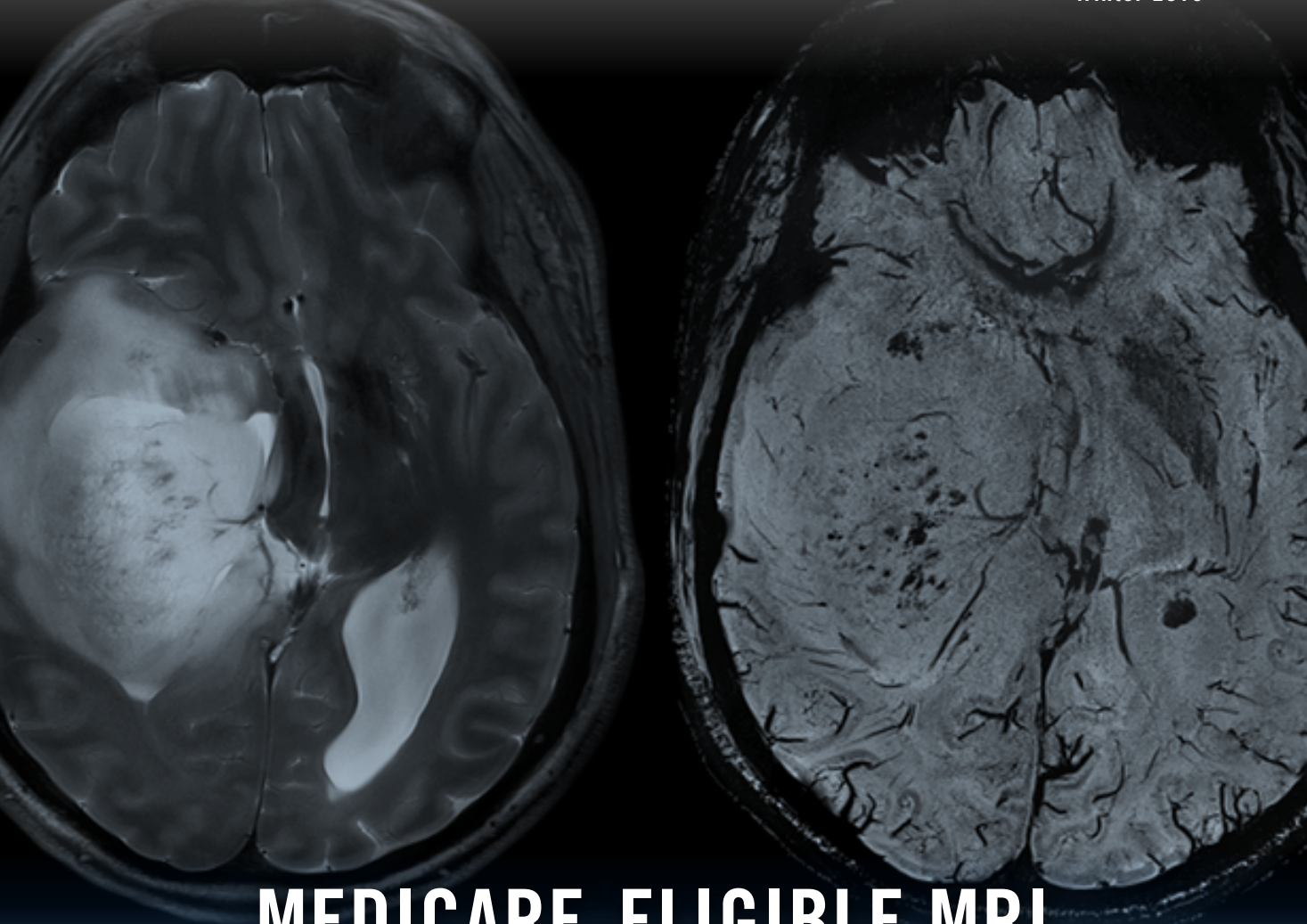
ST ANDREW'S
WAR MEMORIAL HOSPITAL

BEST PRACTICE

THE LATEST IN BEST PRACTICE AT ST ANDREW'S WAR MEMORIAL HOSPITAL

Winter 2019



MEDICARE-ELIGIBLE MRI NOW AT ST ANDREW'S

Shoulder replacement surgery now delivered with pinpoint accuracy

Management of colorectal cancer

New technology detects heart failure weeks in advance

Welcome

Continuing our critical role in delivering high quality health care

As we commemorated ANZAC Day with our annual service at St Andrew's, it highlighted once again the reason our hospital was founded - to help the injured, sick and in need, and 61 years on we continue to honour this, forge ahead and play a critical role in the delivery of high quality health care to those in need.

The importance of our critical role was evidenced in April with the granting of a Medicare-eligible MRI licence for St Andrew's, something we are very grateful to have received considering there were over 490 applications for the final 43 licences. We look forward to passing these savings onto our patients, whose clinical outcomes will be improved through affordable access to our world-leading MRI technology.

Our patients at St Andrew's are also benefiting from the constant advances in medical research and technologies and in this edition you will read about the latest in computer navigated shoulder replacement which St Andrew's orthopaedic surgeon Dr Kelly Macgroarty is now utilising. It allows real-time confirmation that the new shoulder joint is as precisely positioned as possible, and as a result patients are functioning better post-surgery.

The latest in cardiac technologies are being used by the cardiologists at Queensland Cardiovascular Group (QCG) based at St Andrew's, where they are further improving the detection and management of the complex condition of heart failure, with the use of a new generation of implantable cardiac devices that contain a multisensor to deliver a sophisticated set of heart failure diagnostics.

Our team of medical experts at St Andrew's is always growing and in this edition of ***Best Practice*** we welcome cardiothoracic surgeons Dr Anil Prabhu and Dr Rishen Naidoo.

You can also read the latest medical updates on Colorectal Cancer (Dr Damien Petersen) now the second most common form of cancer in men and women in Australia, and Pelvic Congestion Syndrome (Dr Andrew Cartmill) which can now be treated endovenously with a minimally-invasive day procedure.

Finally, it was wonderful to see such a strong attendance (fully subscribed) at our Women's Health Symposium recently. The variety of topics presented by our VMPs was wide-ranging from cardiac disease in menopausal women to respiratory disorders in pregnancy and was well received by those in attendance. We hope you can make it to our Signature CPD Weekend on 7-8 September at Sheraton Gold Coast where we will provide updates on the latest surgical solutions for our patients. You can find a full listing of our CPD events at www.standrewshospital.com.au/gp-education

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Spotlight

VMP Insight

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what's inside

VMP PROFILE UPDATES

Dr Rishendran Naidoo

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Cardiothoracic Surgeon
T 07 3309 3000

Dr Rishendran Naidoo hails from Durban South Africa, where he completed his basic medical training and specialist training in cardio-thoracic surgery attaining the Fellowship of the College of Cardiothoracic Surgeons in 2005 and subsequently the Master of Medicine (MMED) in Cardiothoracic Surgery in 2008.

Dr Naidoo relocated to Australia in 2006. He subsequently completed the Royal Australasian Fellowship in 2010 and commenced work in Brisbane. The Prince Charles Hospital became home and he currently works as a Visiting Medical Officer at St Andrew's Hospital in Spring Hill. He is passionate about training and teaching junior doctors, supervising the cardiothoracic teaching programme at The Prince Charles Hospital. Dr Naidoo has an adult cardiac and general thoracic surgical practice.

Interests include minimally invasive thoracic surgery, the management of lung cancer (early and advanced) and all aspects of adult cardiac surgery. Cardiac interests include coronary surgery and surgery for valvular heart disease - mitral valve repair surgery.

Consults can be arranged at Brisbane Heart and Lung Surgery at St Andrew's Place in Spring Hill and The Prince Charles Hospital.

Dr Anil Prabhu

MBBS, MS, MCh, FRACS
Cardiothoracic Surgeon
T 07 3309 3000

Dr Anil Prabhu is a fellow of the Royal Australasian College of Surgeons and practices cardiothoracic surgery with subspecialty interest in coronary surgery including off pump coronary artery bypass grafting, valvular surgery including valve repairs, atrial fibrillation surgery and aortic root and arch surgery.

He also performs surgery for heart failure including mechanical circulatory devices and heart transplantation. Dr Prabhu also practices adult congenital heart surgery, having worked extensively in children's heart surgery previously.

He trained in adult cardiothoracic and children's heart surgery in Bangalore in India and thereafter moved to Australia doing fellowships in Adelaide and Brisbane, before calling Brisbane home. He resides in Brisbane with his wife Vidya, two boys and a one year old groodle, Alfie.

He has been practicing cardiac surgery for the past 15 years and is actively involved with teaching and research through the Royal College of Surgeons and The Prince Charles Hospital. Private consults can be arranged at Brisbane Heart and Lung Surgery at St Andrew's Place.

COVER STORY

SAVING LIVES AND REDUCING COSTS: MEDICARE-ELIGIBLE MRI NOW AT ST ANDREW'S

From left: Darren Schwedes, Mairi McNeill, Craig Barke, Trevor Evans, Dr Kelly Macgroarty, Calum Gahan, Rosemarie White

St Andrew's War Memorial Hospital is one of only four Brisbane services to be granted a new Medicare-eligible MRI licence, as part of a $375 million Federal Government investment delivering 43 new MRI licences nationally.

Ms Mairi McNeill, General Manager at St Andrew's, said receiving the Medicare-eligible MRI licence was wonderful news for the not-for-profit hospital and also for patients whose clinical outcomes would be improved through affordable access to world-leading MRI technology.

The licence will help save lives and reduce costs, with an estimated 6,000 inpatient and outpatient MRI scans each year now able to access a Medicare rebate to help diagnose and monitor conditions like strokes, heart disease and cancer as well as the full range of musculoskeletal and spinal conditions. The rebate is also available for patients presenting to the 24/7 Emergency Centre.

"The rebate translates to patient savings of up to $500 depending on the type of service and for this we are very pleased," Ms McNeill said.

The granting of these latest licences follows on from the announcement last September by the Federal Government of the first ten locations to receive this new Medicare support. The Government then announced a further 20

From left: Craig Barke (UnitingCare CEO), Trevor Evans (Federal Member for Brisbane) and Jonathan Hibbins (MRI Radiographer)

licences, however after receiving over 490 competitive applications extended the number of additional licences to be granted to 43.

Ms McNeill said receiving this Medicare-eligible MRI licence recognises the critical role St Andrew's plays in the delivery of high quality healthcare services to both Brisbane and the broader Queensland community.

St Andrew's licence is for a full Medicare-eligible MRI. The unit is a high-end 3 Tesla MRI and is equipped to perform all MRI services listed on the MBS including complex studies.

St Andrew's Medical Imaging (SAMI) Clinical Director, Dr Darren Ault said the Siemens Skyra MRI at St Andrew's War Memorial Hospital was an extremely efficient machine creating the highest quality MR images in the shortest possible time, enabling rapid diagnosis to guide more accurate treatments, and improving overall patient care.

"It also offers a more pleasant patient experience with a wide opening (bore) relieving some of the sense of confinement many patients associate with having an MRI. Several scans can now also be obtained in quiet mode increasing overall patient satisfaction," Dr Ault said.

Dr Ault added, the SAMI service has a team of ten expertly trained subspecialist radiologists delivering reports you can trust.

The announcement of the new St Andrew's Medicare-eligible MRI licence was made at St Andrew's War Memorial Hospital on 5 April 2019 by Trevor Evans MP, Federal Member for Brisbane.

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NEWS IN BRIEF

▼ CARE TO SHARE

St Andrew's has created CARE to SHARE ® - a video series aimed at providing simple information, inspiration and support from our passionate team of healthcare professionals accessible to the wider community.

The videos are available on our website and Facebook page and cover a broad range of topics from sleep apnoea, endometriosis, heart health, breast lumps and bumps to what happens when you go to Emergency.

The video series has (to date) collectively been seen over 277,200 times. Check out the videos today and please share these important health information updates with your patients.

For more info, visit www.standrewshospital.com.au/care-to-share or our Facebook page www.facebook.com/StAndrewsWarMemorialHospital

▼ NEW ART EXHIBITION - *TIME* - ON DISPLAY AT ST ANDREW'S

Check out Brisbane's newest art exhibition… with a difference!

An exclusive art exhibition titled 'Time' has found its place within the walls of St Andrew's War Memorial Hospital. Featuring 45 original artworks, the exhibition showcases 25 artists with disability or disadvantage. Each piece is unique, but all share a universal theme - time.

Take a moment to see how each artist has explored and portrayed the concept of time in their work, and marvel at the power of differing perspectives. Every artwork on display is available for purchase during the exhibition, with revenue going back to the artists.

All of the artwork displayed was created at Access Arts' workshops. Access Arts is an organisation empowering people with disability or disadvantage to build successful careers in the arts.

So what are you waiting for? Time opens on 4 July on Level 1 at St Andrew's War Memorial Hospital. www.accessarts.org.au

▼ PAINTING PRESENTED TO ST ANDREW'S

State Member for Moggill and our former Director of Medical Services, Dr Christian Rowan MP, visited the hospital in early April to present the Executive team and Dr Philip Hall with a painting that he commissioned to commemorate St Andrew's 60th anniversary (2018) & the 100th anniversary of the Armistace of the First World War (2018).

The piece is by artist Jacqueline Hill from the Art at Heart Gallery. Thank you Dr Rowan!

From left: Dr Michael Gillman, Rosemarie White, Arthur Henderson, Dr Philip Hall, Mairi McNeill, Dr Christian Rowan MP

▼ FOUNDATION DAY – 70TH ANNIVERSARY

On Saturday 14 May 1949, 3000 people gathered at Herston to witness the setting of the foundation stone of Brisbane's first War Memorial Hospital. It took over a decade of fundraising, land acquisition, hard work and dedication before St Andrew's War Memorial Hospital opened its doors to patients in 1958.

In 2019, we celebrated the 70th anniversary of the laying of the foundation stone which can now be found next to the entrance of our hospital. Cardiologist, Dr Alex Incani, spoke about St Andrew's being at the leading edge of cardiac innovation nationally and thanked the hospital, on behalf of the VMP community, for the on-going partnership and support the hospital provides our medical practitioners.

From left: Mairi McNeill, Rev David Baker, Bruce Moore, Rosemarie White, Helen Hill, Cameron Prout, Dr Alex Incani

SHOULDER REPLACEMENT SURGERY NOW DELIVERED WITH PINPOINT ACCURACY

Patients undergoing total shoulder replacement (TSR) are now functioning better post-surgery due to the latest evolution of computer navigated technology (ExactechGPS) assisting orthopaedic surgeons at St Andrew's War Memorial Hospital deliver the most consistent and accurate shoulder replacement surgery ever.

Dr Kelly Macgroarty, orthopaedic surgeon at St Andrew's War Memorial Hospital, said while earlier versions of navigated total shoulder replacement (nTSR) have been around for many years, he has been waiting to utilise the latest improved version by Exactech over the past 12 months.

"The technology and software for NSR has seen a generational improvement to a point that it is now accurate and reliable and I am totally confident in it," Dr Macgroarty said.

"The shoulder is a more complex joint due to its biomechanics and hence more difficult than knee and hip replacements which have been using similar technology for some time."

A recent study using ExactechGPS reported it was able to bring the version, inclination and implant placement to within 2 degrees and 2mm of the planned implant placement – an 8 degree improvement over standard instrumentation and a 4 degree improvement over patient-specific instrumentation. Dr Macgroarty has seen this improvement in a large number of TSR cases he has performed since changing over to the ExactechGPS system.

Dr Macgroarty said ExactechGPS can be used in almost all TSR cases, with only a few patients it was not suitable for, like those with soft bone and after certain types of previous shoulder surgery.

"It is beneficial for complex and technically difficult cases where the anatomy is really distorted, as is often the case in patients with severe osteoarthritis. As osteoarthritis progresses, it can change the normal anatomy of the shoulder, making positioning of a TSR more difficult. The advantage of computer navigation (using CT scan, pre-op plan and infrared trackers) is that it allows the surgeon during surgery to help correct any deformities caused by the osteoarthritis and then get the most precise fixation to bone of the components allowing for the best possible result."

The application provides the ability to get a real-time view of retroversion and inclination, reaming and drilling depth, screw placement and be able to adjust the surgical plan intraoperatively.

Pre-operative patient CT data is used to create a plan that allows implant selection and placement to be determined prior to surgery. It is individually customised to the particular anatomy of the patient's shoulder.

During surgery, the ExactechGPS is designed to reproduce the preoperative plan with precise execution. A touchscreen tablet integrates into the sterile field allowing for easy access, improved line of sight and surgeon interaction. Three trackers (probe, glenoid and tool) are attached internally to the shoulder to pick up the anatomical landmarks and communicate via infrared signals with the pre-operative plan onscreen and deliver instant feedback on positioning. The system can be used for an anatomic or a reverse total shoulder replacement.

"Computer navigation for total shoulder replacement is a welcome additional tool for surgeons, providing real-time confirmation that positioning of the new joint is as precise as it possibly can be, which is our ultimate goal," said Dr Macgroarty.

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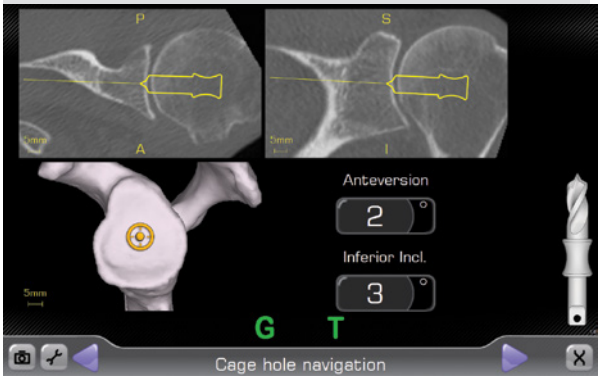
Case study

Recently I saw a 68-year old male, who suffered multiple dislocations of the right shoulder playing football and underwent a number of stabilisation operations, eventually culminating in a Bristow procedure, decades earlier. The patient had no concerns up until last year when he suffered a seizure due to viral encephalopathy, which caused a painful locked posterior dislocation of the right shoulder. Since then he has complained of severe pain and stiffness in the right shoulder.

The patient was originally seen by another orthopaedic surgeon, who recommended that he come to my clinic to consider a navigated TSR. I suggested the ExactechGPS computer navigated total shoulder system to address the severe bone loss and deformity. The surgery was successful, and the patient now has no pain with 160 degrees of active shoulder elevation.



UPDATE ON MANAGEMENT OF COLORECTAL CANCER

By **Dr Damien Petersen**, MBBS FRACS

Colorectal cancer is the second most common cancer in men and women in Australia and is more common in people over the age of 50. However, it does occur in the younger population, with a 5% incidence in under 50 year olds where there is often a delay to diagnosis. Treatment is the same for this age group with similar outcomes as older age group. Less than 10% have an identifiable family history of colorectal cancer, however a lack of family history does not rule out disease.

- The second most common cancer in Australia
- An age related tumour
- Slow increase in incidence over past 30 years

The National Bowel Cancer Screening Program (NBCSP) first commenced in 2007 in a phased approach and now offers biennial free screening with immunochemical Faecal Occult Blood Testing (FOBT) from age 50 to 74 years for normal risk individuals with no family history and no symptoms.

Symptoms that warrant colonoscopy include: bleeding of any nature; iron deficiency; change of bowel habit; abdominal pain (although a less sensitive predictor).

A positive FOBT does not indicate a cancer is present, it indicates an at-risk individual that requires colonoscopy evaluation – 5% have a cancer, 50% have a polyp and the rest are normal. Patients who participate in the NBCSP have earlier diagnosis of pre-malignant or early malignant tumours with marked improved outcomes with reduced need for chemotherapy.

The treatment of colorectal cancer remains principally a surgical one. The greatest chance of cure is complete surgical resection. Chemotherapy offers additional benefit after surgery to those with metastasis identified in locoregional lymph nodes (Stage 3 or Dukes C cancers). Radiotherapy may be used selectively pre-operatively for rectal cancers to improve resectability and reduce local failure rates.

Combination chemotherapy and radiation alone as a treatment has been gaining interest internationally as a potential standalone treatment for rectal cancer. Evidence has been accumulating of a small number of patients who may achieve a long term cure without surgery – this may however only occur in 5-10% of patients (watch and wait protocols). We are yet to reach results of combination chemotherapy and radiotherapy for anal squamous cell cancers where surgery has very limited roles to play.

The options and techniques for an individual with colorectal cancer have expanded and require specialist surgical opinion and treatment. The surgeon remains the lead in the multi-disciplinary team management along with the medical and radiation oncologist, radiologist and hepatobiliary surgeon to optimise individual care.

The colorectal surgeons located at St Andrew's War Memorial Hospital who can provide care in this area include:

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Dr Hajir Nabi
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SPOTLIGHT

NEW TECHNOLOGY ALLOWS CARDIOLOGISTS TO DETECT HEART FAILURE WEEKS IN ADVANCE

St Andrew's War Memorial Hospital cardiologists are further improving the detection and management of the complex condition of heart failure with the use of a new generation of implantable cardiac devices that, when paired with a remote home monitor, can deliver a sophisticated set of heart failure diagnostics, using a multisensor approach.

Dr John Hayes and the cardiologists at the Queensland Cardiovascular Group (QCG) at St Andrew's are now able to better predict the development of heart failure in a patient. Multiple sensors (heart sounds, respiration rate and volume, thoracic impedance, heart rate and activity) incorporated in the latest defibrillators and Cardiac Resynchronisation Therapy (CRT) devices are combined into one composite index to detect gradual worsening of heart failure over days or weeks and sends a single actionable web-based alert when the trend crosses a clinician-set threshold.

With 67,000 new cases each year, Australia spends $3.1 billion annually on heart failure diagnosis and management, so this technology is a significant step forward, said Dr Hayes.

"The beauty of this technology and sophisticated algorithms, is that it is now far more reliable, specific, and sensitive to help cardiologists make the slightest of changes in a patient's medications," he said.

"Once the device is linked to a patient's monitor at home, it can detect potentially lethal arrhythmias and other clinical signs indicating that the patient may be entering a state of heart failure, and transmit this through to the physician. It can alert the cardiologist two to four weeks before the patient develops breathlessness, that they may be going into heart failure."

Dr Hayes suggests that for people who live in regional and remote areas, far from medical facilities, this gives more peace of mind and reduces the number of hospital visits.

"Recently we received an alert from the monitor of a patient who lives in North Queensland. It suggested he was going to go into heart failure. He felt fine and was none the wiser.

We contacted his cardiologist to adjust his medication and potentially prevented his admission to hospital with heart failure. All the indices on the device returned to normal after the adjusted medications. Improvements in programming of the devices and adjustments to medications can certainly save lives," said Dr Hayes.

Dr John Hayes

About heart failure and cardiac resynchronisation devices

Heart failure (HF) is a complex condition that often presents as:

- Exertional dyspnea (shortness of breath during exercise);
- Orthopnoea (shortness of breath when lying down);
- Paroxysmal nocturnal dyspnea (acute episodes of shortness of breath); and
- Fatigue.

Following a clinical diagnosis, HF may be categorised to whether it is associated with:

- A reduced left ventricular ejection fraction (LVEF) below 50% **(HFrEF)**; or
- A preserved LVEF of 50% or more **(HFpEF).**

Dr Hayes said individualised, optimal medical therapy is the cornerstone of appropriate clinical management for a patient with heart failure symptoms. While there have been significant advances in drug therapy, Cardiac Resynchronisation devices are now playing an even more critical role in the management of heart failure.

"Device therapy is a good adjunct therapy for eligible patients with heart failure in addition to their optimal medical therapy," he said.

Cardiac Resynchronisation Therapy (CRT) is a state-of-the-art technology that provides biventricular pacing in heart failure patients. This procedure is similar to a standard dual chamber device implantation, with the addition of a third lead that sits on the lateral wall of the left ventricle. Simultaneous stimulation of dyssynchronous ventricles, can help to improve the pump function of the heart. Once the leads are in place, they are connected to a device that sits within a subcutaneous pocket within the anterior chest wall region. Some Cardiac Resynchronisation devices may have an inbuilt defibrillator (also known as a CRT-D). These devices resynchronise the ventricles and detect and treat life threatening ventricular arrhythmias.

The Queensland Cardiovascular Group in partnership with St Andrew's War Memorial Hospital pioneered CRT in Queensland in 1998. In 2018, The Queensland Cardiovascular Group implanted 600 pacemakers or defibrillators, of which 150 were CRT devices.

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VMP ADVICE

THE FORGOTTEN VEINS: PELVIC CONGESTION SYNDROME

It is not surprising that pelvic congestion syndrome (PCS) is often forgotten as an explanation for chronic pelvic discomfort. Not only is it poorly understood by patients, but also often by medical practitioners diagnosing the problem.

What is it?

Pelvic congestion syndrome is best described as a constellation of signs and symptoms resulting from increased venous pressure within the pelvis. This results from incompetence, or valvular failure, typically of the gonadal vein. It can more simply be thought of as "varicose veins of the pelvis", not dissimilar to thinking of varicocoele as "varicose veins of the scrotum or testis". Indeed many parallels can often be drawn to typical varicose veins in the legs.

Dr Andrew Cartmill, vascular and endovascular surgeon at St Andrew's War Memorial Hospital said pelvic pain typically falls to gynaecologists, urologists or colorectal surgeons for investigation and management, and pelvic vein reflux is often discounted as insignificant or untreatable.

"With increased understanding of the pathophysiology of PCS, and the advent of endovenous surgery, vascular surgeons may be able to offer unique treatment for these patients," he said.

We asked Dr Cartmill to outline the key facts about pelvic congestion syndrome.

Typical symptoms

Overwhelmingly, patients describe a heavy, dragging ache felt within the pelvis, often to one side or the other. This feeling typically worsens with time spend upright, and is relieved by lying supine with the feet elevated. Patients describe the sensation of impending pelvic prolapse, without the usual pelvic floor dysfunction. Additionally, they may report a degree of dyspareunia, bladder irritability or varicosities of the labia or buttocks. Lower limb varicose veins are not always seen, but when present, often have anatomical connections between the saphenous trunk and

"As the awareness and appreciation of pelvic vein incompetence increases through education, we should dispense with the idea that varicose veins begin at the top of the leg, and that indeed there is often a more proximal source that shouldn't be forgotten."

the pelvis via incompetent tributaries. These may occur in the setting of early unexplained recurrence after prior varicose vein surgery.

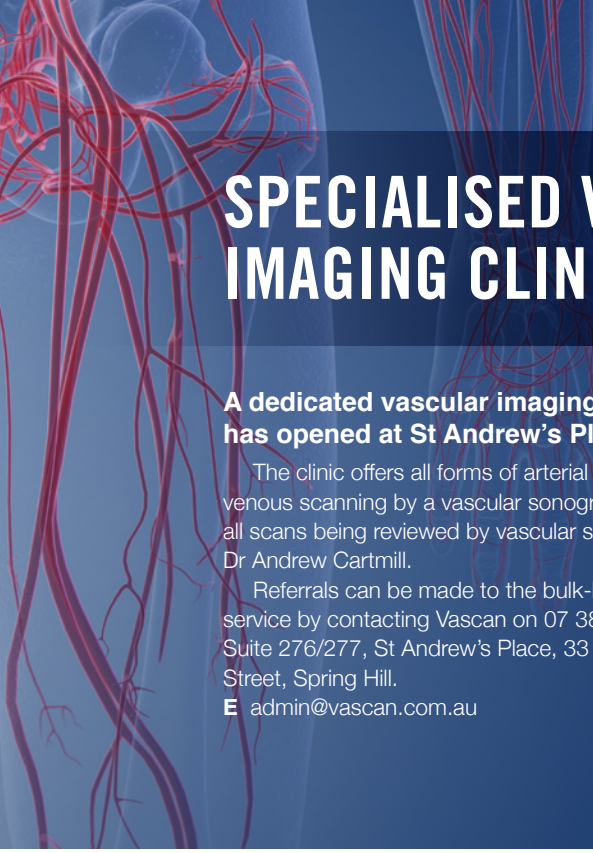
Diagnosis

To be diagnosed with PCS, patients need to exhibit not only the signs or symptoms of PCS, but also have demonstrable ovarian vein incompetence or dilated, varicose adnexal veins. Pelvic vein incompetence is best appreciated using duplex ultrasound interrogation, a modality best performed in a specialised vascular diagnostic centre where frequent assessment lends itself to reliability of results. Indeed, dynamic imaging of the pelvic veins can be a very difficult task for many ultrasonographers. In the event that duplex interrogation is equivocal, CT venography is an option for investigation. Typically dilated, tortuous ovarian veins can be visualised, along with a plethora of pelvic varicosities. The gold standard investigation is then arguably catheter-directed venography, with access via the femoral or jugular veins with direct catheterisation of the ovarian vein in question. Most often the left ovarian vein is the source of reflux, given its longer retroperitoneal course and drainage via the left renal vein, as opposed to the right ovarian vein which drains directly into the juxtarenal inferior vena cava. There may be a component of left renal vein compression as it courses between the aorta behind, and the superior mesenteric artery in front. This may result in a relative increase of venous pressure on the left ovarian vein as a "tributary" of the left renal vein. However, the complete pathophysiology behind the development of ovarian vein incompetence remains unclear.

Treatment – Endovenous

Besides offering clear diagnostic value, the added benefit of catheter venography is the option of providing concomitant definitive treatment for PCS. Ovarian vein incompetence was historically ignored, in no small part, to the fact that open surgical ligation of ovarian veins and the associated varicosities can be rather unpleasant at best. However, all that has changed with the development of endovenous surgery. Coil embolisation of the incompetent ovarian vein is a completely percutaneous, minimally-invasive procedure which is performed under local anaesthesia as a day admission. Typically platinum coils are dispensed into the ovarian vein under x-ray guidance, leading to thrombotic occlusion of the vein and prevention of reflux and venous hypertension within the pelvic veins. The coils offer a permanent physical barrier to reflux, are inert and MRI compatible. Symptomatic relief is recognised in most cases within a week of intervention. Concomitant endovenous ablation therapy for treatment of lower limb varicose veins can be performed, especially given the availability of a specialised vascular hybrid operating theatre at St Andrew's War Memorial Hospital.

Dr Cartmill said the undeniable principle in the treatment of varicose vein disease should be to seek out and treat the very source of the venous incompetence. This will ensure adequate resolution of symptoms, and provide the best chance of avoiding future recurrence.



SPECIALISED VASCULAR IMAGING CLINIC OPENS

A dedicated vascular imaging clinic has opened at St Andrew's Place.

The clinic offers all forms of arterial and venous scanning by a vascular sonographer with all scans being reviewed by vascular surgeon Dr Andrew Cartmill.

Referrals can be made to the bulk-billing service by contacting Vascan on 07 3831 3144, Suite 276/277, St Andrew's Place, 33 North Street, Spring Hill.

E admin@vascan.com.au

Arterial scanning:

- AAA/EVAR follow-up
- Ankle Brachial Index
- Aorto Iliac Arteries
- AV Fistula
- Carotid and Vertebral Arteries
- Graft Surveillance
- Lower Limb Arteries
- Mesenteric Arteries
- Popliteal Entrapment
- Renal Arteries
- Upper Limb Arteries

Venous Scanning

- Ovarian and Pelvic Vein
- Thoracic Outlet Assessment
- Upper Limb Veins
- Varicose Veins
- Vein Mapping
- Venous Thrombosis

Breast Care SERVICE

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ST ANDREW'S WAR MEMORIAL HOSPITAL

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$145 per night

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reservations@hgcbrisbane.com.au

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1800 75 33 79

Join the national pursuit to reduce valvular heart disease deaths

Dr Karl Poon and Dr Alex Incani, Interventional Cardiologists from Queensland Heart Institute at St Andrew's War Memorial Hospital, are inviting general practitioners and other referring clinicians to participate in a new educational campaign, Hope For Hearts.

Hope For Hearts is a national campaign supported by leading cardiologists and accredited heart centres like St Andrew's War Memorial Hospital across Australia, to help raise awareness of the potentially deadly valvular heart disease, aortic stenosis.

"Aortic stenosis is an acquired or congenital condition – it is age-related and most prevalent in people 75 years and over," said Dr Incani.

It is estimated that 1 in 8 elderly Australians has aortic stenosis[1]. Up to 50% of people who develop severe aortic stenosis symptoms will die within an average of two years if they do not have their aortic valve replaced[2].

Although patients with aortic stenosis may be asymptomatic, the classic red flags when taking a patient history should include:

- Exertional angina
- Breathlessness
- Dizziness/syncope

Dr Karl Poon suggests, if a patient has severe aortic stenosis, a typical murmur of aortic stenosis is described as a high-pitched harsh ejection systolic sound on auscultation. If a heart murmur is heard, it's recommended that the patient is referred to an interventional cardiologist for further evaluation.

"We have an opportunity to reduce morbidity and mortality with early referral to the St Andrew's or any other accredited heart team in the local area," he said.

St Andrew's is supporting the Hope For Hearts campaign through the distribution of over 4,000 Hope For Hearts educational packs to general practice clinics across the state. These packs include resources to assist with the diagnosis of aortic stenosis including: 'Tick Talk' patient heart-check appointment cards, patient brochures and practitioner brochures.

'Tick Talk' is a patient-focused educational campaign of Hope For Hearts to support elderly patients and encourage their families to play an active role in identifying the potential signs and symptoms of aortic stenosis and to have these conversations with their general practitioner.

REQUEST MORE HOPE FOR HEARTS PACKS

If you receive your Hope For Hearts pack and want to request more, or if you're a clinician and would like to participate in the campaign, please visit https://hopeforhearts.com.au/resources or email admin@connectthedocs.com.au

In-person educational lunch and learns are also being offered as part of the campaign so please contact Connect The Docs by email to request a representative visit your practice.

"Sadly 1 in 3 patients are underdiagnosed and undertreated for this deadly, but very treatable condition. Awareness, through a program like Hope For Hearts, is the first and vital step in treating this condition."

From left: Dr Alex Incani, Dr Karl Poon

TO MAKE A REFERRAL

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St Andrew's Specialist Centre
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Dr Karl Poon
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St Andrew's War
Memorial Hospital
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To find out more about aortic stenosis, diagnosis and treatment options and to identify accredited specialists and hospitals for the treatment of aortic stenosis, head to Hope For Hearts - www.hopeforhearts.com.au

To show your support for the campaign and to be featured on the Hope For Hearts website, contact admin@hopeforhearts.com.au

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TAILOR YOUR OWN PACKAGE AT THE NEW ST ANDREW'S SESSIONAL SUITES

"My patients find the Sessional Suites very 'people-friendly'. The large waiting area is very important when they are recovering from surgery. While we do all we can to minimise waiting times for our patients, having a comfortable waiting area is definitely a positive for the patient experience."

Prof David Paterson
Infectious Diseases Specialist

ST ANDREW'S WAR MEMORIAL HOSPITAL OFFERS SEVEN MODERN, COMPETITIVELY PRICED SESSIONAL SUITES ON LEVEL SIX OF THE HOSPITAL FOR VISITING DOCTORS.

They are ideally located on the edge of the CBD in Spring Hill, with a range of parking, public transport and accommodation options close by.

The newly fitted out interior features modern high quality furnishings and fittings, extensive waiting areas, reception, administration room and staff room. Patients benefit from direct-hospital access and easy mobility access.

FEATURES

- MODERN DESIGN
- VARIOUS PACKAGES AVAILABLE
- INNER-CITY LOCATION
- FULL SECRETARIAL SERVICE - IF REQUIRED
- COMPETITIVE RATES
- DIRECT HOSPITAL ACCESS
- TREATMENT ROOM
- EXTENSIVE WAITING AREAS
- NATURAL LIGHT STAFF LUNCH ROOM
- EASY MOBILITY ACCESS
- CAFÉ ON SITE
- DROP OFF AND PICK UP AVAILABLE AT HOSPITAL ENTRANCE

Visiting doctors can choose a range of services to be incorporated into their package including: meet, greet, receipt, theatre billing, debt collection and medical typing. Reception staff currently utilise the Genie booking platform, however doctors can bring their own software and medical administration if required.

Wireless internet, telephone, fax, photocopier and scanner are all available.

The hospital also operates a café onsite and patients can access the direct drop-off and pick-up zones at the hospital's main foyer and entrance if required.

CALL OUR TEAM TODAY

TO DISCUSS THE VARIOUS BOOKING AND PACKAGE OPTIONS AVAILABLE

T (07) 3834 4499

E SABU@uchealth.com.au

SNAPS

ST ANDREW'S WAR MEMORIAL HOSPITAL ANNUAL ANZAC DAY SERVICE

THE ROAD TOWARDS YEAR-END PLANNING AND BEYOND

BUSINESS PLANNING FOR 2018/2019

ALL ROADS LEAD TO PILOT.

If you have questions or would like assistance with your business and tax planning, please contact Kristy Baxter or Angela Stavropoulos from Pilot's Medical division on (07) 3023 1300 or taxmed@pilotpartners.com.au. To read more visit **pilotpartners.com.au**.

IMPORTANT TAX AND SUPER UPDATES TO REVIEW

With end of financial year fast approaching, now is the time to get your business affairs in order, if you haven't already started. This year we have seen a number of changes to tax and superannuation that businesses and individuals need to be aware of.

See the infographic (to the right) for more information which further explains the following areas of business that need to be addressed before 30 June 2019:

- Super contributions
- Personal services income payments
- Trust distributions
- Small business asset write-offs
- Fringe Benefits Tax
- Single Touch Payroll preparations
- Revisit Retirement planning
- Risk review

Further questions?

If you have questions or would like assistance with your business and tax planning, please contact Kristy Baxter or Angela Stavropoulos from Pilot's Medical division on (07) 3023 1300 or taxmed@pilotpartners.com.au
To read more visit pilotpartners.com.au

ST ANDREW'S WAR MEMORIAL HOSPITAL

Emergency Centre	**07 3834 4455**
GP Hotline	**07 3834 4490**
Rehabilitation	
Inpatient Services	**07 3834 4391**
Day Patient Services	**07 3834 4285**
Rural Health Connect	**07 3834 4499**
Pelvic Medicine Centre	**1300 698 699**
Day Infusion Centre	**07 3834 4493**
Business Development Unit	**07 3834 4371**
GP Education Enquiries	**07 3834 4371**

Certified System ™
Quality in Health ISO 9001+ Core Stds
SAI GLOBAL

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.

ST ANDREW'S
WAR MEMORIAL HOSPITAL

UPPER LIMB ON CALL SERVICE

1300 263 463
(BNE HND)

All upper limb trauma including:

+ Hand surgery
+ Wrist surgery (distal radius fractures)
+ Microsurgery
+ Replants / revascularisation
+ Elbow surgery
+ Shoulder surgery
+ Nerve, tendon and soft tissue surgery

St Andrew's War Memorial Hospital Emergency Centre

Entrance on North Street, Spring Hill

www.standrewshospital.com.au

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