BEST PRACTICE
THE LATEST IN BEST PRACTICE AT ST ANDREW’S WAR MEMORIAL HOSPITAL
JUNE 2015 | ISSUE 10

Celebrating our heritage as a war memorial hospital

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- Keeping it in the family – Cohen style
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Welcome to this edition of St Andrew's War Memorial Hospital's Best Practice which showcases medical innovation and the outstanding clinical services offered by our visiting medical practitioners (VMPs).

This edition of Best Practice has a distinct focus on our history and our establishment as a war memorial hospital. We have a report on our ANZAC Day ceremony which is always a key date in our calendar and was particularly special this year as we commemorated the ANZAC Centenary. Many staff, VMPs, patients and community members joined us on the day.

We also feature the launch of a new book about Pixie Annat. It is not an exaggeration to say she is a legendary figure at St Andrew's serving as matron and CEO of the hospital. The book also recognises her as a nursing leader and a brilliant fundraiser and campaigner for a host of causes.

Can I also remind you to look at our upcoming GP education events. Information about our Women's Health Symposium on Saturday 29 August will soon be available on our website www.standrewshospital.com.au

We are pleased to feature a bumper crop of new VMPs joining the St Andrew's fold including Dr’s Paul Gould, Samantha Donaldson, Matthew Pincus, Russell Denman, Brendan Bell, Karl Poon, Jason Huang and Soong-Yuan Ooi.

I hope you enjoy reading this issue of Best Practice – we are always keen to hear your feedback.

Dr Christian A.C. Rowan
MBBS (Qld) MDiplTrade (Mon) FRACGP
FARGP FACRRM FRACMA FAChAM (RACP)
Deputy Chief Medical Officer – UnitingCare Health
Director of Medical Services – St Andrew’s War Memorial Hospital

**Update**

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* this fee does not cover pathology, radiology or pharmacy products.

**Where to find us**

St Andrew’s Emergency Centre
North Street, Spring Hill, Brisbane
Phone: (07) 3834 4455
www.standrewshospital.com.au
Dr Brendan Bell
BSc MBBS (Hons) FRACP
Clinical & Interventional Cardiologist
T 1300 306 358

Dr Brendan Bell is a clinical and interventional cardiologist with special interests in transradial coronary interventions including complex percutaneous coronary revascularisation as well as peripheral arterial and venous interventions including renal denervation. Dr Bell graduated from the University of Queensland in 2001 with the University Medal and Lillian Cooper Prize for Dux of Medicine. Following cardiology advanced training at the Prince Charles Hospital in Brisbane, Dr Bell undertook additional cardiovascular interventional training at Lahey Clinic in Boston for a further two years with unique training in a wide range of coronary and peripheral arterial and venous interventions.

Over recent years Brendan has been the Director of the Coronary Care Unit and the Chest Pain Assessment Service at Prince Charles Hospital. Dr Bell is a founding partner of CardioVascular Clinics with his private practice based at St Andrew’s War Memorial Hospital. He also visits regional Queensland practices.

Dr Russell Denman
Clinical Cardiologist &
Electrophysiologist
T 1300 306 358

Dr Russell Denman is a cardiac electrophysiologist, he graduated from the University of Queensland with first class honours in 1989.

He completed his cardiology and electrophysiology training in Queensland and at the University of Chicago in 2001. He has been clinical Director of Electrophysiology and Pacing at The Prince Charles Hospital since 2002. Russell has extensive experience and research interests in the invasive management of arrhythmias, pacemakers and implantable defibrillators.

He is currently chair of The Prince Charles Hospital Human Research Ethics Committee and is a founding partner of CardioVascular Clinics at St Andrew’s War Memorial Hospital.

Dr Samantha Donaldson
MBBS (Hons) FRACP
Endocrinologist
T 07 3309 3077

Dr Samantha Donaldson is pleased to join Spring Hill Endocrinology at St Andrew’s Place and provide outpatient and inpatient endocrinology care at St Andrew’s War Memorial Hospital.

Samantha practices in all areas of endocrinology and has a special interest in diabetes, including insulin pump therapy, osteoporosis and the endocrine conditions associated with chronic kidney disease.

Samantha completed her medical degree at the University of Queensland and has worked in both Australia and Malaysia. Her basic and advanced physician training was undertaken at the Royal Brisbane and Women’s and Mater Hospitals.

In addition to providing consultation at Spring Hill Endocrinology and St Andrew’s War Memorial Hospital, Dr Donaldson is active in medical student education as an Associate Lecturer at the School of Medicine, University of Qld.
Dr Jason Yan-Lin Huang is an Australian trained gastroenterologist with extensive post graduate fellowship experience in advanced endoscopy. He graduated from the University of Melbourne with a double degree in medicine and biomedical science in 2004. His general gastroenterology training took place at the Royal Brisbane and Women’s Hospital, Princess Alexandra Hospital and the Gold Coast Hospital.

In 2012, Jason was admitted as a fellow of the Royal Australasian College of Physicians. Jason then underwent focused specialized postgraduate training in the field of interventional gastroenterology. He completed his first advanced endoscopic fellowship year at the Royal Brisbane Hospital then went on to secure and complete a second and third fellowship year at the world renowned H.H Chao Comprehensive Digestive Diseases Center at University of California, where he held a faculty position as a clinical instructor.

Jason is excited to be a member of the Digestive Diseases Queensland group and has particular interests in general gastroenterology, colonic, esophageal and gastric cancer prevention, comprehensive management of reflux, pancreatic and biliary diseases.

A/Prof Paul Gould MBBS(Hons Ia) FRACP FCANZ DDU PhD Cardiologist & Electrophysiologist T 07 3176 2951

A/Prof Paul Gould is an electrophysiologist who practises at St Andrew’s War Memorial Hospital and the Princess Alexandra Hospital and also consults at the Ipswich Cardiac Centre.

He completed Medicine with First Class Honours, Cardiology and his Doctoral thesis (PhD) at The Alfred Hospital/Monash University in Melbourne. Subsequent to this he completed a Postdoctoral Fellowship with Professor George Klein in Canada. In 2007, he returned to Brisbane as a cardiologist and electrophysiologist. He has published widely in his field and specialises in simple and complex ablation of cardiac arrhythmias, in particular atrial fibrillation and cardiac device implantation, pacemakers and defibrillators. Paul participates in many overseas and national meetings. Along with five other colleagues he runs UCAD an annual national meeting for general cardiologist in cardiac rhythm management.

He has many years of experience in clinical cardiology. He is also the chair and founder of the Australian and New Zealand Cardiac Device Advisory and Complication Committee.

Dr Soong-Yuan Ooi MBBS GChHlthSci (ClinEd) FRACP Gastroenterologist T 07 3861 4866

Originally from Brisbane, Soong-Yuan Ooi completed his undergraduate medical degree at the University of Adelaide in 2003. He undertook his internship at the Royal Adelaide Hospital before returning to Brisbane to complete basic physician training at the Royal Brisbane and Women’s Hospital. Following this, Soong progressed to his Advanced Gastroenterology training at the Gold Coast and Royal Brisbane and Women’s Hospitals, gaining experience in general gastroenterology, liver diseases, Inflammatory bowel diseases (IBD) and endoscopic procedural skills.

Soong was accepted as a Fellow of the Royal Australasian College of Physicians in 2012. He went on to pursue his keen interest in IBD and completed a two year Clinical Research Fellowship in IBD at the Royal Adelaide Hospital in 2014.

Soong is excited to join the team at Digestive Diseases Queensland and offers consultation in general gastroenterology with a specific interest in IBD, as well as endoscopy and colonoscopy procedures.
Dr Matthew Pincus
MBBS FRACP
Clinical and Interventional Cardiologist
T 1300 306 358

Dr Matthew Pincus graduated from the University of Qld and completed general cardiology training at St Vincent’s Hospital Sydney, with an additional fellowship in heart failure/transplantation and two years of interventional fellowships at St Vincent’s and Prince of Wales Hospitals, Sydney.

Matthew has been an interventional and clinical cardiologist at the Prince Charles Hospital since 2007, director of the Prince Charles Hospital Coronary Care Unit from 2008-2013, is the cardiology representative on the Queensland Health Medicines Advisory Committee and Chair of the Prince Charles Hospital Drugs and Therapeutics Committee. He has been Senior Lecturer at The University of Queensland and an examiner for the Royal Australasian College of Physicians.

While maintaining his public appointment, including regular indigenous outreach clinics in Western Queensland and The Gulf, he is consulting at St Andrew’s War Memorial Hospital and Rockhampton and performing interventions at St Andrew’s. Matthew is a founding member of CardioVascular Clinics and is available for all general cardiology consultations as well as interventions, he is happy to be contacted directly by mobile phone for advice (M 0414 704 432).

Dr Karl Poon
Interventional Cardiologist
T 07 3016 1111

Dr Karl Poon is an interventional cardiologist, with a special interest in structural heart disease interventions, including trans catheter aortic valve replacement (TAVR), valvuloplasty, ASD and PFO closure. Dr Poon graduated from the University of Melbourne in 2001, and undertook cardiology training at St Vincents Hospital Melbourne, Royal Hobart Hospital and Royal Melbourne Hospital, providing him a broad perspective of academic cardiology as well as highly sub specialized fields of cardiology.

After three years of cardiology training, he underwent another two years of high volume interventional cardiology training at the Prince Charles Hospital. He went onto his third year of interventional training as a senior structural fellow at William Beaumont Hospital, Michigan, USA where the first North American TAVR took place and which remains a teaching center for structural heart disease interventions such as WATCHMAN and MitraClip.

He is an Edwards Sapien TAVR implanter, is experienced in all manners of complex coronary interventions, and continues to perform high volumes of complex coronary interventions. He has published over 30 peer reviewed articles, authored 5 book chapters, and presented at major international meetings including EuroPCR, TCT and ACC. Dr Poon’s current research focuses on the next phase of TAVR, the marriage of imaging modalities in TAVR and the optimizing of valve choices based on individual patient factor.

Dr Poon returned from the USA in 2013 as a staff specialist cardiologist at The Prince Charles Hospital, and now consults and admits to St Andrew’s War Memorial Hospital.
Tradition of ANZAC remembered at St Andrew’s War Memorial Hospital

Fifty years to the day since Dr Stan Mellick first attended an ANZAC Day service at St Andrew’s War Memorial Hospital in Spring Hill, he once again took his place at this special occasion, performing the raising and lowering of the flag.

Dr Mellick OAM ED, who served in World War II in the New Guinea campaign, was a long-time member of the St Andrew’s Hospital Board of Governors. The centenary of the ANZAC landings at Gallipoli has particular meaning for Dr Mellick, who is a retired Lieutenant-Colonel.

“ANZAC Day services have always been very important at St Andrew’s because the hospital was established in 1958 as a living memorial to the sacrifices of the men and women who served in the two World Wars and subsequent campaigns. Over the years I have attended most ANZAC Day services at the hospital, and have often been asked to raise and lower the flag. It’s been an honour to do so.”

The keynote speaker at the St Andrew’s ANZAC Day Remembrance Service was Honorary Colonel Wendy Taylor RAANC.

Mrs Taylor, who is president of the South East District RSL and a retired senior Army Nursing Corps leader, spoke about the history of nurses in the Australian military and their incredible contribution over the years.

She said it was a privilege to address the St Andrew’s ANZAC service. “St Andrew’s has had a long connection of supporting veterans, including treating members of the Armed Forces who have served in recent conflicts, such as in the Gulf Wars, East Timor and Afghanistan,” Mrs Taylor said.

St Andrew’s War Memorial Hospital General Manager Andrew Barron said the ANZAC Day service this year meant a great deal to the hospital’s staff, volunteers, patients and supporters.

“This is an historic year, and we still treat many veterans. Our hospital is a place of healing and caring for people, and we commemorate ANZAC Day in this spirit,” Mr Barron said.
As part of our ANZAC commemorations, St Andrew’s conducted an art competition with the theme “Healing after Conflict”. Led by hospital Art Curator Dr Philip Hall, a grand total of 131 entries were received. An initial selection was made to identify 29 works that were hung in the hospital during April and May.

The winner of the St Andrew’s War Memorial Hospital ANZAC Art Prize is Ros Paton for her work, La Colombe (pictured below).

The winner was chosen by Dr Claire Baddeley, Senior Curator of Art at the Australian War Memorial. The announcement was made by former Governor-General Dame Quentin Bryce at a special reception held at the hospital on Monday 20 April.
Patients having hip replacement surgery at St Andrew’s War Memorial Hospital are the first in Australia to benefit from new online healthcare technology which boosts rehabilitation after surgery.

Orthopaedic Surgeon Associate Professor Patrick Weinrauch in collaboration with the allied health and nursing staff at St Andrew’s War Memorial Hospital and SHI Global have successfully implemented a web-based care program called healthlnx™ that utilises iPad, smartphone or computer devices to educate and guide patients through their pre-operative and post-operative rehabilitation. More than 130 patients have been treated using the technology.

Patients undergoing hip replacement surgery take part in a nine-week online program. The first three weeks includes pre-surgery information, preparatory exercises, a virtual theatre tour, advice from the anaesthetist and practical information about how to prepare for upcoming surgery. The six-week post-surgery component begins in hospital – patients are able to login to their online program using iPads provided to them in the ward.

“Using the healthlnx technology platform enables us to deliver a wide variety of educational material to assist patients through all stages of their preparation and recovery,” A/Prof Weinrauch said.

“Physiotherapists in the ward can use the technology as an additional tool to assist educating patients on how to best perform their exercises. The flexible and progressive post-discharge exercise program ensures better continuity and standardisation of care. healthlnx also provides an easily accessible resource library for patients, including information relating to wound care, post-operative precautions and even smoking and dietary advice,” he said.

A/Prof Weinrauch said that embracing technology and tailoring care plans for patients through the healthlnx platform has improved patient understanding and compliance, with less anxiety and a better quality of recovery.

“The healthlnx program assists patients who are often nervous before surgery and relatively immobile for the first six weeks after their surgery. In the post-discharge phase it allows for us to provide care...
extending beyond traditional physical location and time constraints,” A/Prof Weinrauch said.

“In particular, patients in remote areas who experience difficulty accessing post-operative physiotherapy can significantly benefit from using this technology,” he said.

Ms Rachel Vickery, physiotherapist and technical director of healthinx said that after hip replacement surgery patients may find it difficult to see their physiotherapist on a regular basis, so having a daily exercise routine online engages and encourages people to keep up their exercises. More importantly, the exercise videos mean patients actually remember what they are meant to do and so get better faster.

“We all work and live in a time-pressured world so any technology that can reinforce key messages and empower patients to stay on track with their health management is extremely beneficial,” Ms Vickery said.
A new method for performing anterior cruciate ligament (ACL) reconstructions – employed for the first time in Australia last year by orthopaedic surgeons at St Andrew’s War Memorial Hospital – is gaining significant interest around the country.

Pioneered by a team of French and Belgian surgeons, the “short graft” hamstring-sparing tape locking screw (TLS) technique frequently uses only one hamstring tendon, and innovations in graft preparation, bone tunnel preparation and fixation allows for a potentially earlier return to normal daily life without crutches or a brace.

One of the French pioneers of the technique, Dr Thierry De Polignac, visited Brisbane in May to observe St Andrew’s orthopaedic surgeons Dr Kelly Macgroarty and Dr Jim Fardoulys perform the TLS surgery.

“Dr Kelly Macgroarty and Dr Thierry De Polignac

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A major benefit of the short graft TLS technique is that only one hamstring, instead of two used in conventional hamstring techniques, is used and this causes less damage to the hamstring tendons and allows patients a faster recovery,” said Dr Macgroarty.

“The single hamstring tendon which we harvest is still made into a four-strand graft, and from this we can create a graft averaging at least 8mm in diameter, which has been proven to be important in reducing re-injury rates. The conventional technique, where two hamstrings are harvested, often creates graft sizes of less than 8mm.”

In the short graft procedure, one hamstring tendon is used to make a short closed loop. Femoral and tibial bone sockets are created with retrograde hand reaming, which is gentler on the bone than power drills. Textile tapes are passed through both graft loop’s ends to pull the graft into the femoral and tibial sockets which are fixed to the bone with TLS screws.

Dr Macgroarty has been tracking the progress of his first 100 patients who have undergone the short graft technique and said that there are very promising early results.

“We are conducting further research to confirm the potential long-term benefits of this technique,” he said.

Each year in Australia, thousands of people tear their anterior cruciate ligament, often during high-impact sports where the knee joint becomes overextended, or when a person stops moving and changes direction quickly, or is hit very hard on the side of the knee.

“This new short graft technique enables physiotherapy to start very soon after surgery – patients experience less pain and there is also less slowdown in the muscles.”

The first short graft procedure at St Andrew’s was carried out in March 2014 by Dr Fardoulys, and Dr Macgroarty performed his first surgery using the technique in May 2014.

David French, owner of orthopaedics supply company, Perios Medical Devices, said about 250 TLS procedures had been undertaken in Australia since the first operation at St Andrew’s last year. Globally there have been over 40,000 operations of this type.
“This new short graft technique enables physiotherapy to start very soon after surgery – patients experience less pain and there is also less slowdown in the muscles.”
New relief for migraine sufferers and patients experiencing excessive sweating

Botox use for chronic migraine and hyperhidrosis

There are many issues that patients are reluctant to discuss with their GPs and excessive sweating is certainly one of them. Neurologist Dr Nicole Limberg is concerned that this reluctance to discuss a sensitive issue is leading to under diagnosis of a condition that does have treatment options.

Dr Limberg is a general neurologist with a special interest in neurophysiology. She is one of the few neurologists trained to use Botox in both chronic migraine and in hyperhidrosis (excessive sweating). Both of which are conditions that she feels may be under reported.

“Hyperhidrosis is quite a common problem with around one to two per cent of the population suffering although we expect it may be higher,” she said. “People don’t always recognise it as a disease or that there are treatments available. GPs themselves may not always be sure to whom to refer the issue,” Dr Limberg said.

“GPs should be looking for a level of intrusiveness i.e. does it limit their daily living and do they have episodes at least once a week where it functionally impairs their life.

“In terms of migraine sufferers, GPs can refer chronic migraine patients who are having 15 or more headaches per month, eight of which are migraine type and where other treatments have not been successful or not tolerated.

“With both conditions, we would see them to consider whether they are suitable for the injection treatment that we offer” said Dr Limberg.

Botox injections are used by Dr Limberg in an example of the growing medical uses of the drug. For both conditions, an ongoing treatment regime is required although with migraines it may be possible to reduce or withdraw treatment over time.

“Evidence suggests that for chronic migraine treatment, there is a 70 per cent response rate after three treatments and over time a further reduction in occurrences may be seen,” she said. “In some cases, treatment can be successfully withdrawn after several years.”

Currently, only neurologists who have undertaken additional training have Pharmaceutical Benefits Scheme (PBS) listing for Botox therapy for chronic migraine. Both, neurologists and dermatologists can access that rebate for axillary hyperhidrosis. Other types of hyperhidrosis are not covered on the PBS but can be covered privately.

After graduating from the University of Queensland in 1997, Dr Nicole Limberg, went on to complete her medical residency and subsequent fellowship with the Australian College of Physicians specialising in Neurology. She then commenced consultant practice at the Royal Brisbane And Women’s Hospital, and soon after established a private practice in Spring Hill.

“Working as a general neurologist, I became increasingly frustrated with the issues relating to oral prophylactics for migraine in terms of the side effect profiles and the lack of efficacy – they can be quite limiting
"Anxiety and depression are commonly linked with hyperhidrosis and we think a lot of people are afraid to begin the conversation with their GP because of embarrassment."

to people’s functioning and can have significant other side effects.

“I started using Botox for migraine before it went on the PBS as I was impressed by positive indications from the early studies and its lack of side effects,” she added.

She argues that part of the reason chronic migraine is under diagnosed is that there can be a change in symptoms over time.

“What happens when you have a lot of headache events is that they lose some of those migraine features and they can become somewhat blander and confused with tension headaches, neck pain or sinus headaches. We think it’s always important to consider chronic migraine when seeing patients with any chronic pain issue involving the head. GPs may be able to tease out historic experience of symptoms that would suggest more classic signs of migraine.

“With sweating, we also think it is under recognised – it’s a very common condition that has significant psychiatric co-morbidities so anxiety and depression are commonly linked with hyperhidrosis and we think a lot of people are afraid to begin the conversation with their GP because of embarrassment,” she concluded.

Dr Nicole Limberg
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www.migrainespecialist.com.au
www.sweatspecialist.com.au

Have you seen Nicole’s new rooms?
Talk to us to get yours started.

base architecture
DAFNE delivers diabetes control - An Australian first at St Andrew’s

Dose Adjustment For Normal Eating, or DAFNE for short, is a group program for adults with type 1 diabetes. It teaches participants how to calculate their insulin dose based on the amount of carbohydrates eaten, and how to adjust this for alcohol intake, exercise, stress and illness.

Many people with type 1 diabetes have traditionally had to ensure they eat to match their food to their insulin. Instead of ‘eating to match the insulin’, a DAFNE approach allows patients to choose how much insulin to take on a day-to-day and mealtime-to-mealtime basis, based on carbohydrate intake. This frees people to eat what they like, when they like.

DAFNE has traditionally been run as a five day program run during business hours. A new partnership is now offering the very first weekend version of the course to allow people whose work, study or family commitments prevent them from attending a weekday program.

Spring Hill Endocrinology and TIPS for Diabetes are collaborating with Medtronic Australia and St Andrew’s War Memorial Hospital to offer this innovative weekend version of the DAFNE program.

Dr Grant Cracknell is a consultant endocrinologist working as a visiting medical practitioner at St Andrew’s War Memorial Hospital. He explains:

“The course is suitable for almost any patient with type 1 diabetes, as it helps patients achieve safe tight control. A study of patients one year after attending a DAFNE course in Australia found a lower HbA1c, reducing in severe hypoglycaemia, reduction in weight, and improved quality of life.’

“As part of this course, patients will have access to continuous glucose monitoring, which is an additional benefit of this course. During the five sessions participants will learn how to make the appropriate adjustments in their insulin doses.”

Weekend DAFNE is conducted over two consecutive weekends and one Monday evening meeting. The program also gives advice about aspects of living with type 1 diabetes such as how to manage exercise, illness and hypoglycaemia. The benefits are noted as allowing greater dietary and lifestyle freedom, improving diabetes control without increasing hypoglycaemia and also teaching self management principles in insulin dosing for a variety of circumstances, such as physical activity and alcohol consumption.

The course is delivered by Brigid Knight, an accredited practising dietitian/diabetes educator, and Janet Taylor, a credentialled diabetes educator/registered nurse). The duo are experienced DAFNE facilitators who were part of the Australian team who originally brought the program to Australia in 2005. “As well as enabling a more ‘normal’, ‘guilt free’ approach to food and eating, the dietary freedom and insulin adjustment strategies for exercise, enable participants to more effectively manage weight loss programs” said Brigid.

“Perhaps the most visible benefit for those who have undertaken the course is that they can eat foods that ‘people without diabetes’ eat and alter their insulin dose accordingly. This gives much greater freedom and control to the patient and stops people feeling they have to eat the same foods every day.” said Dr Cracknell

“In essence, it allows insulin management to fit in with your life rather than the other way round.”

More information

Courses are held at the new UnitingCare Health Clinical School on the St Andrew’s War Memorial Hospital campus.

Booking information and course dates are available at www.endoaidvice.com.au or email dafne@endoaidvice.com.au

Getting to know Dr Philip Hall – Gynaecologist, Pelvic Medicine Centre & Art Curator for St Andrew’s War Memorial Hospital

Q1 How long have you worked at St Andrew’s War Memorial Hospital?
I have been here for almost five years. My initial consultant practice was at Ballarat. I was born there and practised for 28 years. I have a strong interest in rural women’s health and continue that interest with outreach work in the Kingaroy and South Burnett regions.

Q2 What do you love most about your job?
I love the interaction with people. It’s rewarding to see people with chronic problems that have not been solved with other procedures. I enjoy using state of the art equipment, medicines and surgical techniques to help ease these chronic problems.

Q3 What’s your favourite thing to do on a day off?
I enjoy visiting galleries in Brisbane especially QAG and GOMA. I have a particular enthusiasm for contemporary art and Outsider Art. For a change of pace, a trip to the beach is perfect and if I can get to Byron Bay, I am a happy man. Food is another passion of mine – I seek out local, organic and sustainable foods.

Q4 What or who inspired you to choose medicine as a career?
I was quite unwell as a child – I got anything that was going! My family GP provided what would now be called holistic care. He was a fantastic doctor who supported me and my family. He was an inspiration. With my training in Melbourne and the UK, I had exceptionally skilled surgical teachers. I enjoy passing on these technical skills.

Q5 What do you find the most challenging in your everyday work?
Fitting it all in! I have lots of interests – within and beyond medicine. I get up early to go for a walk along the river to plan my day, have a coffee and read the newspaper.

Q6 What’s the next big thing in gynaecology?
There are innovative medications, surgical procedures and neuromodulation which are making a difference to chronic diseases like urinary incontinence, prolapse, chronic pelvic pain. I am an early adopter and am always excited to be looking at the next big advances.

Q7 What is your greatest achievement?
Having the courage to go to Art School as a mature age student to study a Bachelor of Fine Art. My next biggest achievement was to realise that I will never be an artist and am better suited to being a dedicated art collector and facilitator of the work of artists!

“It’s rewarding to see people with chronic problems that have not been solved with other procedures.”

Dr Philip Hall
Pelvic Medicine Centre
St Andrew’s War Memorial Hospital
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T 1300 698 699
Keeping it in the family

Vascular and Endovascular Surgeon, Dr Toby Cohen and General Surgeon, Dr Jon Cohen are a father and son operating duo with St Andrew’s War Memorial Hospital. Toby’s grandfathers were GPs, his uncle is a general surgeon, and his sister is training to be a gynaecologist. You could say that medicine is in their blood (vessels).

Dr Toby Cohen completed his medical degree in Dublin in 1999. He remained in Ireland demonstrating anatomy and completing a Masters of Science and Arts at Trinity College Dublin. In 2001 Dr Cohen returned to Australia to work at the Princess Alexandra Hospital in Brisbane and completed his time as a basic surgical trainee. The Advanced Vascular Surgical Programme saw him gain experience in endovascular surgery, and trauma surgery at various hospitals throughout Australia. In 2008, after the programme he spent three months with Prof. Eric L. G. Verhoeven, a world leader in endovascular techniques studying and practicing advanced treatment of complex aortic pathology.

In the early 70’s, Dr Jon Cohen was one of the first vascular surgeons at Princess Alexandra Hospital with a dual appointment as a general and vascular surgeon, but opted to pursue a career in colorectal surgery working in a partnership spanning more than 20 years with Dr John Herron. In 2008, Dr Jon Cohen retired as Director of Colorectal Surgery at Princess Alexandra Hospital to enjoy long service leave, but the passion for his craft had him back in theatre before too long, this time working alongside his son Toby. They have worked together ever since.

Toby said his dad is the most interested and enthusiastic assistant you will ever get.

“There is no better person to give you direct feedback than your dad. We are great friends as well as colleagues and we have the greatest mutual respect for each other,” said Toby.

Jon helps out in theatre alongside Toby about six hours a week then spends additional hours helping out writing reports. Toby said if the case has any new elements to it his dad diligently still does his research the night before then quizzes him before theatre.

“If he happens to be away on holidays and there is a case coming up he still doesn’t like to miss out and will often say he’ll come back for it,” Toby said.

“St Andrew’s War Memorial Hospital is a relatively small and independent hospital which is what I really love. It’s what makes it special to us, like we are all part of a family here. We all know each other really well and look after each other. There is a lot of goodwill in the system, that is the most important thing and it needs to be maintained. There are a lot of great people doing a lot of amazing work here, and I love that I can be part of that,” said Toby.

This is an exciting time for us both to be able to learn from each other”

“Vascular Surgery has changed a lot in the last 10 to 15 years, so when Dad was operating, there was a lot more open surgery, he finds the minimally invasive endovascular surgery that we do today really interesting,” Toby said.

“This is an exciting time for us both to be able to learn from each other,” he said.

It has been a fair trade between the two as Jon, with 40 years of open surgery experience has an invaluable perspective bringing his vast experience into a new area of surgical practice. Equally, Toby is reteaching Jon how to use his skills with state-of-the-art technology, making a lovely blend of tried and tested, contrasted with innovative ground breaking techniques and novel approaches. A truly complementary surgical partnership.
“St Andrew’s War Memorial Hospital is a relatively small and independent hospital which is what I really love. It’s what makes it special to us, like we are all part of a family here”
The story of Queensland nurse legend and octogenarian Pixie Annat MBE OAM was launched on 18 March in a new biography *Pixie Annat - Champion of Nurses*, published by UQP.

Speaking at the launch of the book at Queensland University of Technology in Kelvin Grove on her and her twin sister’s 85th birthday, Pixie said: “I never imagined anyone would have wanted to write a book about my life.”

She thanked the 100+ guests who attended the launch, and said she fully intended to keep up her volunteer work for as long as possible.

“When you are well, age is just a number,” she said.

Service has been the golden thread of Pixie’s life, connecting her many roles which include matron and CEO of St Andrew’s War Memorial Hospital, nursing leader and a brilliant fundraiser and campaigner for a host of causes.

Pixie has a great sense of humour and loves to tell a yarn, and the book is filled with her stories, from events going back to her childhood on a Sunshine Coast farm, through to her training shortly after World War II at the Royal Brisbane Hospital and then to her involvement in a decades-long campaign to improve training and working conditions for nurses.

During a working life where women, and particularly nurses, were often undervalued, she stared down many an adversary who underestimated her resolve. Yet she had a knack for persuasion, employing her intelligence and civility to change many minds.

Pixie received a Member of the Most Excellent Order of the British Empire in 1977 and a Medal of the Order of Australia in 1992 for her services to nursing.

After her official retirement as CEO of St Andrew’s War Memorial Hospital in 1992, Pixie continued to make a huge impact on many people, immersing herself in charitable projects as diverse as supporting homeless women, providing scholarships for nurses (many of whom are now leading academics in university nursing schools), and as a volunteer at both the Royal Brisbane Hospital and St Andrew’s War Memorial Hospital.

Pixie also has a deep interest in history and military service, and is proud of her family’s sacrifice – her grandfather died in the Boer War defending a British garrison, and her father and uncles served at Gallipoli and on the Western front. She herself served in the Citizens Military Forces for almost a decade in the 1950s and 1960s, progressing to the rank of major. She visited Gallipoli alone with a Turkish guide and travelled to South Africa for the unveiling of a memorial in honour of her grandfather, 101 years after his death.
Author Colleen Ryan Clur said it had been an honour to get to know Pixie well.

“Pixie has such a depth of experience and a generous heart. It’s easy to underestimate someone like her because she comes across as a very kind person, which she is, of course.

“But she is also incredibly intelligent and a strategic thinker. She has accomplished so much in her life because she planned things logically and she never gave up.”
Are your assets safe?

Strategies for protecting your wealth from external threats

ARE YOU a hard working and motivated medical professional?
DO YOU invest long hours into your business and profession?
ARE YOU continuing to build an asset portfolio either in your name or in another name?

If you answered ‘yes’ to the above questions, then it’s important to keep reading.

As a medical professional, it’s essential to have the correct insurance in place to safeguard you and your assets. However, protecting your family and business assets can’t be guaranteed only by an insurance policy. It’s important that other strategies are investigated and employed as part of a holistic approach to protecting your wealth and asset accumulation.

A lot of time and effort goes into growing your business. As you look down the road towards retirement, asset accumulation will be essential in securing you and your family’s future. Therefore it is paramount that these assets are secure against external threats.

So what do you need to do and when should you take action?
The ‘what’ scenario is varied. There’s no single ‘cookie cutter’ approach to providing asset protection. A strategy or business structure for one medical professional may not necessarily work for another. Therefore it’s important to obtain the correct advice from the outset of asset accumulation.

The ‘when’ scenario is a little more simple. If you pay close attention to asset protection throughout your life, it will benefit you in the long-term. For instance take note when:

- **Setting up your business** – structuring this correctly at the beginning will benefit you in the long term
- **Buying assets** - always be vigilant as to whose name they are purchased under and consider each asset purchase as a separate transaction
- **Planning for retirement** - review your overall asset holdings and wealth accumulation in determining income levels and asset security.

**Structuring shouldn’t just be considered from a tax perspective. It also needs to be considered from an asset protection perspective.**

It’s never too early to review or focus on asset protection. The longer you leave asset protection, the greater the risk of possible loss of assets or costly taxes; especially if you need to transfer assets to a more secure position.

If you fear you have not given enough attention to the security of your assets in the past, it would be prudent to review your situation. There may be steps that can be taken to improve your asset security.

Pilot Partners is a full-service, Brisbane-based chartered accounting firm. We understand the unique professional pressures, time constraints and requirements of medical professionals. We assist medical practitioners in all areas of the industry.

Our Associate Directors, Angela Stavropoulos and Kristy Baxter, head up the medical services division within the firm. Combined, they have over 30 years experience working within the accounting profession. They are both well qualified and committed to providing specialised services within the medical community.

Please contact them on (07) 3023 1300 to arrange a complimentary “asset health check” meeting and to discuss your asset protection requirements.
St Andrew’s March CPD Weekend, Marriott Gold Coast
What would you call an innovative technology that detects

41% MORE INVASIVE breast cancers?*¹

We call it genius.

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What would you call an innovative technology that detects state-of-the-art medical imaging
41% more invasive breast cancers?*

We call it genius.

genius3D.com.au

DIFFERENTIATION ADVANTAGE

St Andrew’s War Memorial Hospital’s quality management system has received ISO 9001 certification ensuring the hospital’s safety and quality system meets the highest international and national standards. St Andrew’s earned ISO 9001:2008 and Core Standards for Safety and Quality in Health Care certification in October 2012 after a very successful audit.

St Andrew’s War Memorial Hospital’s certification is aligned with international best practice and complies with the 10 standards set by the Australian Commission on Safety and Quality in Health Care.
The St Andrew’s Multidisciplinary Pain Service (StAMPS) is an integrated multidisciplinary service designed to offer patients a “one stop shop” from diagnosis to comprehensive treatment and management of persistent pain.

StAMPS brings together a team of experts in the field of pain medicine, dependency, psychology, rehabilitation medicine, occupational therapy and physiotherapy.

StAMPS provides:
- Individual assessments by leading pain specialists
- Interventional pain treatments by StAMPS specialists
- Individualised physiotherapy, psychology, occupational therapy assessment & treatment
- Persistent Pain Program - an intensive 4 week program, 3 days a week on an outpatient basis
- Specialised inpatient treatment at the St Andrew’s Pain & Dependency Unit

How to refer to StAMPS
Medical Practitioners can refer to one of the individual StAMPS specialists or directly to StAMPS.

There are four options for referring:
1. Refer online at www.standrewspainservice.com.au
2. Refer by fax to 07 3834 4291
3. Refer by email to enquiries@standrewspainservice.com.au
4. Post referral to StAMPS
   St Andrew’s War Memorial Hospital
   457 Wickham Tce Spring Hill Q 4001

StAMPS Consulting Suites
Level 4, St Andrew’s War Memorial Hospital
Spring Hill Q 4001

Phone 07 3834 4285
www.standrewspainservice.com.au