

CLAN

SUMMER 2015

TAVI procedure up and running



The ancient Gaelic word, Clan describes a close group of families or friends, and it sums up St Andrew's War Memorial Hospital's community-centred approach, with an additional nod to the hospital's Scottish heritage.



standrewhospital.com.au/community/make-a-donation

Message from Andrew Barron, General Manager

Welcome to the second edition of the newly revised and refreshed CLAN, our fundraising and community information newsletter.

As we approach the end of the year, St Andrew's seems to become busier and busier. There are many Christmas activities planned ranging from carols in the wards to Christmas trees in the corridors. It can be a difficult time of year to be in hospital and we are focussed on making it as comfortable a stay for our patients as possible.

We also celebrate St Andrew's Day at this time of year. Our Scottish heritage is very strong and visitors to the hospital will notice we still fly the Scottish saltire alongside the Australian flag. The Presbyterian Church of Queensland established St Andrew's War Memorial Hospital as a living memorial to those who gave so much, so unselfishly, in the two world wars of the 20th century. The church at the time still felt a close connection to its own Scottish roots and it was an easy decision to name the hospital after Saint Andrew, the patron saint of Scotland.

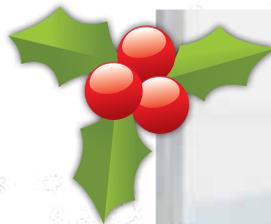
After nearly 10 years of fundraising land acquisition, hard work and dedication,

the hospital's foundation stone was laid on 14 May 1958. Some of those who fundraised to build the hospital are still connected with us today so we are proud to celebrate our history and heritage on St Andrew's Day every year.

Since those early days in 1958, the hospital has developed into a tertiary medical facility performing highly complex procedures across a number of specialties. The complexity of the work we do here is something that I regularly highlight to those who do not know our hospital. We have one of the highest patient complexities across all hospitals in Australia and 75 per cent of the patients coming to St Andrew's have a procedure.

St Andrew's never stands still. We currently have a construction team onsite at the hospital, building additional consultation rooms on level 4 and improved offices for our nursing administration team. Digestive Diseases Queensland will also soon be based in these new facilities.

We are continually looking for ways to improve our facilities and our service to patients and the generous support of people like you helps us to do this.



I hope you are finding the new format of our newsletter informative and interesting to read. We value feedback so please do let us know what you think.

I wish you and your family all the best for Christmas and the New Year.

Andrew Barron
General Manager
St Andrew's War Memorial Hospital

The most patient patient

Due to complex vascular issues, Barry spent seven months on 2F. Over that period many hurdles were leapt or crawled over and challenges overcome.



Clinical Nurse Manager Amanda Watson thanks Ward 2F's longest stay patient in recent memory. Due to complex vascular issues, Barry spent seven months being cared for by the whole team at St Andrew's.

Amanda, pictured left with Barry, said: "Barry's hospital 'family' included his surgeon Dr Andrew Cartmill, the 2F

nursing/reception team, the wound care team, the physio team, the endocrinology team, the Wesley dialysis team, the housekeeping and food services team, the ambulance team and the discharge co-ordinator team.

"The business of Ward 2F has always meant some patients stay longer than originally imagined. Barry's stay was up there with the longest. As the day of his homecoming finally became a reality and his discharge imminent, staff felt that Barry deserved special recognition. We voted him 2F's Most Patient Patient that we've ever had! His extraordinary resilience, courteousness and composure through so

many difficult times had us in awe.

"His capacity to endure pain, set backs, separation from his family and normal life, appeared to us quite extraordinary and something rarely witnessed. Barry's appreciation for his care was always present and expressed. He never failed to thank us for the smallest thing. For an individual enduring such a protracted, often unpredictable and painful experience, to never forget to show gratitude and thanks is a truly rare and beautiful quality. Barry emanates resilience, dignity and the ability to grab whatever life may present with such grace. The same applies to Barry's wife Cheryl, whose patience and support when unwavering and outstanding.

"Barry is home now albeit attending dialysis three times a week and community nurses visiting the other days. We wish this very unique and special person all the very, very best in his life."



Barry with some of the Ward 2F team

New option for Aortic Stenosis patients



First Transcatheter Aortic Valve Implantation (TAVI) carried out at St Andrew's

People with failing heart valves who are not able to undergo open heart surgery are being given new hope thanks to a procedure now available at St Andrew's War Memorial Hospital. Patients with aortic stenosis usually require open heart surgery to replace the failing valve, but for elderly patients, those with previous open heart bypass surgery and those with serious health problems, this surgery is sometimes considered too high risk.

Now Dr's Alex Incani and Karl Poon are carrying out the surgery using a less invasive procedure known as Transcatheter Aortic Valve Implantation (TAVI). The first (private hospital case) procedure in Queensland was carried out at St Andrew's in July.

"Transcatheter Aortic Valve Implantation is the newest frontier in interventional cardiology, offering a therapeutic option to high risk patients with severe aortic stenosis. With

TAVI gaining traction in the international arena over the last 13 years, Dr Poon and I now have the honour of pioneering this technology at St Andrew's. With the correct planning and with the support and judgement provided by a collaborative team, I always find it remarkable how we can offer treatment that improves the quality and longevity of life to a patient who was otherwise deemed untreatable," Dr Incani explains.

Aortic stenosis is the narrowing of the heart's aortic valve opening, which prevents normal blood flow. It is most often caused by age-related calcification, but can be caused by a birth defect, rheumatic fever, or radiation therapy.

As a result, less blood flows from the lungs to the brain and rest of the body. Many patients mistake the symptoms of aortic disease as 'normal' signs of ageing and may initially appear asymptomatic, but on closer examination symptoms such as chest pain, fatigue, light headedness, feeling dizzy, and/or fainting can often be identified.

For people who have been diagnosed with severe symptomatic aortic valve stenosis and who are high-risk or too sick for open heart surgery, TAVI provides a better option.

Open heart surgery may be considered too high risk if a patient is:

- not well enough for major surgery and may have other conditions like kidney or lung disease
- has had open heart surgery in the past

At St Andrew's, as with international best practice, a multidisciplinary team approach is adopted in deciding the best treatment and whether TAVI is an option. This



The TAVI Team at St Andrew's War Memorial Hospital

“TAVI is perhaps the most transformative cardiac intervention in the past few decades with data now showing superiority over surgery in high risk patients.”

combines the expertise of a collaborative heart team that includes interventional cardiologists, cardiothoracic surgeons, echocardiologists, intensivists, anaesthetists and geriatricians.

The procedure is carried out under anaesthetic and involves a small incision in the groin or chest. A sheath is placed into the incision to allow a balloon to reach the heart. Once the balloon reaches the diseased valve, it is inflated to open the narrowed valve (balloon valvuloplasty). This allows the new bioprosthetic aortic valve to be delivered correctly which pushes the leaflets of the diseased valve aside.

Having been involved in hundreds of these cases and having implanted almost 50, Dr Poon is particularly excited that the technology has been offered at St Andrew's. *“I am particularly grateful for the support from Dr Incani, Andrew Barron (General Manager) and St Andrew's Administration staff to make this come true. TAVI is perhaps the most transformative cardiac intervention in the past few decades with data now showing superiority over surgery in high risk patients (1). The fact is over 100,000 of these have been performed around the world and the technology has come a long way, with complications rate acceptably low now”* said Dr Poon.

Andrew Barron, General Manager, said:

“We have a long history of cardiac care and innovation. We were the first private hospital in Queensland to carry out open heart surgery in 1985 and our commitment to provide the most advanced cardiac care to our patients continues today. TAVI is a welcome addition to our services at St Andrew's.”

1) Adams DH, Popma JJ, Reardon MJ, et al. Transcatheter aortic-valve replacement with a self-expanding prosthesis. *N Engl J Med* 2014;370:1790-1798. <http://www.nejm.org/doi/full/10.1056/NEJMoa1400590>



One of the first patients to undergo the TAVI procedure was plucky 91-year-old Lois Griffiths. She never gave up hope when told she had aortic stenosis and there was no treatment available - due to her age, open heart surgery was not an option.

Despite the seriousness of her condition, as far as Lois was concerned, there were still things to do, places to go and people to see.

Cardiologists Dr's Alex Incani and Karl Poon at St Andrew's War Memorial Hospital offered Lois hope in the form of a Transcatheter Aortic Valve Implantation (TAVI).

Lois spent only two days in hospital after the TAVI procedure before being sent home to Clontarf where she could continue her various commitments including treasurer of the Clontarf Indoor Bowls Club, president of the Redcliffe Citizens' Cultural Club and member of Legacy War Widows.



A Christmas message from our Pastoral Care team

As we celebrate the birth of Christ we want to remind you that you are an essential part of the continuing Christmas story, the story of God's love for the world and all its people.

As a Uniting Church hospital, St Andrew's values highly the emotional and spiritual support of all those who are admitted to hospital. This support is offered non-denominationally to patients by skilled professional pastoral care workers, in line with the mission, vision and values of the hospital.

The pastoral care team is comprised of Uniting Church, Anglican, and Catholic chaplains, assisted by visiting chaplains of various denominations and faith traditions. Chaplains are dedicated to making your stay here as peaceful and as positive as it can be. Chaplains listen and support you in times of need and can attend family conferences and offer practical assistance when needed. They can offer support in whatever way will make time spent in hospital less stressful and more comfortable.

Our Chaplains seek to:

- Provide a safe and supportive environment
- Listen with respect to people's stories
- Offer support, compassion and understanding
- Assist patients and their families to connect with and draw upon their own inner resources
- Respond to people's specific religious needs
- Offer prayer and the sacraments of the Church when required

A pastoral care worker is available 24 hours a day, seven days a week for social, emotional and spiritual support for patients, their relatives and carers.

Patients and visitors are welcome to visit the hospital's chapel at any time of the day or night. The chapel is offered as a quiet, reflective space for all patients, families, and staff.



"So if you are a donor for UnitingCare Health thank you for what you do. We need you."

Have you ever considered how little attention Joseph gets at Christmas?

Everybody in the story gets more attention than him - even the donkey, however, Joseph is a key person in the story; he supported Mary when she became pregnant, trekked alongside her on the steep rocky road to Bethlehem, found somewhere to stay in a busy crowded town, helped his teenage wife give birth in a stable and then watched a succession of bizarre strangers visit and pay tribute to the tiny baby.

And then, soon after, he had to shepherd his new family to Egypt, ahead of a tyrant's massacre, and endure years as a refugee in a strange land, until it was safe take them back again to Nazareth, all the while providing for his wife and son, ensuring their needs were met.

The survival of Jesus was dependent on Joseph at so many stages of the story... and yet so many other people became the stars of the story. But it would be a very different Christmas story without Joseph.

In the story of our hospitals there are also people who for various reasons are the ones in the limelight, and yet without all the people behind them - the story wouldn't happen at all. The work of UnitingCare Health hinges on the faithfulness of everyone, staff and volunteers, and the people who make it possible to provide the extra care in a way that makes our values stand out.

There are always people whose role makes them more noticeable but the story simply wouldn't happen without all the 'Josephs' who year after year, steadfastly support the work we do.

Broken Heart Can Cause Heart Attack



You may have seen it in a movie or soap opera – a traumatic event causing a heart attack – but researchers have discovered that it can happen in real life.

Sudden emotional stress, such as death of a loved one, can trigger a heart attack.

Speaking at the inaugural Women's Health Symposium at St Andrew's War Memorial Hospital in Spring Hill recently, cardiologist Dr Louise Carey described a syndrome that can mimic acute heart attack.

First described by Japanese researchers in 1990, Takotsubo Cardiomyopathy (TTC) or Stress Cardiomyopathy, commonly known as Broken Heart Syndrome, is caused by inflammation and enlargement of the left ventricle (LV) which results in marked weakness of the heart muscle. In severe cases, patients may develop heart failure.

"Broken Heart Syndrome is a colloquial term which arises out of the cases where psychological distress is the trigger and this is the case in about 30 per cent of cases," Dr Carey said.

"It is a very specific form of transient heart dysfunction and the prognosis for patients is generally good, with most showing a rapid improvement in LV functioning within days or weeks," she said.

"TTC is a fascinating syndrome which occurs predominantly in post-menopausal women and symptoms can be similar to acute heart attack such as pain, pressure, heaviness or tightness in parts of the upper body combined with nausea, breathlessness, dizziness or a cold sweat."

"TTC accounts for about one to two per cent of patients who present with Acute ST Elevation Myocardial Infarction (STEMI), the more severe form of heart attack."

Dr Carey said she has treated many patients in Brisbane and the United States with TTC and believes the condition is often under-recognised. *"It can sometimes be missed because the condition can improve within a matter of hours and sometimes doctors do not think of it as a possible diagnosis. "I believe that practically all cardiologists in Australia will have treated patients with this condition."* Dr Carey said it was not yet known how TTC occurred and researchers were still looking for answers.

Dr Carey is a cardiologist based at St Andrew's War Memorial Hospital in Spring Hill who specialises in echocardiography - a painless test that uses sound waves to create moving pictures which can indicate how well the heart's chambers and valves are working.



How your regular donations make such a difference

Your regular gifts are one of the best ways for St Andrew's War Memorial Hospital to enhance our services, keep up-to-date with technology, expand our clinical work and update our facilities.

Our mission is to improve the health and wellbeing of individuals and their families. We differentiate ourselves by living out our values to optimise patient care and experience every day. Thanks to the generous support of people like you, we can continue to provide the highest quality of clinical care for our patients.

Having a secure income gives us enormous confidence that we will be able to continue to deliver the best care when people need it the most. You can decide the amount and the frequency of your gifts and can alter your gift at any time if your circumstances change. We'll issue you with an annual receipt outlining all of your generous gifts.

If you would like to join this very special group of supporters please complete the form on the back of your Donation Form and we'll do the rest.

If you would like more information on how to become a regular giver, please contact Melissa Bragg on 07 3253 4647 or by email melissa.bragg@uhealth.com.au and she will be happy to help.

Contact Information

CLAN is an initiative of the UnitingCare Health Fundraising and Marketing office.

To provide support or to find out more about any St Andrew's War Memorial Hospital project, please contact our Fundraising Office on 07 3253 4647 or by email: fundraising@uhealth.com.au

What's on at St Andrew's?



November 27 - St Andrew's Day

For more information on how to support and get involved with our fundraising events, please contact our events manager, Maria Caputo on 07 3253 4645 or via email maria.caputo@uhealth.com.au

Did you know?

That St Andrew's is the fifth largest centre for Deep Brain Stimulation (DBS) in the world? DBS involves surgically implanting electrodes in a deep part of the brain. This brain "pacemaker" sends electrical impulses to a targeted area on each side of the brain to block the signals that cause the disabling motor symptoms in conditions such as Parkinson's disease, dystonia and essential tremor.

For more information on UnitingCare Health go to: unitingcarehealth.com.au

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