

# BEST PRACTICE

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

DECEMBER 2014 | ISSUE 8



*St Andrew's excels in  
sports medicine*

#### IN THIS ISSUE

- Bariatrics introduced at St Andrew's
- New Green Light Laser means faster recovery time for patients
- Insights into the military GP

# Update

## *Continuing to respect our history as a War Memorial Hospital*

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).

I was delighted to attend the recent St Andrew's War Memorial Hospital Gala and see so many staff, doctors and friends of the hospital at our biggest event of the year. This year has also seen many successful GP education events. Our Business Development team are already busily planning next year's calendar.

We have a military theme to our GP profile articles this edition as we interview two GPs working as part of the army barracks. St Andrew's was established as a living memorial to those who fought in the two major wars of the last century and we have long standing connections with the Australian Defence Force. Many veterans still attend St Andrew's and we are proud to continue that relationship.

Congratulations to St Andrew's Orthopaedic Surgeon, Dr John Tuffley, who has been elected President of the Australian



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

Orthopaedic Association (AOA). We are also pleased to feature some of our new and existing VMPs in this issue: Dr's Philip Mosley, Jayne Berryman and Scott Fairbairn.

This is our last issue for 2014 so I would like to wish you all the best for the festive season and I look forward to working with you in 2015.

# SPORTS INJURY SERVICE



## Specialised sports injury service

- Specialised care 24 hours per day, 7 days a week
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## Sports injury emergency centre fees

We understand that the potential costs of private health care can be daunting.

That's why St Andrew's sports injury patients are being offered a reduced out of pocket consultation fee of \$75\*.

If you are injured playing or training for a recognised sporting organisation or school and present to St Andrew's Emergency Centre you will be eligible for this discounted rate.

\* 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](http://www.standrewshospital.com.au)



# VMP Profile Updates



## Dr Jayne Berryman

B.Sc, MBBS FANZCA FFPMANZCA  
Pain Medicine  
T 07 3377 0550

Dr Berryman completed a Bachelor of Medicine and Surgery at the University of Queensland in 2002. She completed her Fellowship of the Australian and New Zealand College of Anaesthetists in 2011

followed by a Fellowship in Pain Medicine at the Professor Tess Cramond Multidisciplinary Pain Clinic at the Royal Brisbane and Women's Hospital in 2012.

Dr Berryman has a part time appointment as a Staff Specialist Anaesthetist and is the Clinical Director of the Acute Pain Service at Ipswich Hospital. She is also consulting in Pain Medicine at St Andrews Private Hospital in Ipswich.

Dr Berryman has been consulting at St Andrew's War Memorial Hospital since mid 2014 with a particular interest in pelvic pain and subacute pain. However, she has experience in multidisciplinary and interventional management of a wide range of different types of persistent pain or complex pain problems.



## Dr Scott Fairbairn

MBBS(HONS) FRACS FAOrthA  
Orthopaedic Surgeon  
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Dr Scott Fairbairn has been a VMP at St Andrew's War Memorial Hospital for over 20 years and was introduced to the hospital by his mentor

and colleague Dr Bill Crawford. He graduated from the University of Queensland in 1983 with first class honours in medicine. Following graduation, Dr Fairbairn spent time in regional Queensland in Maryborough with his first job in Rockhampton. He then began orthopaedic training in Brisbane, worked on the Gold Coast and finally at the

Mater Hospital for two years where Bill Crawford was the head of the department.

Following his Australian Fellowship, he went overseas and worked in England in the orthopaedic units at Heathwood Hospital and Wexham Park Hospital in East Berkshire. This Fellowship was in arthroplasty and trauma.

Returning to Australia in 1994, Dr Fairbairn completed a Sports Medicine Fellowship and commenced private practice. Dr Fairbairn's interests are joint arthroplasty, hip and knee replacement and sport orthopaedics largely knee, shoulder arthroscopy and reconstruction. He also offers medico/legal services.

He has rooms at St Andrew's Place (opposite St Andrew's Hospital) and also consults at the Wynnum Specialist Centre and specialist rooms at Capalaba.



## Dr Philip Mosley

MA (Oxon.) BMBCh (Oxon.)  
Psychiatry Registrar & Associate  
Lecturer

T 07 3839 3688

Dr Philip Mosley studied at the University of Oxford and obtained his medical degree in 2007. He worked as a junior doctor in Manchester before moving to

Australia in 2009 to begin specialist training in psychiatry.

During his career in psychiatry to date, Dr Mosley has pursued a longstanding fascination with the brain and a curiosity about the interface between neurology,

neurosurgery and psychiatry. He has pursued further study in neuropsychiatry, including such conditions as the senile and rapidly progressive dementias, antibody mediated encephalopathies, epilepsy and movement disorders including Tourette's, Huntington's and Parkinson's disease. He is particularly interested in deep brain stimulation for neurological and psychiatric disorders; Dr Mosley's position at the Asia-Pacific Centre for Neuromodulation has given him the opportunity to study this remarkable technology in considerable depth. Dr Mosley is a member of the clinical team at the deep brain stimulation centre at St Andrew's War Memorial Hospital and is fortunate to be in a position to transfer emerging scientific knowledge to the clinical sphere, ensuring that patients have the best outcomes from their surgery.

COVER STORY

A man with dark hair, wearing a blue and white striped shirt, is speaking at a podium. He is looking to his right. The background is a blue wall with white text and graphics. The text includes "SPORTS", "SATURDAY 23", and "HOTEL". There are also some white arrows and a yellow oval logo on the wall.

# Sports Meet – speed is of the essence

NATHAN CARLOSS, TEAM PHYSIOTHERAPIST, QUEENSLAND REDS



DR GREG STERLING



DR PATRICK WEINRAUCH



DR KELLY MACGROARTY

Speed is vital in many sports and it was also the name of the game at St Andrew's War Memorial Hospital's Sports Meet Conference in late August. Held at the Hilton in Brisbane, the event revolved around a series of small group speed seminars with 15 minute presentations on sports related issues and injuries.

Before moving into the seminars, delegates enjoyed a keynote presentation from Queensland Reds Physiotherapist, Nathan Carloss (pictured).

Speed seminar presenters and topics included 'Arthroscopy and knee arthritis - is there a role?' by Dr Dale Rimmington; 'ACL reconstruction and cartilage injuries in knees' with Dr Kelly Macgroarty and 'Ankle sporting injuries' presented by Dr Greg Sterling.

The closing address was 'Sciatica of non discogenic origin - diagnosis and treatment' by Dr James Fitzgerald from our major sponsor of the meeting Qscan. Around 140 delegates arrived from across the state including Rockhampton, Townsville and Mackay and appreciated the chance to hear from so many experts in a short space of time.

*"The inaugural St Andrew's Sports Meet conference provided a great platform to bring together orthopaedic surgeons, physiotherapists, sports and musculoskeletal physicians and general practitioners from around Queensland to share the latest in best practice management of sports related injuries."*

DR KELLY MACGROARTY  
ORTHOPAEDIC SURGEON

# Bariatrics at St Andrew's War Memorial Hospital

## Taking a team approach

Teamwork is the word that comes up most in a conversation with Dr Lockie and his wife, Shirley Lockie. It is frequently mentioned as they describe the patient experience in their practice and also in describing their partnership with GPs who have patients considering bariatric surgery.

Dr Phil Lockie is an Upper GI and Laparoscopic Surgeon. Perioperative nurse surgical assistant, Shirley Lockie is the Clinical Co-ordinator for the practice and they are complemented by Psychologist, Michelle Van Vuuren and Dietician, Michelle Graham.

Co-ordinated by Shirley who acts as the first point of contact, patients will see each of the specialists in the practice. An approach that Dr Lockie argues has the best results (compared with surgery alone), particularly when looking at 18 months post-surgery and beyond.

Dr Lockie trained mainly in the UK before completing an Upper GI Fellowship at Royal North Shore Hospital in Sydney which was followed by a Laparoscopic Surgical Fellowship in Canberra. He specialises in laparoscopic and minimally invasive surgery of the abdomen and gastrointestinal tract.

The most common procedure for patients is a Laparoscopic Sleeve Gastrectomy which reduces the stomach volume by around 80 per cent. Dr Lockie explains that:

*"This allows patients to have a much more normal relationship with food. They can eat most things but through eating smaller portions, patients can see 65 per cent more excess weight loss."*

However, it is the care before and after the procedure that is just as important as the procedure itself.

*"In some ways, the surgery is the easy part. It's a couple of days in hospital and it's not very sore. The key to success is making lifestyle changes."* Dr Lockie explains.

*"On average, patients are thinking of surgery for 18 months prior to starting the process and they commonly know quite a lot about the process itself. Meeting with a psychologist and dietician ensures a more rounded knowledge and a more informed decision."*

Shirley Lockie spent 15 years in theatre nursing then retrained as a perioperative nurse surgical assistant.

*"Patients spend a lot of time with the surgeon, getting clinically assessed straight away."* Shirley said. *"That gives them time to consider if the surgery is really what they want to do. It's also a pay as you go system so patients are not locked in from the start."*

Surgery on morbidly obese patients can involve significant risks requiring a particular focus on preoperative investigations. Obstructive sleep apnoea, hypertension and diabetes as well as stomach ulcers or hiatus hernia are



DR PHIL LOCKIE & SHIRLEY LOCKIE



DR PHIL LOCKIE & SHIRLEY LOCKIE

particular concerns and patients may require a sleep study, gastroscopy to check for stomach ulcers or hernia and an anaesthetist consultation / assessment to check for additional risk factors.

Psychologist Michelle van Vuuren explains that her job is to help patients develop skills to get the most from the surgery. The focus is on identifying strategies related to their individual strengths and weaknesses to enable them to maintain the weight loss results. She comments:

*“Most patients have done a lot of research on the surgery itself and for many it can be a relief to talk about the psychological aspects in a supportive environment.”*

Michelle also runs a support group as part of the post operative patient care and describes this as a reciprocal relationship for the patients – both giving and receiving support.

Dr Lockie says it can be easy to see bariatrics simply as weight loss surgery but he prefers to look on it as co-morbidity surgery:

*“My message for GPs is to send patients early, don’t see it as a last resort and also consider co-morbidities.”*

He explains that a significant number of patients see their type two diabetes resolved after bariatric surgery. Weight loss can also have a positive impact on high blood pressure, sleep apnoea and arthritis (especially knee pain). Going further, he highlights growing evidence of links between cancer and obesity. For example colon cancer in men and poorer results in breast cancer treatment for obese women as well as proven links to renal cancer and oesophageal cancer.

Again the teamwork theme emerges as Dr Lockie explains:

*“We engage with our GPs and want to work with them. Our hypertension and diabetes patients are usually very well cared for by their GPs and the post operative monitoring for those patients is very important.”*

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# Doctoring under canvas

GP clinic in a tent



Dr Scott Hahn works at Enoggera Health Centre in Brisbane, except when he is working in a tent under camouflage at an undisclosed location.

His current working life has a number of contrasts. There is a memorandum of understanding between the Defence Force and the Australian General Practice Scheme to ensure Defence Registrars have civilian-training time. Dr Hahn undertakes his civilian practice two days a week at the Institute of Urban Indigenous Health. For the rest of his time, he works at Enoggera as a supervised GP Registrar in Garrison Health.

*“It’s a really interesting mix - I see predominantly Aboriginal and Torres Strait Islander patients in the civilian context, and I see soldiers in my Defence Practice,”* he said.

There is a further contrast though – when he is on exercise, there are some striking changes to his environment which Dr Hahn describes as providing a *“GP clinic in a tent”*.

In that setting, a team of five (doctor, nurse and three medics) provide primary health care, and emergency resuscitation and stabilisation to prepare patients for medical evacuation. This is 24/7 job supporting whatever unit they are allocated to. Dr Hahn recently completed five weeks in Shoal Water Bay Training Area at the edge of a helicopter landing site.

*“Armoured ambulances ferry patients to us from the point of injury,”* he said. *“We are positioned to receive, diagnose and treat patients within 60 minutes - ready for transfer to higher care in a level three facility within two hours.”*

DR SCOTT HAHN

## *St Andrew's Specialist elected President of Australian Orthopaedic Association*

Presentations include falls, fractures, burns and penetrating injuries but it is all about being "prepared for the worst of war".

*"In a normal week, I am a GP sitting in the barracks at my computer but on exercise or deployment I am in a green canvas tent, I sleep on the ground and I see my patients on a NATO field stretcher"*

*"Drugs and equipment are organised into bin packs (green plastic boxes). Ready to move at a moments notice to wherever the Commander wants the capability established."*

Back on barracks, Dr Hahn typically sees many musculoskeletal issues, and a broad spectrum of physical and mental health presentations. Being on site and available works both ways. Soldiers can raise concerns that a civilian may not bother with and the army ensures its people are in top condition. Dr Hahn summarises:

*"We take good care of our people and make healthcare very accessible to them. They have the luxury of being able to see us while they are at work and we (the Primary Health Care Team) work with the soldiers to keep them in the best nick we can."*

**Dr Scott Hahn**  
**Enoggera Health Centre**  
**Gallipoli Barracks**  
**Enoggera QLD 4051**



St Andrew's Orthopaedic Surgeon, Dr John Tuffley, has been elected President of the Australian Orthopaedic Association (AOA). The AOA is the peak body in Australia for training orthopaedic surgeons to world-class standards, assuring and advancing the quality of surgical practice and representing the professional interests of members.

Dr Tuffley was elected at the 74th 2014 Annual Scientific Meeting of the Australian Orthopaedic Association held from 12-16 October in Melbourne.

He is a medical graduate of the University of Queensland. He undertook orthopaedic training in Queensland, and post fellowship training in Switzerland, Germany and Ireland. He specialises in Spinal/ Orthopaedic Surgery, sub-specialising in spinal deformity and has been a VMO at St Andrew's since 1989.

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**T 07 3832 6421**

# Green for go

New Green Light Laser available at St Andrew's War Memorial Hospital



DR PETER CAMPBELL

Faster recovery from prostate surgery is one of the key benefits of St Andrew's new Visible Green Light Laser. The laser offers a less invasive method than traditional treatment and results in significantly reduced bleeding and therefore quicker release from hospital and a faster recovery for the patient.

Urologist, Dr Peter Campbell works at the Pelvic Medicine Centre – an initiative of St Andrew's War Memorial Hospital designed to bring together a specialist interdisciplinary team for the treatment of pelvic disorders. He was the first to use a Green Light Laser in Queensland and pioneered its use in the state.

*"Green light laser surgery for the prostate*

*involves using a special green light laser to treat an enlarged prostate gland. The minimally invasive procedure vaporises the enlarged prostate tissue that is blocking urine flow from the bladder."*

*"The laser energy is specifically absorbed by the blood inside prostate tissue. This results in significantly less bleeding compared to traditional surgery methods and allows patients to stay on blood thinning medications during surgery. The procedure offers a number of advantages for patients including faster recovery and a shorter post-operative catheter time,"* said Dr Campbell.

Approximately 30 per cent of the population are on some form of blood

thinning treatment, so this group of patients can particularly benefit from the technique. However, most men with prostate enlargement who require surgery or who are not responding to medication therapy are suitable for Green Light Laser Therapy.

Dr Joseph Schoeman and A/Prof Eric Chung will also be using the equipment at St Andrew's War Memorial Hospital.

*"Green light laser surgery for the prostate involves using a special green light laser to treat an enlarged prostate gland. The minimally invasive procedure vaporises the enlarged prostate tissue that is blocking urine flow from the bladder."*



GREEN LIGHT LASER IN OPERATION

# BMW+ADVANTAGE

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# St Andrew's own Docceroo

## EC doctor kicking goals



DR PETER FORGIARINI

Far from a case of all work and no play, diehard football (soccer) fan and St Andrew's War Memorial Hospital emergency doctor Peter Forgiarini gets to live his love of football in many facets of his life.

When the Hawthorne resident isn't treating sports injuries and other emergencies at St Andrew's Emergency Centre, he is training with the aptly named Australian Medical Football Team, the Doccerooos. He was a founding member in 2003, scored the team's first goal and is now co-captain.

The Doccerooos competed at the World Medical Football Federation World Cup in Brazil this year, which coincided with the last week of the FIFA World Cup. The team placed 10th out of 16 countries. The Doccerooos' best finishes to date were fourth place in both 2007 and 2009.

Dr Forgiarini said the sports medicine conference attached to the World Medical Football Federation World Cup tournament also helped him stay up to date.

He also recently accompanied the Australian U-16 football team, the Joeys, to Thailand for the Asian Football Confederation under-16 Championship. The Joeys reached the semi-finals and qualified for the 2015 FIFA under-17 World Cup in Chile.

He said he has loved the 'world game' since he started playing with Taringa Rovers at the age of six. He currently plays at Acacia Ridge All Stars.

*"I love football because it requires an interesting set of skills – there's the technical and tactical side to it, as well as the endurance and fitness aspects. But it's something that I feel I will never fully master – each game is full of surprises,"* Dr Forgiarini said.

He has gained a similar love of the unexpected from his role at St Andrew's Emergency Centre, where he often works the night shift and, "no two nights are the same".

*"Each shift varies enormously and you never know what the night may hold. We see everything from head to toe in all age groups. Cardiac and abdominal presentations are common as well as work and sport-related injuries, and the odd party-related injury."*

Dr Forgiarini also combines his passion for emergency medicine and football by providing medical support at Brisbane Roar home games. However, he is often tasked with caring for the visiting teams at Suncorp Stadium.

*"Being a Brisbane supporter, the hardest thing is not being able to jump up and celebrate when the Roar scores – it wouldn't be a good look if I started celebrating on the opposition's bench,"* he joked.

Dr Forgiarini plans to continue his training with the Doccerooos for the next World Medical Football Federation World Cup in Los Angeles in 2015.

The Doccerooos have taken inspiration from their medical backgrounds to support a number of men's health campaigns, including The M5 Project, Blue September and International Men's Health Week.

*"I love football because it requires an interesting set of skills – there's the technical and tactical side to it, as well as the endurance and fitness aspects. But it's something that I feel I will never fully master – each game is full of surprises."*

# Supporting St Andrew's 24/7

First class imaging services being available 24 hours a day is key to St Andrew's War Memorial Hospital carrying out the most complex of procedures...around the clock to deliver world class treatment to patients.

Queensland Diagnostic Imaging (QDI), which has been serving the hospital since at least the early eighties (then called BDI), offers more than just 24/7 imaging services.

Dr Neil McCormack, Director of QDI, was a GP for nine years before retraining in Radiology and Nuclear Medicine. Neil understands that doctors require a prompt and accurate imaging service, at whatever time it is required.

*"We have staff on duty at all hours of the day and night so that we can continually provide the support that is required by the hospital,"* said Neil.

*"The St Andrew's Emergency Centre operates 24 hours a day, 365 days of the year, and so it's essential that we are available to provide doctors with the services they require, when they need them to provide the highest of care to their patients"*

*"But they also don't want to have to deal with an automated voicemail system with a bewildering set of options"*

*"I believe it's important that when a doctor calls us, they can quickly and easily speak to someone who is friendly, professional and is actually human"*

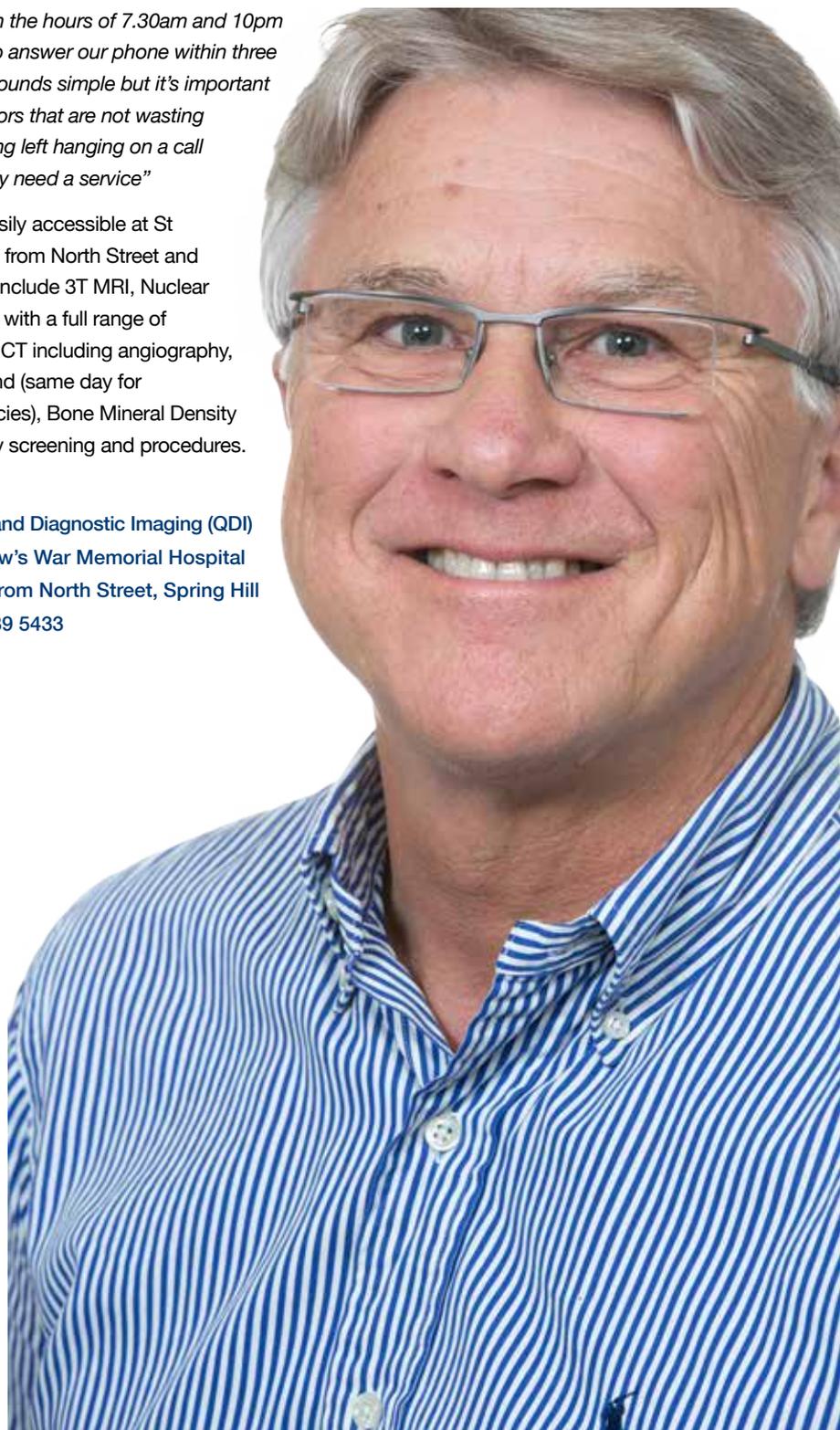
*"Between the hours of 7.30am and 10pm we aim to answer our phone within three rings. It sounds simple but it's important that doctors that are not wasting time, being left hanging on a call when they need a service"*

QDI is easily accessible at St Andrew's from North Street and services include 3T MRI, Nuclear Medicine with a full range of services, CT including angiography, Ultrasound (same day for emergencies), Bone Mineral Density and X-ray screening and procedures.

**Queensland Diagnostic Imaging (QDI)  
St Andrew's War Memorial Hospital  
Access from North Street, Spring Hill  
T 07 3839 5433**



Queensland Diagnostic Imaging





Dr Sunny Lee  
Gastroenterologist

# Hard decisions start with good dialogue

## ERCP at St Andrew's

St Andrew's War Memorial Hospital welcomes Dr Sunny Lee, Interventional Gastroenterologist, in leading the introduction of an ERCP (Endoscopic retrograde cholangiopancreatography) service within the onsite endoscopy unit.

After graduating in Medicine from Monash University in 2004, Dr Lee completed his gastroenterology training at Monash Medical Centre in Melbourne, before commencing his sub-specialty training in interventional endoscopy at Concord Hospital in Sydney. He subsequently undertook an advanced endoscopy fellowship in ERCP, EUS and Interventional Endoscopy at the University of British Columbia in Vancouver, Canada.

As an Interventional Gastroenterologist, Dr Lee specialises in advanced diagnostic and therapeutic endoscopic procedures. His clinical interests are focussed on the management of pancreatic lesions and pancreaticobiliary diseases, ERCP, endoscopic ultrasound (EUS), advanced

endoscopy and colonoscopy coupled with general gastroenterology.

*"The procedures are technically challenging and our endoscopy team is confident in carrying them out with high quality results for patients."*

Dr Lee provides a comprehensive gastroenterology inpatient service at St Andrew's with his private practice based at Paddington Medical Rooms in conjunction with Drs David Hewett and James Daveson. Dr Lee holds the role of Consultant Gastroenterologist at the Queen Elizabeth Jubilee II Hospital and recently performed the first successful EUS FNA (Endoscopic Ultrasound Fine Needle Aspiration) procedure at the hospital in August 2014.

ERCP has continued to evolve over the last twenty years. With the advancement of alternative diagnostic modalities and EUS, ERCP is now almost exclusively a therapeutic procedure. ERCP remains the mainstay of managing stones and obstruction within the bile ducts and pancreatic duct. The procedure also serves as an important adjunct therapy for surgeons performing cholecystectomies where retained stones or bile leaks may be an issue post operatively. To ensure that ERCP is the most appropriate procedure, all available diagnostic and treatment options are explored prior to the decision being made to perform ERCP as serious risks are associated such as pancreatitis.

Dr Lee states, "We are now much more selective about when we perform ERCP's. Being also trained in EUS allows me to select the patients that will not only benefit most from the procedure but also prevent unnecessary complications."



FROM LEFT: ENDOSCOPY NURSES AISHLING BOURKE & HONEY KIM WITH DR LEE IN ST ANDREW'S ENDOSCOPY UNIT

Referral pathways include General Practitioners referring patients presenting with pancreatic lesions that require diagnosis, jaundice for investigation, deranged liver function tests, and resultant imaging that raises concern pertaining to a potential bile duct, pancreatic obstruction or lesion. Fellow gastroenterologists often refer patients requiring interventional endoscopic treatment and further management of complicated hepato-pancreatobiliary conditions.

In addition to Dr Lee's passion for ERCP practice, his extensive training enables him to undertake alternative therapeutic endoscopic procedures. These include upper gastrointestinal (GI) procedures, colonic stenting for obstructive lesions, dilatation of GI tract strictures, closure of GI tract defects and removal of large colonic polyps.

Dr Lee explains that he considers the

clinical story paramount to any procedure being performed and ensures informed decisions are undertaken in the best interests of the patient. He continues, *"Having a collaborative partnership between the patient's GP and specialist provides for optimal treatment outcomes and I'm always happy to discuss any queries or concerns in advance of a referral"*.

Dr Lee concludes, *"The procedures are technically challenging and our endoscopy team is confident in carrying them out with high quality results for patients. The most important aspect is in the planning and preparation prior to undertaking an ERCP procedure, albeit with some of the most challenging ERCP decisions I have made resulting in the decision not to proceed when alternative options to successfully resolve presenting issues have been utilised."*

*"We are now much more selective about when we perform ERCP's. Being also trained in EUS allows me to select the patients that will not only benefit most from the procedure but also prevent unnecessary complications."*

# Paddington Endoscopy, with leading gastroenterologists Drs Daveson, Hewett & Lee, now offers a comprehensive gastroenterology service at St Andrew's War Memorial Hospital.

## Our service

Paddington Endoscopy provides a unique and innovative service from patient consultation through to diagnostic endoscopy and therapeutic interventional procedures.

### Special areas of interest:

- ✓ Gastroscopy
- ✓ Colonoscopy
- ✓ Capsule endoscopy
- ✓ Small bowel balloon enteroscopy
- ✓ ERCP
- ✓ Endoscopic ultrasound (EUS)
- ✓ General gastroenterology
- ✓ General hepatology
- ✓ Bowel cancer screening
- ✓ Coeliac disease / Inflammatory bowel disease
- ✓ GI cancer / Polyposis syndromes
- ✓ Pancreaticobiliary lesions / disease

## Referrals

As colleagues sharing a common patient care ethos, Drs Daveson, Hewett and Lee will work with you in providing a collaborative and comprehensive service for your patients.

For more information, please contact one of our friendly staff on **(07) 3367 1065** or via email [admin@paddingtonmedicalrooms.com](mailto:admin@paddingtonmedicalrooms.com)



**Dr James Daveson**  
MBBS (Qld) FRACP



**Assoc Prof David Hewett**  
MBBS (Qld) MSc PhD FRACP



**Dr Sunny Lee**  
MBBS (Vic) FRACP

**Phone**  
**07 3367 1065**

## Scheduled endoscopy sessions

Paddington Endoscopy provides their scope of procedural services at St Andrew's throughout the week, with specialists available for emergency care via **(07) 3367 1065**.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Endoscopy Sessions</b>	Dr Hewett	Dr Lee		Dr Lee	Dr Daveson	<b>Please call 3830 5047 for on-call gastroenterologist</b>	
<b>On-call</b>	Dr Lee	Dr Hewett	Dr Lee	Dr Daveson			

## Contact

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## All roads lead to Townsville

Dr Madonna Caffery says her current role as a GP at Lavarack Barracks Medical Centre is the “best job I’ve ever had”.

Her enthusiasm is built on a number of factors but mostly on the soldiers who are her patients and the level of support she has in looking after their needs.

Working for the Army in Townsville was not her initial career plan but it does seem there is a pull back to Townsville for the physician. After studying medicine in Brisbane, Dr Caffery undertook her residency in Townsville before travelling overseas. On her return, she worked at Redcliffe Hospital before moving into General Practice in Townsville. Another period overseas saw her living and working in Oxford then Ireland until a third return to Townsville where she has been since 1994.

Dr Caffery initially worked part time as a GP while her children were young and developed an interest in obesity, going on to run her own specialty practice for seven years. Eighteen months ago, a new opportunity emerged in the shape of a post based at Lavarack Army Barracks. Her only Army experience was a stint in the reserves as a student and she has no regrets after taking on the role.

The first two hours of the day are taken up with Sick Parade as in the Army, “you can’t just ring up and say you are sick”. The main part of the day is taken up with booked

appointments which includes the usual GP concerns as well as musculoskeletal and mental health concerns.

Dr Caffery sees a lot of sporting injuries as soldiers play a great deal of contact sports and of course, the demands of the job take a physical toll.

*“These men perform extraordinary physical tasks, walking large distances with huge weights on their back over uneven ground so I see lots of ligament and knee problems, plantar fasciitis, and shoulder injuries,”* she said.

A further point of difference between army and civilian medicine is the underlying need to be assessing who is ready for deployment:

*“With every consultation, that is the bottom line for the army, to be able to identify who is ready at short notice to be deployed.”*

Beyond the physical readiness, Dr Caffery explains that mental health takes up a considerable part of her day. She can see mood disorders, adjustment disorders as well as Post Traumatic Stress Disorder.

*“With men, when they have mental health issues, they may not have discussed it much*

*at all... often these guys are doing it for the first time and it is just so incredibly satisfying. Firstly to be confided in and to be there the first time they are talking about it and where you can affect change.”*

*“The thing that I really like about the job is how well supported you are as a clinician – the psychology department is next door to me so I have access to everything I need.”*

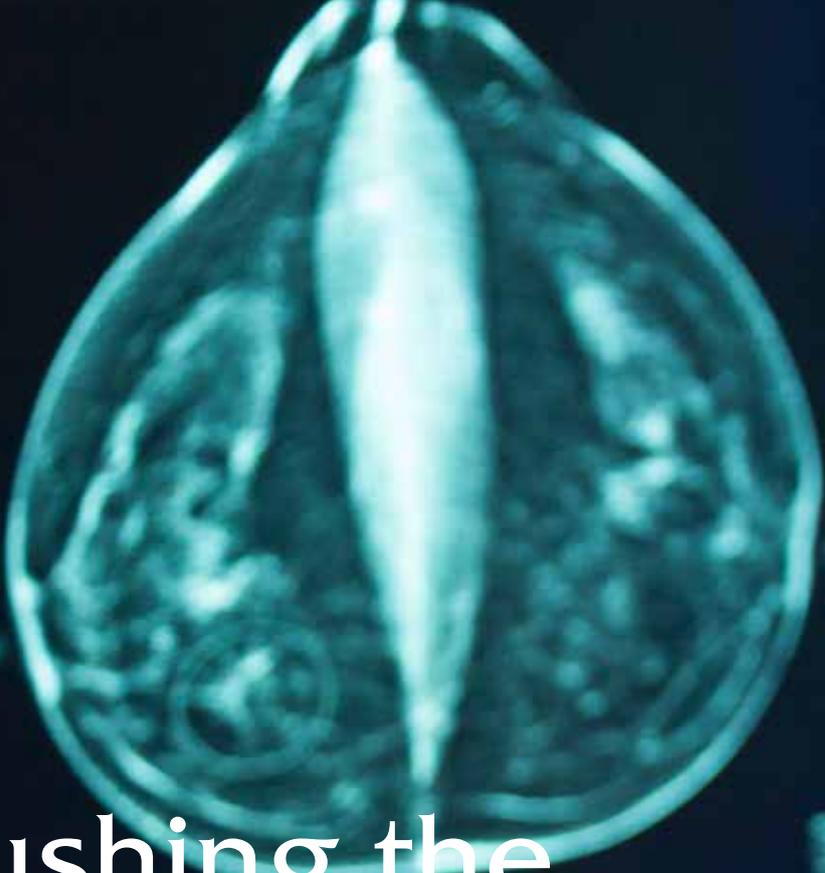
*“The army also ensures priority access to specialists in Townsville ensuring the care provided to people is just fantastic”.*

The last word goes to Townsville itself which Dr Caffery describes as a low stress place to raise kids where she can walk to the beach every afternoon. With that environment, and a job offering opportunities for high quality patient care, no wonder she is so quick to describe it as her best job ever.

**Dr Madonna Caffery**  
**Lavarack Barracks Medical Centre**  
**University Rd**  
**Townsville QLD 4810**  
**T 07 4411 7235**

*“These men perform extraordinary physical tasks, walking large distances with huge weights on their back over uneven ground so I see lots of ligament and knee problems, plantar fasciitis, and shoulder injuries.”*





# Pushing the diagnostic envelope

Diagnostic Imaging for Women (DIFW) is the brainchild of consultant radiologist Dr Paula Sivyer

She established DIFW over 16 years ago, inspired by a desire to provide clinically-tailored medical imaging in a centre of excellence, supported by investment in the latest technology and skilled staff.

Technology is clearly important to Dr Sivyer. But not just for technology's sake. She is passionate when describing the benefits for patients and GPs explaining:

*"We have every image of every patient for whatever reason they attended. That's critically important particularly in the at-risk group for breast cancer. We are chasing tiny things, 3 or 4mm changes in the breast. We try to push the envelope of diagnostics back well before clinical disease into the*

*pre-clinical realm because that really matters."*

GP referrals to the service can include any patient who has an issue related to breast disease (benign, malignant or undiagnosed), developmental anomalies, breast abscesses, traumatic haematomas, post surgical haematomas and all forms of obstetric imaging.

Dr Sivyer comments: *"We link very carefully to GP's. We data store all of the imaging relating to a patient and recall patients according to their care needs as well as their age and risk."*

DIFW offers longer than usual appointment

*"We have every image of every patient for whatever reason they attended. That's critically important particularly in the at-risk group for breast cancer."*



**DIFW at St Andrew's opened in late 2010. As a primarily diagnostic and pre-surgical intervention unit, DIFW St Andrew's performs full gynaecologic and obstetric ultrasound imaging and intervention services, as well as prone stereotactic (mammography-guided) biopsy and pre-operative hookwire placements.**

times, as well as ensuring allied health staff take very detailed clinical histories. The practice also produces detailed radiology reports that carefully document the imaging.

Returning to the technology available at the facility, Dr Sivyer explains: *"We have great gear, everything is extremely low dose which is an important issue for patients and for doctors."*

*"We stratify every risk, although age and personal/ family history are prominent in assessing risk factors, breast density is a very significant issue as well. We measure and record breast density as it is vital in quantifying risk."*

The centrepiece for DIFW at St Andrew's War Memorial Hospital is their Hologic Dimensions Tomosynthesis or 3D mammography suite. DIFW was the first site in Australia to introduce Hologic Dimensions 3D mammography in 2010. 3D mammography is a significant advancement in breast imaging technology, with evidence supporting up to a 41 per cent increase in detection of invasive breast cancers under 3D mammography as compared traditional standard 2D mammography\*.

*"3D scanning is particularly valuable in dense breasts which are also those that are at a higher risk so it offers*

*significant benefits"* Dr Sivyer said, *"Digital mammography is lower dose and higher resolution. It can be digitally manipulated and stored. We also have additional Computer Aided Detection (CAD) as well as density and volumetric analysis which no one else in Australia has."*

\*Friedewalk SM et al, Breast Cancer Screening Using Tomosynthesis in Combination with Digital Mammography, JAMA June 25, 2014

**Diagnostic Imaging for Women  
Level 6, 457 Wickham Tce  
Spring Hill QLD 4000  
T 07 3839 8666**

# Planning for the future

Medical specialists may make good money but many are in danger of not achieving their financial dreams. Financial expert Brian Pert explains.

The long working hours required of doctors and medical specialists on top of the daily demands of family life and often additional study doesn't leave time for much else.

It's hard enough finding time to pay the bills, spend time with the family, or go to the gym let alone focus on planning and investing for retirement. Yet planning for the future is critical in order for people to achieve their short, medium and long-term objectives.

Clever planning can help people better manage their cashflow and debt, minimise tax and boost their retirement savings. It helps people make smart and responsible investment decisions and delivers peace of mind.

Yet time-poor medical specialists are at high risk of making poor financial

decisions. They're typically high income earners but they often make rushed decisions and rarely pay sufficient attention to how they spend their money or the consequences of buying expensive

*Clever planning can help people better manage their cashflow and debt, minimise tax and boost their retirement savings.*

lifestyle items such as cars and holidays. It can be a dangerous combination.

Despite their high salaries, many medical specialists have to work longer and harder to achieve financial independence and a comfortable retirement. Some may not achieve it at all.

At Pert & Associates, we understand the unique issues facing medical specialists. Our proprietary research shows medical specialists are often burdened with debt from years of study, they have a limited knowledge and understanding of financial matters, they're poor at managing cashflow and they're concerned about job security.

At Pert & Associates, we provide holistic advice on superannuation, investments, insurance and tax and estate planning. We help our clients get their financial house in order and stay on the right path towards financial freedom.



## Letters to the Editor

If you have a view or opinion about something you've read in this edition of *Best Practice*, why not write a letter to the editor? Letters exist to provide a forum for public comment or debate and provide an opportunity for you the reader to express your opinion or point of view.

If you have an idea for a story that you would like to see included in the next edition of *Best Practice*, email your suggestion with a short description of why you think the topic will be relevant to Queensland GPs.

**Please email submissions to:**  
[susan.walsh@uhealth.com.au](mailto:susan.walsh@uhealth.com.au)



# SAVE THE DATE

Come along and ask the hard questions!

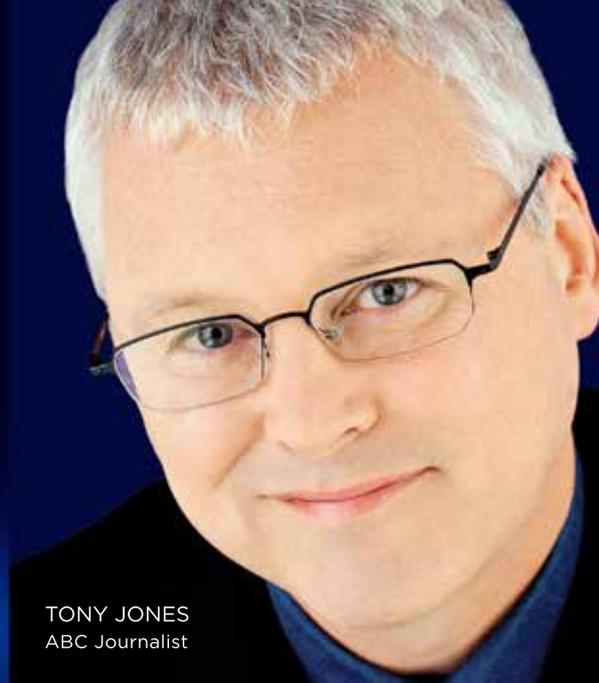
The Wesley Hospital and St Andrew's War Memorial Hospital are pleased to present the annual



## Q&A WITH TONY JONES

13 JUNE 2015  
BRISBANE CONVENTION CENTRE

An initiative of UnitingCare Health hospitals:



TONY JONES  
ABC Journalist



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Rehabilitation	
Inpatient Services	07 3834 4391
Day Patient Services	07 3834 4285
StAMPS	
St Andrew's Multidisciplinary Pain Service	07 3834 4285
Coeliac Centre	07 3367 1065
Pelvic Medicine Centre	07 3834 4399
Day Infusion Centre	07 3834 4493
Sleep Centre	1800 155 225
Business Unit	07 3834 4210



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 Gala 2014 – 1 November, Sofitel Brisbane



ST ANDREW'S FLASH MOB SINGERS STEAL THE SHOW



HELEN WHELAN & SUSAN WALSH



LEESA SWANSON, SHARON SMITH, ELAINE CHUAH, AMANDA CHARLTON, PHOEBE HSU, JANE MARR, ALEX PARIS, LOUISE LARDNER & JANE WILSON



LYDIA & DR GRANT CRACKNELL



SONYA VARGAS, ROSEMARIE WHITE, SHIRLEY WHITE, SUSAN DOBBIN



DR SHARYN VAN ALPHEN & DR DAMIEN PETERSEN



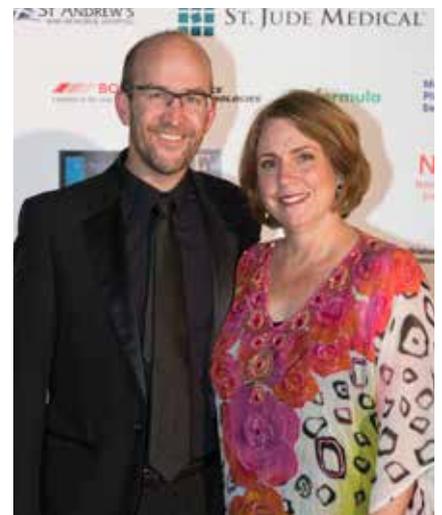
GUESTS ARRIVE ON THE RED CARPET



SETTING THE SCENE ON THE NIGHT



DELWYN SCURR, SUSAN GIBBS, AMANDA FORDHAM, JEANINE STEWART, BIANCA KENNEDY, DANIELLE LITTLE, BREE DAVIDE, PENNY FOX-SLATER, CHRIS FLEMING, LOUISE GASSNER.



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*St. Jude Medical's mission is to create cost-effective medical technologies that save and improve lives.*

