashford, which has been at the forefront of this revolutionary area of oncology since 1996. Dr Bashford was among the VMPs honoured at our Senior VMP Awards dinner early this year for his long and dedicated service to the Wesley. These annual awards are recognition of the high calibre of our Visiting Medical Practitioners. Congratulations to nephrologist Dr Simon Flemming, who received the Jon Douglas award for his outstanding contribution to The Wesley Hospital and our Dialysis Service.

Please feel free to contact me about finding the most suitable specialist for your patients and I look forward to continuing to work with you to provide holistic and collaborative care in the future. ■

Phone 07 3232 7926

Email dmsoffice.wesley@uhealth.com.au



Guests at the VMP Awards enjoyed a gala evening at Brisbane City Hall



Dr Simon Flemming receiving his award

Our sponsors

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GP Networking and Education



We'd like to introduce Ben Johnston, who joins our Business Development Unit as the new Business Development Manager.

Ben has held positions such as Clinical Products Manager for UnitingCare Queensland and Clinical Manager of ICU for St Andrew's War Memorial Hospital. He has a demonstrated history of business development and has held management roles with large multinational companies before settling here at the Wesley.

"The changes we are undergoing as a business unit and as a hospital are designed to inspire opportunity and innovation. I hope that we continue to foster the recipe for success and find new ways to do what we do better," Ben said.

"We have had many successes this year, including our third annual Women in Medicine networking event, held at the Golden Pig at Newstead. It was a great opportunity for GPs and our VMPs to meet and socialise. The number of women in medicine has grown and it was reflected in the number of those who attended the event. Similarly, our Women's Health ALM had over 100 GPs attend and was heralded a success by the GPs and specialists alike," he said.

Ben looks forward to meeting you over the coming months. For more information on any of our upcoming events, or if you would like us to visit your practice, please email wesley.bdm@duchealth.com.au or call 3232 7222. ■

Ben Johnston
Business Development Manager
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ben.johnston@duchealth.com.au



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6

1. GPs and Specialists networking at The Golden Pig
2. Dr Melissa Tan and Dr Michelle Kwan
3. Dr Melinda Heywood, Dr Fiona Raciti and Dr Maria Boulton
4. Dr Michaela Lee, Dr Marie Cox, Ms Ann Maguire, Dr Maxeen Devenport, Dr Lisa Erzetich and Dr Mellissa Naidoo
5. & 6. 2016 Women's Health ALM

Life-saving nitric oxide equipment for ICU

Nitric oxide for the management of acute respiratory distress is playing a new role in the frontline fight to save lives at the Wesley's Intensive Care Unit

The Wesley Intensive Care Unit is the first private hospital in Queensland to be equipped with a nitric oxide ventilation system. The Level 6 ICU recently acquired this system which delivers nitric oxide gas by invasive ventilation and is primarily used as a life-saving measure.

ICU Clinical Nurse Manager Kerrin Houston said nitric oxide therapy may be the best treatment in the initial post-operative phase for some complicated cardiac surgery patients. "It can also be used for some patients who develop severe respiratory distress. The unit also cares for many patients from regional areas who require

complex treatments, such as nitric oxide therapy, that would not be available at their local hospital," she said.

With 19 beds, The Wesley Hospital has the largest private intensive care unit in Queensland. State-of-the-art facilities and equipment ensure critically ill patients at the Wesley can be given top-priority care when needed. Ms Houston said the Wesley ICU was able to deliver a wide range of complex critical care therapies thanks to a highly skilled and dedicated multidisciplinary team.

To ensure the unit is kept up to date with the latest technology in the ever-changing ICU field, staff receive a high level of education

"The thing about working in ICU is that you have to be flexible and open to change. At any one moment, we never know what is about to happen."

to obtain competency in the use of all equipment and how to manage the nitric oxide therapy when deemed necessary. To facilitate training for her team of 80 staff, she offers 12 workshops throughout the year. These workshops cover a wide variety of critical care topics with a focus on the latest processes and procedures.

The Wesley ICU is accredited as a specialist medical training centre by the College of Intensive Care Medicine. The Wesley ICU is also actively involved in medical research under the guidance of Dr Bala Venkatesh. Currently the unit is participating in two major clinical studies, and a specialised



ICU Clinical Nurse Manager Kerrin Houston with a nitric oxide ventilation system



The Wesley ICU delivers a wide range of complex critical care therapies thanks to a highly skilled team

nurse is employed to facilitate the research and manage data.

"Research is extremely important for the management of patients into the future, and so we can maintain the best practice for our patients. It's very important – research facilitates development. The health industry is ever-changing and we need to be abreast of it," Ms Houston said.

Flexibility and openness to change are essential qualities for any ICU staff member, as the highly-trained staff deal with planned and emergency admissions to the unit, as well as responding to any medical emergency or code blue situations in any part of the hospital.

"Our Medical Response Team includes an ICU or CCU nurse and doctor, who

respond to all of the MERTs throughout the hospital at any time of day or night and our staffing structure in ICU is flexible enough to facilitate this. There are two senior registrars on 24 hours a day in the ICU, and an intensivist is always in the unit as well," she said.

"The thing about working in ICU is that you have to be flexible and open to change. At any one moment, we never know what is about to happen."

It is a busy dynamic unit that operates at full-capacity most of the time. Many patients are pre-booked into the unit after undergoing complex surgeries. In addition to booked admissions there are at least 14 to 15 unplanned admissions to the ICU in any given week.

"Our team works hard to deliver the best care to all patients who need intensive care," Ms Houston said. "We try to prioritise our attention to getting those patients in who need us most. Sadly patients don't choose to be sick and no one would wish to be in Intensive Care. Our staff understand this and are dedicated to doing their very best to assist them to get better. The ICU provides this essential service at the Wesley 24 hours per day, 7 days a week, 365 days a year."

For Ms Houston, the job is exciting and fast-paced but it does have its difficulties and challenges. On balance though, it is a very satisfying area in which to work.

"The job can be quite sad in a way, because you can't save everyone. At the same time, it's also very rewarding and interesting.

"When you have a patient who is quite unwell you go through the journey with them. When you see them leave and they come back weeks or months later and thank you, it can be very satisfying." ■

FAST FACTS

Wesley ICU

- + Largest private ICU in Queensland
- + 19 beds and two isolation rooms
- + About 1500 admissions annually
- + Located in Ward 3M in Moorlands wing
- + ICU is named after long-serving Wesley intensivist Dr Randal Pascoe
- + Care for patients with cardiothoracic, neurosurgical, general medical, oncological, vascular, major orthopaedic, hepato-biliary, thoracic, respiratory, septic neutropenic problems
- + Teaching unit with a training program for four senior registrars, medical students and nursing students
- + Facilitates resuscitation and stabilisation of paediatric patients
- + Accredited by the Australian College of Critical Care Nurses (ACCCN)



Equipment is constantly monitored

Long list of achievements for Professor Bala Venkatesh



Professor Bala Venkatesh considers intensive medicine a challenging but rewarding field

The Wesley's Director of ICU, Professor Bala Venkatesh, is proud of the unit's state-of-the-art monitoring technology and equipment. These facilities allow ICU staff to provide services and care which cover the extensive range of systems and procedural support corresponding with the functions of the hospital.

Professor Venkatesh trained as a physician and anaesthetist before specialising in intensive care medicine, and joined the Wesley as Deputy Director of Intensive Care Medicine in 2003.

Since 2015, he has been at the helm of the Dr Ranald Pascoe Intensive Care Unit at the Wesley, one of the biggest ICUs in Australia with about 1500 admissions each year.

"Intensive care medicine is something I am passionate about. It is the one specialty

that keeps you in touch with all other medical and surgical specialties involved in a patient's care," Dr Venkatesh said.

"It is a challenging field, assessing and managing critically-ill patients with life-threatening conditions. Looking after patients through the acute phase of critical illness, and then seeing them recover and return home is very rewarding."

Professor Venkatesh can boast a long list of career achievements, including President of the College of Intensive Care Medicine of Australia and New Zealand. He has also been actively involved in education and research throughout his career, and has received several grants for research from foundations and industry.

He is currently involved in the international, multi-centre ADRENAL trial, which is

"Looking after patients through the acute phase of critical illness, and then seeing them recover and return home is very rewarding"

assessing whether corticosteroid therapy (hydrocortisone) can improve outcomes for critically ill patients with septic shock.

The trial is funded by a \$3.27 million grant from the National Health and Medical Research Council, and aims to involve 3800 patients admitted to intensive care units in about 60 hospitals around the globe. So far, more than 1000 patients from 35 hospitals in Australia, New Zealand and Saudi Arabia, including The Wesley Hospital in Brisbane, have been involved in the study.

The Wesley ICU is accredited for specialist training by the College of Intensive Care Medicine and participates in national and international research and quality assurance activities, through the Australian and New Zealand Intensive Care Society. ■



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Transplant unit celebrates 20th anniversary

The Wesley Hospital's Leukaemia Foundation Bone Marrow Transplant Unit was a pioneering project of its day. The unit includes a completely integrated cancer care facility – the first of its kind housed in a private hospital. *Medilink* talks to the Director, Dr John Bashford, about the growth of the unit over the past 20 years.

Ground-breaking in its day, The Wesley Hospital's Leukaemia Foundation Bone Marrow Transplant Unit was the brainchild of a group of oncologists who formed the idea to build the facility in the early 1990s. They set about raising funds and forming relationships between Icon Cancer Foundation, the Leukaemia Foundation, Sullivan Nicolaides Pathology and The Wesley Hospital.

Formed in 1996 as a collaborative effort, the Bone Marrow Transplant Unit houses facilities unseen anywhere else in the private sector. With specialised nursing and surgical staff, a scientific laboratory and a custom-designed nine-bed isolation ward for patients' recovery, the unit was the first and is still the only facility with a fully-integrated, comprehensive cancer care service housed in a private hospital.

"We remain the leading private sector-run stem cell transplant unit, and we are one of the busiest – public or private," says Dr John Bashford, one of the original founders of the unit. "This is an important part of history because it's a great example of what people can do as a team. We have built something that is successful and is relatively uncommon in the private sector."

"We remain the leading private sector-run stem cell transplant unit, and we are one of the busiest – public or private"

– Dr John Bashford

Dr Bashford has seen first-hand the evolution of the stem cell transplant field throughout the years, with his postgraduate trainee fellowship focusing on what was then a new technique to treat cancers. Over 1000 transplants have been performed in the unit over the past 20 years, and the success rate is always improving. Before transplants, the average survival length for a multiple myeloma patient was two years. It now exceeds eight years, due in part to both stem cell transplants and the introduction of a number of new drugs.

"What was very experimental in the 1990s is now standard practice. There is still continual improvement in the field,

FAST FACTS

Stem cell transplants are used to treat three blood cancers:

+ Multiple myeloma

+ Non-Hodgkin's lymphoma

+ Leukaemia

particularly in the supportive care of the unit, such as the treatment and prevention of infection, and new drugs. There has also been a lot of refinement of what is the right setting to do stem cell transplants."

Over the past 25 years, Dr Bashford has overseen many remarkable cases in the field and knows that often, the transplant procedure gives his patients a second chance at life.

"The thing that is very striking about cancer is that it targets normal people. It's not a self-induced disease, and so you have the pleasure of working with people who are committed to fighting back. It's also been an exciting area scientifically, and that continues. The combination of humanity and science are the most interesting facets of what we do."

As transplants are an intensive procedure taking place when patients are most vulnerable, a major complication during the transplantation process is infection. About 70 per cent of patients catch an infection so the unit's isolation ward is the best defence against putting patients at risk.

"It's the protection of the specially-designed rooms that matters. Frankly, they protect patients against doctors and nurses more than anybody else. They provide a barrier against rest of the hospital. We are very strict about staff, patients and visitors around things like the cold or flu virus, as influenza has a 25% mortality rate for these patients."

With such a history of scientific breakthroughs in the transplant field, Dr Bashford knows that the role of transplants in cancer care will still be relevant for years to come, despite some predicting the death of the technique.

"As long as I have been a physician there have been colleagues that have predicted the end of transplantation. With new targeted biological therapies the prediction had been that that would be the effect. However, transplants still allow us to

treat people with blood cancers more successfully than we could 20 years ago. We have the ability to assist our patients' bodies to attack cancer cells left behind.

"In the future, it will be part of a total therapy approach that involves immunotherapy and new targeted drugs." ■

Harvesting stem cells



Photo credit: Icon Cancer Foundation

Noor Parker has been working in the field ever since he was introduced to transplants by a passionate Director of Oncology at the Royal Hobart Hospital in 1987. The Sullivan Nicolaides Pathology Stem Cell Transplantation Director joined the Wesley a year later, and hasn't looked back since.

The stem cell laboratory in Ward 4W is administered by the Icon Cancer Foundation and run in collaboration with Sullivan Nicolaides Pathology. Funding for the stem cell laboratory is provided by donations from the haematologists, oncologists and Sullivan Nicolaides Pathology. It employs four expert scientists to oversee the transplantation process, which involves harvesting a patient's stem cells, preserving them with liquid nitrogen, and transplanting them back into the patient after a bout of chemotherapy or radiation.

Stem cells are a fascinating subject for Mr Parker, as their prominence in the treatment of health conditions continues to grow.

"There are always new developments being discovered – the field is continually evolving. Stem cells are a very primitive cell, and so they can differentiate into almost any type of cell imaginable," he said.

"The possibilities with stem cells are limitless." ■

Daily pharmacy support for GPs and patients



Surgical patients at The Wesley Hospital know their medicine needs are in good hands, with the hospital's specialist pharmacy team providing a wide variety of medication management services.

In addition to the dispensing of medicines for surgery and the provision of medicines advice, the hospital has a specialist perioperative pharmacist who reviews and

reconciles any pre-admission medicines and resolves any medication-related matters in a timely manner.

The team of ward-based pharmacists provide daily review of surgical inpatients, monitoring the patient's medication regimen across any ward transfers and extending comprehensive pharmacy discharge services (a medicines list, copies to the General Practitioner and Visiting Medical Practitioner, patient/carer education) to patients on an as-needed/priority basis.

The pharmacy team has developed a number of patient information flyers, covering such topics as "Managing your pain medicines at home" and "Receiving antibiotics in hospital" to support the patient's recovery on discharge. These support materials are regularly reviewed against current best practice and have been designed to incorporate both clinician and patient feedback.

UnitingCare Health Pharmacy is available seven days a week, operating extended hours, and is very happy to provide medicines advice to those patients experiencing difficulties with their medicines at home. ■

For more information contact the pharmacy on (07) 3232 7444.



Ground-breaking treatment for patients with left-sided breast cancer



Dr Marie-Frances Burke



Dr Minjae Lah



Dr Gail Tsang

Introducing Deep Inspiration Breath Hold (DIBH) Radiation Therapy for patients with left-sided breast cancer.

DIBH is an innovative technique that delivers radiation therapy whilst the patient is holding their breath. A breath hold increases the amount of air in the lungs and moves the heart away from the chest wall, minimising radiation exposure to the heart. This leading edge, non-invasive treatment is now available at Genesis CancerCare Wesley.

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Fax: (07) 3371 6590

"It's a collegiate function of the hospital coming together. Some patients obtain 10 to 12 specialists' opinions on what is the best individualised treatment for them"

– Dr John Lumley

Expert colorectal team faces bowel cancer challenge

With bowel cancer numbers on the rise, The Wesley Hospital's colorectal surgeons are busier than ever before.

Australia and New Zealand have the highest instances of bowel cancer in the world, leading to high numbers of minimally invasive laparoscopic colorectal surgery. The Wesley Hospital, with its team of four colorectal surgeons, has one of the busiest caseloads in the country.

The team, made up of Dr John Lumley, Dr Brian Mead, Dr David Taylor, and Dr Carina Chow, perform more than 400 colorectal surgical procedures throughout the year.

However, Dr Lumley says a surgical procedure is simply one facet of a patient's treatment at the Wesley, with the hospital having a multidisciplinary approach to treating a patient's illness.

"There are no great surgeons anymore; there are great surgical teams. This includes the nursing staff on the wards, nursing staff in theatre, radiologists, oncologists, gastroenterologists, anaesthetists, and physicians – it truly is a multidisciplinary team.

"It's a collegiate function of the hospital coming together. Some patients obtain 10 to 12 specialists' opinions on what is the best individualised treatment for them."

With a Level 6 Intensive Care Unit located on site and the Wesley Emergency Centre operating 24 hours a day, patients and surgeons have the assurance they would be properly cared for if any complications arose.

"While we never want things to go wrong, inevitably sometimes they will. When things do go wrong, the back up at the Wesley is just second-to-none. If you did have a problem with the procedure, you would want to have it here."

Historically, laparoscopic colorectal surgery has roots in Brisbane. The first laparoscopic colorectal resection in the Southern Hemisphere was performed in Brisbane in 1991 by Professor Russell Stitz. Since then South East Queensland has become one of the leading regions in the world for favourable laparoscopic colorectal surgery outcomes.

A recent study by the National Health and Medical Research Council Clinical Trials Centre based at the University of Sydney, A La CaRT, showed that laparoscopic colorectal surgeries completed in Australia and New Zealand had a mortality rate of 0.4%. Compared to similar overseas studies, the outcomes put Australasia as one of the top-performing areas in the world for mortality and complication rates.

The Wesley is renowned throughout the world for having state-of-the-art equipment and

highly skilled surgeons. In fact, international doctors and students travel to the hospital from throughout the world to learn from the hospital's colorectal surgery team.

The hospital's surgeons are often asked to assess new techniques and developments because of their large caseload. The most recent examples involved a new energy device, called Thunderbeat, as well as 3D laparoscopy and robotic surgery.

Dr Lumley, who has worked at the Wesley for more than 20 years, understands the significance of informing patients a bowel cancer diagnosis does not always lead to living with a stoma bag or death. Recovery for a laparoscopic procedure usually includes about four days in hospital, followed by up to four weeks of rest at home.

"When people have just had a diagnosis of bowel cancer, they think 'I'm going to die, I'm going to have a stoma bag'. They are scared and frightened," Dr Lumley said.

"It's nice to be able to tell patients with bowel cancer that if we have a good clearance and the cancer is confined to the bowel, the cure rate is extraordinarily high. We can operate without hurting them too much, so they can get back to normal life much sooner than they could 20 years ago." ■

FAST FACTS

- + Bowel cancer claims about 77 lives in Australia each week
- + It is estimated 1 in 12 people will be diagnosed with bowel cancer by the age of 85
- + In 2012, bowel cancer was the third most commonly diagnosed cancer in the country. It is estimated to increase to the second most commonly diagnosed cancer in 2016
- + 90% of bowel cancers can be treated successfully if diagnosed early
- + 17,520 bowel cancers are expected to be diagnosed in 2016



Wesley colorectal surgeons Dr John Lumley, Dr Brian Mead and Dr Carina Chow

2016 GP Education

The Wesley Hospital's CPD Program gives GPs access to leading specialists who are experts in their field. The Wesley provides one of Queensland's largest GP education programs incorporating Saturday ALMs, a CPR training day, local and regional CPD evenings. All of these events are complimentary including parking and meals, and are accredited for Royal Australian College of General Practitioners (RACGP) points, Category 1 and 2.

CPD EVENINGS

2 August	Advances in Breast & Endocrine Surgery	The Wesley Hospital
7 September	Cardiology Update	The Wesley Hospital
11 October	Advances in Prostate Cancer Treatment	The Wesley Hospital
2 November	Gynaecology - when to refer to a specialist	The Wesley Hospital

ACTIVE LEARNING MODULES (ALM)

23 July	Emergency Medicine	The Wesley Hospital
27 August	Men's Health	The Wesley Hospital
15 October	Practical Training Day	The Wesley Hospital

REGIONAL CPD EVENINGS

15 September	Minimally Invasive Surgery	Rockhampton
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**Venues and topics are subject to change*

For more information:

Contact the Business Development Unit

T 07 3232 7222

E wesley.bdm@uchealth.com.au



REGISTER
ONLINE
wesley.com.au

Clinic prepares patients for surgical journey

The Wesley is taking steps to help to ease patients' anxiety before surgery



The Wesley Pre-admission Clinic gives patients an opportunity to speak to specialised nurses and allied health professionals during one appointment. These include breast care nurses, prostate cancer support nurses, physiotherapists, pharmacists, occupational therapists, dieticians, discharge liaison nurses and wound care nurses.

Pre-admissions Clinical Nurse Helen Hardiker said the role of the clinic was to ensure patients are safe during their surgical procedures by completing all their pre-operative investigations, such as blood test and cardiac testing, ideally a week before the day of surgery. Results are then sent to specialists and anaesthetists. The patients are also given information about preparation for surgery, the surgical procedure and given tools to start planning for post-operative recovery.

"Our focus is on the patient and reducing their anxiety. Their admission is streamlined, and they are well educated and informed about how to prepare for their surgery, how long they are expected to be in hospital, and preparations for their discharge."

Created in 2002, the clinic originally staffed one registered nurse. It has grown significantly over the past 14 years, with nursing staff seeing about 125 patients in a week.

Regional patients are encouraged to use the service, as nurses are available for a pre-booked phone interview and pre-operative testing forms are sent to the closest testing facility.

Ms Hardiker said about 60 per cent of surgical patients use the service. However, she wanted that number to increase to 80 per cent, she said.

"The patients love this service. They are really well informed about the procedure and the care they are going to have in the hospital, and most importantly, they are going home with the information about what they can and can't do after surgery. It certainly allays their fears of surgery." ■

The clinic is open Monday to Friday 8.30am to 5.30pm and on Saturdays between 9am and 1pm. It is located inside the main hospital building, between the florist and HeartCare Partners.
Phone: (07) 3232 7316



Wesley Hospital goes high-tech

The Wesley Hospital is keeping up with the times, offering patients online booking services and giving them an insight into their surgical journey with an online video.

More than 50 per cent of Wesley patients are using the internet to book their admissions to the hospital. The latest statistics from April this year show almost 55 per cent are logging in online, up from 17 per cent a year earlier. The use of the Hospital Admissions Booking System, or HABS, has increased at all UCH facilities over this period. Pre-admission Clinical Nurse Helen Hardiker says the rise in numbers could be partly due to the SMS message Wesley patients receive after their doctor has notified the hospital of their date of surgery.

"This SMS is sent out from five days prior to their surgery date and advises patients to visit the online system bookmyadmission.com.au to finalise their booking," she said.

"This then allows clinic nursing staff to assess and prioritise both preoperative investigations and post-operative care accordingly. This SMS system together with improved communication between VMO's rooms and the hospital is the key factor in the increase of online bookings."

The Patient Journey video gives patients an insight into what they should expect on their day of surgery, including information on pre-admission and admission procedures, as well as what to take, wear and do on the day.

For more information, direct your patients to The Wesley Hospital website: wesley.com.au/patients-and-visitors/inpatient-information

Orthopaedic patients go home early

Certain total hip and knee replacement patients might see their hospital stay reduced by more than two days, thanks to a new Enhanced Recovery Pathway.

The Enhanced Recovery Pathway (ERP) is designed to facilitate patient engagement in their recovery and early discharge where possible. It was started two years ago, and has resulted in the average length of stay for total knee and hip replacement patients being reduced by 2.5 days over that period.

The Wesley Hospital Rehabilitation Lead Ross Ferguson said the ERP was designed to give orthopaedic patients a better chance to meet their outcomes and facilitate early discharge.

A patient's rehabilitation process was dependent on their individual situation and needs. However, by giving patients more information pre-surgery and creating a

"Patients are starting to look at rehabilitation as an opportunity, rather than a set back"

coordinated approach to their discharge plan, the process was smooth and reduces obstacles to returning home, Mr Ferguson said.

"With the use of the individualised risk assessment in preadmission and tailored discharge plans, we can give patients an idea of what to expect after discharge and they will know what to expect in hospital, and be prepared for recovery after discharge."

"We are aiming to engage the patient in their own recovery procedures, which allows them to leave hospital sooner."

Mr Ferguson said ERP patients were more likely to utilise the day rehabilitation services offered by the hospital, rather than relying on inpatient rehabilitation, which also encouraged a shorter stay in hospital.

"Patients are starting to look at rehabilitation as an opportunity, rather than a set back."

Rehabilitation Physicians, Dr Wilbur Chan and Dr Polly Tsai partner with the Wesley's Orthopaedic Surgeons to coordinate the



rehabilitation of the Wesley's patients as an inpatient or day patient. ■

Referrals or enquiries can be forwarded to:
Wesley-Dayrehab@uhealth.com.au

Public prostate cancer talk raises awareness



A staggering one in six Australian men are at risk of being diagnosed with prostate cancer by the time they are 85-years-old.

Prostate cancer is the most commonly diagnosed cancer in Australia, and with the disease often showing no symptoms, early detection is the key to survival.

The Wesley Hospital will hold a free information session on Saturday, September 10, for men and their families to learn more about prostate cancer, diagnosis, treatment options and managing side effects. The Wesley offers the latest technology in prostate care services including robotic surgery and diagnostic MRI-guided scanning which has been shown in a two-year study to significantly

decrease the need for biopsies and increase the accuracy of diagnosis.

Expert speakers will include Robotic Urologist Dr Boon Kua, Men's Health Specialist Dr Michael Gillman, a Wesley Nurse Counsellor, a specialised continence physiotherapist and Wesley Prostate Cancer Care Nurse Rachel Oxford. ■

When: Saturday 10 September, 9am – 1.10pm
Where: The Wesley Hospital, Evan and Mary Thomson Auditorium
Register your interest: alyce.holding@uhealth.com.au

Wesley gains new tool for early detection of lymphoedema



Senior occupational therapist Miranda Hawke tests patient Gloria Brown

The Wesley Hospital's lymphoedema therapists have been given a new device to increase the chances of early detection of the condition in patients, thanks to the Wesley Hospital Auxiliary.

Lymphoedema is a condition that can cause the accumulation of lymph fluid, resulting in swelling in one or more regions of the body. It may occur as a result of some cancer treatments such as removal of lymph nodes or radiotherapy, and could happen within months or even years later.

The U400 L-Dex machine provides rapid, non-invasive measurement of the fluid content in a patient's limb.

Senior Occupational Therapist Miranda Hawke said the bioimpedance machine was best practice for early detection of lymphoedema.

"This allows lymphoedema therapists to identify the early stages of lymphoedema much sooner than other methods of assessment," she said.

"Lymphoedema does not affect all cancer patients but it can be quite overwhelming for those diagnosed. In addition to swelling, symptoms include heaviness,

ache and a feeling of fullness in the limb. If lymphoedema is picked up early we can start early intervention and minimise most of the symptoms so that the patient has a much better outcome."

Patient Gloria Brown, 73, developed lymphoedema in her left arm following treatment for breast cancer last year. The Caboolture resident attends The Wesley Hospital lymphoedema clinic for management of her condition. Gloria said she initially attended the clinic for intensive therapy but now attends on a three monthly basis for lymphatic drainage massage and compression garment prescription.

Senior Women's Health Physiotherapist Briony Porter said treatment of lymphoedema at The Wesley Hospital is individualised for each patient and can include education and skin care advice, lymphatic drainage massage, compression bandaging, targeted exercises and prescription of compression garments.

"Because lymphoedema treatment is a specialised area, it is important patients are treated by qualified lymphoedema therapists," she said. ■

"Lymphoedema does not affect all cancer patients but it can be quite overwhelming for those diagnosed."

Women's Health Physiotherapy Service

The Wesley's Hospital's lymphoedema clinic is provided as part of the hospital's Women's Health Physiotherapy service, which provides support for:

- + Rehabilitation after breast cancer surgery
- + Lymphoedema management
- + Childbearing women pre/post delivery
- + Pelvic floor muscle dysfunction
- + Chronic pelvic pain
- + Pelvic organ prolapse
- + Rehabilitation after gynaecological surgery
- + Bladder overactivity
- + Urinary incontinence
- + Bowel incontinence and constipation

Referrals for the service are not necessary, and consultations include comprehensive assessment, hands on treatment, individually-tailored exercise programs, advice and education, and guided progression to aid return to work, exercise and activities of daily living.

For more information, or to make an appointment, call 07 3232 6190.





Dr Ian Martin

Hepatobiliary &
Upper Gastro-
intestinal surgeon

Weight loss surgery provides long-term solution for obese patients

There is sound evidence to combat the obesity epidemic with surgery, writes Dr Ian Martin

Long-term prospective follow-up of 900,000 adults has revealed doubling of mortality rates in patients with a BMI > 35 compared to normal weight cohorts. With every 5 kg/m² increased in BMI above the normal range, the risk of death from any cause increased by 30 per cent. The Swedish Obesity Study (SOS) confirmed that patients with a BMI >35 have an estimated 8-10 year reduction in life span and poorer quality of life compared to patients of same weight who had weight loss surgery and were followed for 15 years.

All forms of cancer increase in the overweight population, apart from SCC lung and oesophagus (due to cigarette smoking). Unfortunately, our own National Health and Medical Research Council (NHMRC) guidelines confirm that weight loss beyond two years with dieting, physical activity or meal replacements gives, at best, six kilograms of weight loss for those that remain in trial. Similarly medications such as Duramine (Sibutramine) and Xenical (Orlistat) in Randomised Controlled Trials (RCT) were associated with weight loss of only four kilograms at two years. The surgical procedures for morbidly obese weight loss result in an average of 30-55 kilograms of long-term weight loss.

The identical twin studies by Bouchard, published in 1990 confirm the powerful genetic background that underpins the obese patient.

Weight loss surgery has been associated with reversal of the metabolic syndrome in the majority of cases. If an obese patient develops Type 2 diabetes and undergoes weight loss surgery within five years of diagnosis, more than 70 per cent of patients can expect a cure, particularly

with laparoscopic sleeve gastrectomy or bypass procedures. Numerous publications support a reduction of hypertension, dyslipidaemia, asthma, reflux and sleep apnoea following weight loss surgery.

"Over 15 years, as evidenced by the SOS study and others, more patients are alive following weight loss surgery, compared to matched obese cohorts"

– Dr Ian Martin

All forms of psychological issues, including depression and anxiety are substantially improved with weight reduction.

Over 15 years, as evidenced by the SOS study and others, more patients are alive following weight loss surgery, compared to matched obese cohorts. This means there are significantly less deaths in the surgical group compared to the control group. These patients have improved quality of life, less psychiatric conditions, are on less medications and have improved health.

Whilst the operation initially is more expensive relative to other treatments of patients with the metabolic syndrome, obesity surgery is the most cost effective treatment available long term (NHMRC, 2013).

In Queensland, laparoscopic sleeve gastrectomy is the most common operation performed, followed by laparoscopic bypass procedures (roux-y or 'mini bypass') and laparoscopic gastric banding. Each has their relative merits, all affording excellent weight loss figures. The laparoscopic gastric band has become less popular, as 21 per cent of patients require removal by six years due to slipping, erosion or intolerance of the band.

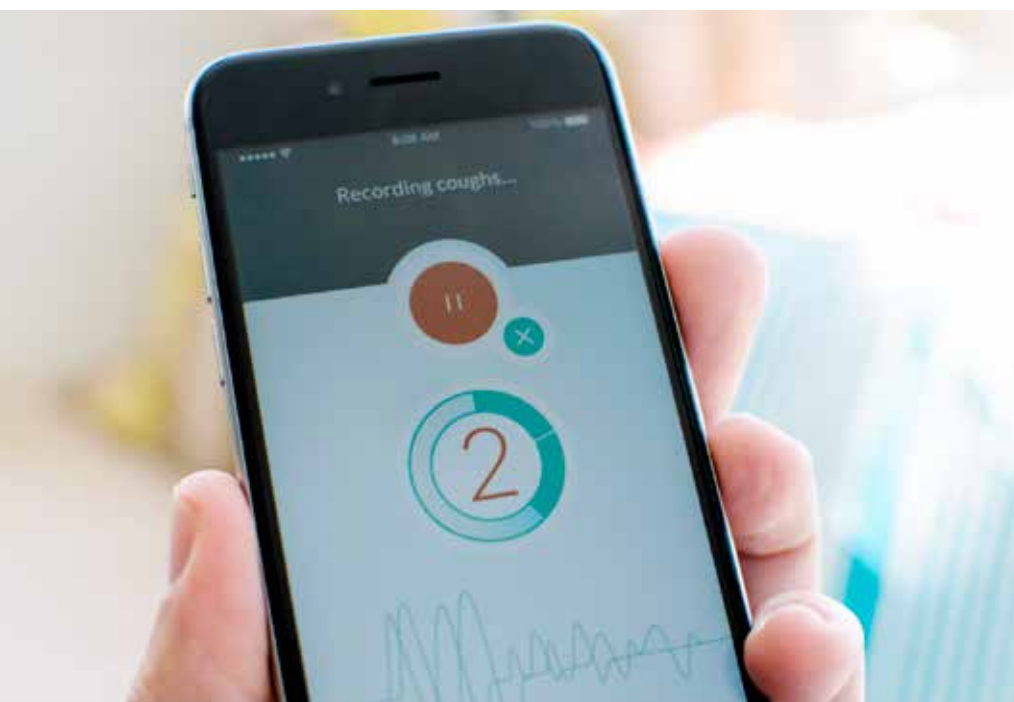
Sleeve gastrectomy involves only a one or two night stay in hospital and carries up to a one per cent risk of staple line leak in the first three weeks with resultant readmission and two to six weeks of inpatient stay for laparoscopic washout and an endoscopically placed stent. All patients who have sleeve gastrectomy or bypass procedures remain on a multivitamin daily with annual vitamin B12 and other trace element testing. A dietician guiding quality of food intake post-surgery is always undertaken and ongoing exercise and psychological support has also been found to be helpful.

In summary, obesity is strongly genetically determined. Diet, exercise and medications appear ineffective with respect to durable weight loss in the morbidly obese. Surgery is a durable and proven remedy for significant weight loss and it appears to be cost-effective and excellent at resolving the associated co-morbidities. It contributes to a high cure rate for early stage diabetes, and improves longevity and quality of life. ■

Dr Ian Martin is a consultant Hepatobiliary and Upper Gastro-intestinal Surgeon at the Wesley and Princess Alexandra hospitals in Brisbane. P: 07 3720 9057

Emergency Centre trials cough diagnostic app

A new smartphone app that records and diagnoses coughs could soon help to reduce waiting times in emergency rooms and health care centres around Australia.



ResApp uses collected data to diagnose respiratory conditions in children and adults

The Wesley Emergency Centre (WEC) is the first Queensland hospital to take part in a world-first trial for a smartphone app which aims to diagnose respiratory conditions in patients.

The WEC is only the second site in Australia to participate in ResApp's adult clinical study. The study will collect data from adults presenting to the ED with respiratory conditions such as upper respiratory tract infections, bronchitis, pneumonia, asthma and chronic obstructive pulmonary disease. The aim of the study is to demonstrate that ResApp's technology, shown to be highly accurate for diagnosis of childhood respiratory conditions, can be extended to adults.

WEC's Director of Emergency Medicine Dr Sean Rothwell said the WEC, which was one of the biggest private emergency centres in the country, was happy to participate in the trial as it could have huge healthcare benefits. It had the potential to become an efficient diagnostic tool for emergency centres around the country and the world, he said.

"This diagnostic app could also potentially be used in poorer health care systems, providing nurses and doctors in remote regions with a diagnostic tool for respiratory conditions," Dr Rothwell said.

"People can still die of pneumonia in this day and age and we would want to prioritise those patients with more serious illnesses"

– Dr John Feenstra

He said the app worked by analysing the sound of a patient's cough and providing a diagnosis. During the trial staff would record details of patients who presented to WEC with possible respiratory conditions, after which they would follow up on their

diagnosis and care to determine if the two results correlated.

Respiratory and thoracic specialist Dr John Feenstra will be a principal investigator in the trial, and will be recording the data from patients with chronic respiratory illnesses, such as chronic obstructive pulmonary disease (COPD).

Dr Feenstra said the app could be used to differentiate between patients who had a simple cough or upper respiratory tract infection, and more serious illnesses such as pneumonia.

"People can still die of pneumonia in this day and age and we would want to prioritise those patients with more serious illnesses," Dr Feenstra said.

ResApp Health Limited CEO and Managing Director Tony Keating said he was excited to work with another world-class clinical team.

"Expanding our adult clinical study to the Wesley will allow us to enroll a greater number of study participants and collect data on a broad variety of respiratory illness," he said.

"We are targeting total enrolment of 400 adult patients from both study sites, however based on current enrolment rates we expect to exceed this. Enrolment at the first study site, Joondalup Health Campus (JHC) in Perth WA, is progressing very well with 322 adult patients enrolled (236 confirmed respiratory disease cases and 86 control cases) since the study was started in December 2015."

The clinical data from both the WEC and JHC will be analyzed by the team led by Associate Professor Udantha Abeyratne at The University of Queensland.

ResApp's technology was initially developed by The University of Queensland with funding from the Bill and Melinda Gates Foundation, which is actively involved in improving the lives of those in developing countries. In 2009, the foundation pledged \$2.58 million to the Papua New Guinea Institute of Medical Research to examine potential malaria treatments for children in the country. ■

Wesley's women's health services boosted with Eve Health doctors

With a focus on obstetrics and gynaecology, four Eve Health specialists bring a wealth of knowledge and experience to the Wesley VMP team.



Dr Matthew Smith

Dr Smith is an obstetrician and gynaecologist at Eve Health. Dr Smith is a Senior Lecturer in obstetrics and gynaecology at the University of Queensland, and Staff Specialist and Head of Education for obstetrics and gynaecology at the Royal Brisbane Women's Hospital.

Dr Smith has a particular interest in safely supporting natural choices in pregnancy including natural caesareans, and using advanced surgical techniques to decrease pain and recovery time.



Dr David Moore

Dr Moore is an obstetrician, gynaecologist and fertility specialist with Eve Health, and an associate at Queensland Fertility Group. Dr Moore has a special interest in low- and high-risk pregnancy, and vaginal birth after caesarean birth (VBAC).

Dr Moore is experienced in the management of all areas of gynaecology including endometriosis, PCOS, Pap smear abnormalities and fibroids, and specialises in minimally invasive techniques.



Dr Peta Wright

Dr Peta Wright is an obstetrician and gynaecologist at Eve Health, specialising in paediatric and adolescent gynaecology. She has an interest in high risk pregnancies, pelvic floor surgery, incontinence and laparoscopic surgery. She is a highly experienced colposcopist, having worked in areas of the Northern

Territory with a high prevalence of cervical and vulval dysplasia.

Dr Wright cares for women through all aspects of pregnancy and labour, with a focus on supporting each woman's individual wishes and needs while helping to ensure a safe outcome.



Dr Ben Kroon

A Founding Director of Eve Health, Dr Ben Kroon practises as an obstetrician and gynaecologist, and is one of only several fertility and reproductive endocrinology subspecialists in the state.

Ben has a special interest in male and female infertility, endometriosis, fibroids,

and PCOS. He is widely published and is frequently invited to speak on all areas of fertility. He offers continuity of care from preconception to delivery. In his obstetric practice, Dr Kroon places particular emphasis on clinical safety and individualisation of delivery plans.

P: 1300 383 432

W: evehealth.com.au

Meet our new Visiting Medical Practitioners

Dr David Sharp

Plastic and Reconstructive Surgeon



Dr David Sharp is a plastic, reconstructive and aesthetic surgeon with an interest in skin cancer and reconstructive surgery, as well as aesthetic

procedures.

After completing a Bachelor of Psychology and undertaking a Bachelor of Science, Dr Sharp also completed a Bachelor of Medicine/Bachelor of Surgery at the University of Queensland, followed by a further 10 years of surgical training. He was accepted into the Royal Australasian College of Surgeons' general surgery training program, after which he spent time in some of Australia's leading metropolitan and regional health centres. He also spent five years undertaking specialist training in plastic surgery in Brisbane and the Gold Coast.

A visiting specialist at The Wesley Hospital, Brisbane Private Hospital, South Brisbane Day Hospital and Greenslopes Private, he also maintains a public commitment in plastic surgery at the Royal Brisbane and Women's Hospital. Dr Sharp is also a Senior Lecturer at the University of Queensland School of Medicine.

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Dr Jeremy Robertson

Haematology and Paediatric Medicine



Dr Jeremy Robertson is a paediatric and general haematologist who has dual qualifications with the Royal Australasian

College of Physicians and the Royal College of Pathologists of Australasia. Jeremy obtained his undergraduate medical degree from the University of Queensland, and following completion of his specialist training in 2007 Jeremy was awarded the highly sought-after Baxter Bioscience Haemostasis Fellowship at the Toronto Hospital for Sick Children. He continues to maintain an active interest in research, teaching and evidence-based clinical practice.

Dr Robertson is the medical director of Little Red Drop, a Brisbane-based private practice catering for children and young adults with a range of benign (non-malignant) blood disorders. His special interests include inherited and acquired bleeding disorders, venous thrombosis and thrombophilia, immune and non-immune cytopenias, inherited red cell disorders (e.g. thalassemia, hereditary spherocytosis, G6PD deficiency), iron deficiency and overload, and neonatal haematology.

Services also include diagnostic bone marrow collection (under general anaesthetic) for paediatric patients, genetic counselling for thalassemia and thrombophilia, a comprehensive chronic transfusion program for patients with inherited red cell disorders, pre-splenectomy vaccination assessment and follow-up, and intravenous iron infusions for patients refractory to oral iron replacement. Telehealth appointments are available for patients in eligible areas.

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Dr Scott Borgna

Oral and Maxillofacial Surgery



Dr Scott Borgna commenced oral and maxillofacial surgery practice with Dr John Arvier and Dr Geoff Findlay at Queensland OMS in the Wesley Medical

Centre, Auchenflower, in 2015.

After completing his undergraduate degrees of Medicine, Dentistry and Pharmacy at the University of Queensland, he was accepted onto the Queensland Oral and Maxillofacial training program. This afforded him the opportunity to gain extensive knowledge in the management of:

- + Dental implant and dentoalveolar (wisdom teeth) surgery
- + Maxillofacial trauma surgery
- + Orthognathic (jaw) and facial deformity surgery
- + Salivary gland surgery
- + Oral medicine and maxillofacial pathology

In 2013, Dr Borgna moved his family to Liverpool, United Kingdom, where he undertook a two-year clinical fellowship in head and neck cancer and reconstructive surgery.

In 2015, he was awarded the speciality fellowship in Oral and Maxillofacial surgery, in both the UK – FRCS (OMFS) and Australia – FRACDS(OMS), before returning to Australia to begin private practice.

Dr Borgna provides a comprehensive range of Oral and Maxillofacial services from the Wesley Medical Centre and Royal Brisbane & Women's Hospital. His special interest lies in the management of oral cavity, salivary gland and cutaneous head and neck malignancy.

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Dr Stacey O'Shea

Renal Physician



Dr Stacey O'Shea is a clinical nephrologist with a broad range of interests within renal medicine.

She completed a medical science degree in 1999 and then went on

to complete MBBS in 2003 at University of Queensland, graduating as Valedictorian with First Class Honours. During her training she has had broad exposure to clinical medicine across many hospitals around Australia, and obtained her FRACP in 2013.

Stacey undertook her advanced training at both the Royal Brisbane and Princess Alexandra hospitals, with intensive exposure to transplantation and immune mediated kidney disease. She has special interests in cardio-renal pathophysiology, chronic kidney disease management and renal replacement therapy, acute kidney injury, multiple myeloma and dysproteinaemias, anaemia management, iron and erythropoietin therapy. She is currently involved in a research trial for atypical haemolytic uraemic syndrome.

Stacey has been heavily involved in teaching, training and education. She was the Australian Advanced Trainee representative for the Special Advisory Committee (SAC) Nephrology, influencing training program, policies and pathways. She was Chief Renal Registrar, responsible for the state-wide education lecture series for nephrology advanced trainees, and organised an annual renal ultrasound course for trainees which will become standard of care. She continues to organise the statewide nephrology education program for all consultants and registrars, known as Kidney Club.

In addition to the Wesley, Dr O'Shea consults at Holy Spirit Hospital and Fresenius Medical Care dialysis unit at Chermside. She looks forward to working in close collaboration with GPs to provide the best care for patients and is happy to provide telephone advice.

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Dr Ben Hope

Orthopaedic Surgeon



Dr Benjamin Hope is an orthopaedic surgeon sub-specialising in upper limb surgery. Dr Hope has a public appointment at Princess Alexandra Hospital and

operates at The Wesley Hospital, Mater Redlands Private Hospital and Brisbane Private Hospital, where he is based as part of the Brisbane Hand and Upper Limb Clinic.

Dr Hope graduated with an MBBS degree (Hons) from the University of Tasmania in 2000, and obtained a fellowship from the Royal Australasian College of Surgeons in Orthopaedic Surgery in 2009.

He has completed fellowships in Hand Surgery at the St Luke's and Sydney Hospital hand units in Sydney, Shoulder Surgery at the Instituto Clinical Humanitas, Italy, alongside renowned surgeon Dr Alessandro Castagna, and Upper Limb Surgery at the Princess Alexandra Hospital, Brisbane.

Dr Hope's special interests are hand and wrist surgery, trauma and microsurgery, and shoulder surgery, including both open and arthroscopic procedures.

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Dr Harry Singh

Paediatric Neurologist



Dr Harry Singh is a specialist in paediatrics and paediatric neurology. After obtaining an MBBS from Northern India, Dr Singh completed his training in England,

New Zealand and Australia.

Dr Singh currently works at the Gold Coast Child Neurology, Child Development Service, and the Gold Coast University Hospital. He is also an Associate Professor at Bond University Medical School as the Paediatric Lead.

Dr Singh is a member of the Australia New Zealand Child Neurology Society (ANZCNS), Australian Epilepsy Society (AES), European Paediatric Child Neurology Society, International Child Neurology Association (ICNA) and others.

Dr Singh has established a paediatric neurology service in the Gold Coast region and also provides the only paediatric EEG service in Queensland. He is in the process of opening a new paediatric EEG service at The Wesley Hospital that will include provisions for standard, sleep deprived, prolonged and overnight paediatric video EEG. The EEGs will be performed by a paediatric neuroscientist and will be reported by a paediatric neurologist.

Dr Singh is passionate about providing the best care for children. At present he is setting up paediatric multi-subspecialty services on the Gold Coast called the Paediatric Synapse Clinic. He provides charity work in the Himalayan belt of Northern India to children with profound neuro-disability, poverty and supports local paediatricians with regular visits.

Dr Singh's new paediatric EEG will be practicing out of The Wesley Hospital. For EEG requests or referrals, please call 07 5539 4961, email admin@gccn.com.au, or fax 07 5527 8438

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