

BEST PRACTICE

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

MARCH 2014 | ISSUE 5



*St Andrew's first to offer
ground-breaking technology
for safer heart procedures*

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- IVF and St Andrew's – giant steps forward
- Coeliac disease: gene testing
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Update

More firsts for St Andrew's War Memorial Hospital

Welcome to 2014 and the latest edition of St Andrew's War Memorial Hospital's *Best Practice* which will continue to showcase medical innovation and the outstanding clinical services offered by our visiting medical practitioners (VMPs). We have hit the ground running this year with a sand pouring ceremony last month for the newly refurbished Theatre 13 and work is progressing well in Theatre 10 on the completion of the Hybrid Theatre.

Our continued commitment to innovative technologies here at St Andrew's War Memorial Hospital is also on show through our investment in the MediGuide technology. MediGuide will assist specialists during complex EP procedures to diagnose problems with the heart's rhythm and to provide treatment therapies such as ablation and the implantation of cardiac pacemakers and defibrillators.

St Andrew's is the first hospital not only in Australia, but in the Asia-Pacific region and Southern Hemisphere, to acquire ground-breaking technology which provides a safer way for patients to



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

undergo heart procedures by dramatically reducing radiation.

Our 2014 CPD program promises to deliver a range of exciting and rewarding programs with another big year of educational weekends and evenings on the horizon.

I hope to catch up with many of you in person in the coming year.

ON THE COVER: St Andrew's Cardiologist Dr John Hayes performs an ablation procedure using MediGuide

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VMP Profiles



Dr Rishendran Naidoo

MBChB FC Cardio (SA), MMED,
FRACS
Thoracic Surgeon
T 07 3831 6202

Dr Rishendran Naidoo's background includes formal training in cardiothoracic surgery in South Africa having attained 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 and after attaining the Fellowship of the Royal Australasian College of Surgeons

in May 2010, commenced consultant practice in November 2010 at The Prince Charles Hospital. He currently performs both cardiac and thoracic surgery and is part of the lung transplantation team.

Dr Naidoo offers outpatient consulting at St Andrews War Memorial Hospital Sessional suites on alternate Tuesday mornings with operating days on the first Thursday morning of the month.

Dr Naidoo's interests include the management of lung cancer (early and advanced stage) thoracoscopic surgery and mediastinal masses. He currently sees patients at both St Andrew's War Memorial Hospital and The Prince Charles Hospital.



A/Prof Ian Bennett

M.B., B.S., F.R.A.C.S., F.A.C.S.
Breast and Endocrine and
Melanoma Surgeon
T 07 3839 0006

Associate Professor Ian Bennett is a Breast and Endocrine Surgeon with particular interest in the areas of breast disease, thyroid disease and parathyroid conditions and has almost

25 years of clinical experience in these areas. He has considerable experience in surgeon-performed ultrasound

and surgeon-performed needle biopsy procedures and has utilized office ultrasound in his practice for the past 15 years. He also has an interest in familial breast cancer and has considerable experience in counselling high risk women in relation to recommended screening protocols and advice regarding prophylactic mastectomies.

Associate Professor Ian Bennett is an inaugural member of the Breast SurgANZ Society and is a member of the Australian & NZ Endocrine Surgeons Society (AES). He is actively involved in medical student and registrar teaching and clinical research within the University of Queensland.



Dr Michael Ottley

BSc (Hons) MBChB (Hons)
FRACS (Orth)
Orthopaedic Surgeon
T 07 3831 6202

Dr Ottley qualified in Medicine with Honours in 2000, also obtaining an Honours degree in Pathology during his medical school training. Working in the field of orthopaedics for over 10

years now, he trained in both basic and complex orthopaedic surgical procedures in multiple Queensland centres from Cairns to the Gold Coast and in Brisbane before finally settling back in Brisbane and obtaining his fellowship in Orthopaedic Surgery.

In 2011, he completed a subspecialty fellowship in Hip and Knee Surgery. Working alongside internationally renowned surgeon Professor Fares Haddad at University College Hospital London (UK), he gained extensive training in complex hip and knee replacement and revision surgery. Dr Ottley was also trained in young adult hip conditions, hip and knee arthroscopy, ACL reconstruction, osteotomy techniques and sports injuries in elite athletes including premier league soccer and rugby teams.

Since returning to Brisbane, Dr Ottley has worked at Prince Charles Hospital and subsequently the Mater Hospital, treating patients with complex hip and knee conditions and providing a high quality and caring service. He commenced private practice in July 2013, founding the Brisbane Hip and Knee Clinic, dedicated to continuing and improving hip and knee evaluation, diagnosis and both surgical and non-surgical treatment strategies.

GPS guides path to the heart:

St Andrew's War Memorial Hospital is the first hospital in the Southern Hemisphere to offer ground-breaking technology for safer heart procedures

Patients undergoing complex cardiac electrophysiology procedures at St Andrew's War Memorial Hospital now benefit from ground-breaking technology which improves patient safety by dramatically reducing radiation exposure.

St Andrew's is the first hospital in the Southern Hemisphere to acquire this revolutionary system, MediGuide, which assists specialists during electrophysiology (EP) procedures to diagnose arrhythmias and provide treatment therapies including ablations and implant of cardiac resynchronisation therapy (CRT) devices (pacemakers and defibrillators).

MediGuide incorporates technology that

is similar to a Global Positioning System (GPS) in a car satellite navigation device or smartphone. During conventional EP procedures, a continuous series of live X-ray images of the heart (fluoroscopy) is needed to show specialists the real-time position of electrode catheters inside the heart. Using MediGuide, only a brief series of recorded fluoroscopic images is required.

The MediGuide technology uses miniature sensors embedded in catheters and other devices to superimpose a three-dimensional (3-D) visualisation of these devices over the prerecorded fluoroscopic images to show the specialist their precise location inside the patient.

By reducing the time live X-rays are used, radiation exposure is cut substantially: overseas experience shows decreases of up to 90 percent using MediGuide can be achieved, depending on the type and duration of a procedure.

St Andrew's Cardiologist and Director of Queensland Cardiovascular Group, Dr John Hayes, performed the first EP procedures at St Andrew's using MediGuide Technology in January, in the presence of Dr Philipp Sommer, Associate Professor at the University of Leipzig, Germany, who has utilised the technology in more than 350 cases.

"We are excited that St Andrew's is the first hospital not only in Australia, but in the Asia-Pacific region and the Southern Hemisphere, to have this technology," Dr Hayes said.

"Reducing radiation exposure to patients is very important. The more radiation anybody is exposed to, the greater the cumulative risk of developing cancers, and patients with cardiovascular disease may have to undergo many tests and procedures involving radiation in their lifetimes. The shorter duration of fluoroscopy required for each procedure also is of benefit to physicians, nurses and other staff in the cardiac EP laboratory."

Dr Hayes said one of the first cases at St Andrew's where MediGuide was used exemplified the benefits for both patients and staff.

"The patient was a 32-year-old woman who was still breastfeeding her three-



DR JOHN HAYES PERFORMS AN ABLATION PROCEDURE USING MEDIGUIDE



ST ANDREW'S CARDIAC CATHETER THEATRE AT A GLANCE

“Benchmark studies have also shown that for a variety of procedures, St Andrew’s radiation exposure levels are lower than those in many other electrophysiology laboratories and hospitals around the world.”

month-old baby. She required cardiac electrophysiology studies (EPS) with ablation of a troublesome arrhythmia. Her palpitations had increased in frequency and duration following the birth of her child. An Ectopic Atrial Tachycardia was identified, mapped and ablated using the MediGuide technology.

“We usually require 20 to 30 minutes of fluoroscopy screening during such a complex case, but were able to complete the diagnostic procedure, map both left and right atria and ablate the arrhythmia focus high in the right atrium with only 6.1 seconds of X-ray imaging. This is extraordinary.

“During procedures with fluoroscopy the nursing staff, radiographers, cardiac scientists and doctors would all be required to wear heavy lead gowns to protect themselves from radiation. Pregnant staff would not be allowed to assist due to concerns of irradiating the foetus.

“In this case, after the initial 6.1 seconds of X-ray acquisition by the MediGuide system, one of the nursing staff who is 26 weeks’ pregnant was able to attend to the patient throughout the three-hour procedure. All staff were also free to move around the laboratory without heavy lead gowns needing to be worn. This makes for a much more comfortable working environment, with significant safety for patients and staff alike.”

Deputy Chief Medical Officer for UnitingCare Health and Director of Medical Services at St Andrew’s, Dr Christian Rowan, said St Andrew’s investment in the MediGuide system reaffirmed its commitment to lead the way in electrophysiology and therapies for arrhythmias. It also contributed to ongoing efforts to reduce risks to patients from radiation.

“Through clinical techniques and use of available technologies we have already reduced radiation risks,” he said. “As one example, the effective radiation dosage levels in our EP laboratory for ablations to treat atrial fibrillation are at 25 per cent of what they were in 2007. MediGuide offers the opportunity to reduce that further.

“Benchmark studies have also shown that for a variety of procedures, St Andrew’s radiation exposure levels are lower than those in many other electrophysiology laboratories and hospitals around the world.”

In 2013 around 600 electrophysiology procedures were performed at St Andrew’s, of which 200 were complex atrial fibrillation ablations. St Andrew’s specialists also last year performed 400 cardiac pacemaker implants and generator changes, and 200 cardiac defibrillator implants and generator changes. ■

MediGuide™ Technology



PROVIDING DIRECTION

NAVIGATING AWAY FROM LIVE X-RAY

MediGuide™ Technology is the first and only solution that enables physicians to navigate devices on pre-recorded X-ray images which allows the physician to reduce the duration of live X-ray during a procedure. MediGuide Technology applies 3D visualization and precise navigation to pre-recorded 2D X-ray images, which can be used by the physician to perform complex electrophysiology procedures and CRT implants.

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Rx Only

Brief Summary: Please review the Instructions for Use prior to using these devices for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use.

Indications for Use: MediGuide Technology is intended for the evaluation of vascular and cardiac anatomy. It is intended to enable real time tip positioning and navigation of a MediGuide Enabled™ (equipped with a MediGuide sensor) diagnostic or therapeutic invasive device used in vascular or cardiac interventions in the Cath Lab environment, on both live fluoroscopy or recorded background. The system is indicated for use as an adjunct to fluoroscopy.

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Professor David Paterson delivers the renowned ‘Bancroft Oration’

The Bancroft Oration was inaugurated by the Queensland branch of the British Medical Association in 1926 to honour the memory of Dr Joseph Bancroft, Queensland’s most famous colonial medical practitioner.

Dr Bancroft commenced practice in Brisbane in 1864 and in 1867 became a visiting surgeon at the convict-built Brisbane Hospital in George Street, Brisbane and later at its present Herston site. Dr Bancroft is remembered today throughout the world for his investigation into filaria and for his epoch-making discovery in 1876 of the adult worm filaria bancrofti in a Brisbane patient who had microfilariae in his blood.

Every two years the Bancroft Oration recalls the life and example of Dr Joseph Bancroft – and offers inspiration and insight into the future of medical research in the orator’s chosen field. The most recent recipient of this honour was Professor David Paterson.

Dr Paterson is a Professor of Medicine at the University of Queensland Centre for Clinical Research (UQCCR) as well as consultant infectious diseases physician, consultant microbiologist and medical advisor for the centre for healthcare related infection surveillance and prevention.

Professor Paterson received his medical degree and PhD from the University of Queensland and in 2007 returned to Brisbane after spending ten years at the University of Pittsburgh School of Medicine. He is the author of more than 270 peer-reviewed publications and more than 30 book chapters.



DR CHRISTIAN ROWAN AND DR DAVID PATERSON AT THE BANCROFT ORATION CEREMONY

His research interests include the study of the molecular and clinical epidemiology of infections with antibiotic resistant organisms. The focus of this work is the translation of knowledge into optimal prevention and treatment of these infections.

Dr Christian Rowan, AMA Queensland President and Deputy Chief Medical Officer – UnitingCare Health, said, “This is a tremendous recognition for Professor Paterson as a clinician, educator and researcher.” ■

Publicans, Icebergs and Illegal Meat Pies

Caring is a complicated business

In his treatise on the responsibilities and obligations of the clergy titled *Cura Pastoralis* published in the year 590 AD, Pope Gregory set an agenda for emotional, spiritual and personal support that has inspired religious and secular service providers ever since.

Pastoral care can take many forms. Thirty years ago, Theo Maselos created a stir at St Andrew's War Memorial Hospital when his dad smuggled a meat pie into ICU for him. Theo had just undergone cardiac surgery and as any loving Greek parent knows, food is at the centre of all loving and well-nourished relationships. In fact Theo blames his parents for all of who he is now and what he does.

"Pastoral Care here at St Andrew's is very much a part of core service delivery at the hospital, not just as something tacked on at the side. I'd like it to be seen that we are contributors to whole of person health and recuperation. And we try and nurture that with the staff as well as with the patients."

"I grew up in a very hospitable family with people whom were very generous and very empathetic. They were role models for me at an early age."

The combination of confronting acute surgery at St Andrew's in his early twenties followed by the deaths of some extended family members and a close friend in quick succession had an immediate and lasting impact in setting Theo's personal and professional

compass in the direction of pastoral care. The first incarnation of this career path for Theo was the hotel industry which provided a six-year apprenticeship in learning how to listen from the other side of the public bar.

With a career as a publican looming as the logical next incarnation, Theo boldly stepped sideways and commenced studies as a pastor within the Church and began working with homeless and marginalised people. The following twenty years saw Theo working with groups as diverse as World Vision, Drug-Arm and Teen Challenge.

"I've always had an expression I used when telling people about my work in a church

setting. I'd say 'I don't need a title, I don't need a label, but I do know I've got a bent for working with people.'

In 2010 Uniting Care placed Theo at St Andrew's War Memorial Hospital as their Manager of Pastoral Care and it is a challenge that he has thrived upon. The Presbyterian Church of Queensland established St Andrew's War Memorial Hospital in 1958 as a living memorial to those who gave so much, so unselfishly,



ST ANDREW'S PASTORAL CARE TEAM

in the two world wars of the twentieth century. And as a faith based organization, chaplaincy and pastoral care is a part of the hospital's commitment to whole of person care.

"Pastoral Care here at St Andrew's is very much a part of core service delivery at the hospital, not just as something tacked on at the side. I'd like it to be seen that we are contributors to whole of person health and recuperation. And we try and nurture that with the staff as well as with the patients."

There are diverse community perceptions on the meaning and role of 'Chaplaincy' and in the context of St Andrew's it comes down to one word; **support**. Pastoral Care services are provided to patients and staff irrespective of their faith traditions, denomination, affiliations or world views.

'We're not here with bible bashing, sermons or magic wands, we're just here to provide that time and safe space and a supportive presence for people. I view it



“The Pastoral Care team at St Andrew’s collaborate with patients and their families, with surgical and ward staff to address the iceberg.”

like an iceberg. When people present with a clinical issue, that’s the 10% above the water that we can see. But there’s usually a whole lot of things going on under the surface that no-one will know about unless someone takes the time to sit down and talk. Sometimes you get invited below the surface, sometimes you get dragged below the surface!”

The chain reaction of pressures that emanate from a patient being admitted to the hospital can be very complex with family worry, financial stress, fear of surgery and loss of mobility or function can easily overwhelm people, particularly

when their overall wellness and health is compromised.

“The Pastoral Care team at St Andrew’s collaborate with patients and their families, with surgical and ward staff to address the iceberg.”

The Pastoral Care team delivers approximately 6,000 patient visits per year, they engage with roughly 1,000 family members and friends, have over 3,000 in-depth conversations (including pastoral care) with hospital staff and coordinate a busy calendar of public events throughout the year.

“Some days I feel like a fried chip among the seagulls, but I wouldn’t have it any other way!” ■

Mr Theo Masselos
Manager Pastoral Care Department
T 07 3834 4323

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INNOVATION



Dr David Molloy
Gynaecologist and
Fertility Specialist

IVF and St Andrew's

Giant steps forward

Dr David Molloy completed his medical studies at the University of Queensland and completed his Obstetrics and Gynaecology training mostly in Queensland before accepting a senior registrar's position in reproductive medicine at Royal Women's Hospital in Melbourne at a time in the mid 1980's when IVF training was in its infancy.

Dr Molloy has specialised in gynaecology and IVF for more than 25 years, and has built a busy practice at St Andrew's War Memorial Hospital with the QLD Fertility Group. Dr Molloy is now one of Queensland's most highly regarded fertility specialists and advanced laparoscopic surgeons.

An internationally recognised expert, Dr Molloy achieved the first GIFT pregnancy in Australia, and performed the first advanced laparoscopic surgery and the first ultrasound-guided egg pick-ups in Queensland. Dr Molloy completed the first laparoscopic hysterectomy in Queensland at St Andrew's War Memorial Hospital and the hospital consequently became a national leader in women's minimally invasive surgery.

"Queensland's first IVF baby was conceived here at St Andrew's and delivered across at the Mater."

Dr Molloy's successes are founded on precise, clinical, well-structured



ABOVE AND RIGHT: DR DAVID MOLLOY PERFORMS A LAPOROSCOPIC PROCEDURE IN NEW THEATRE 13 AT ST ANDREW'S



medical management of complex fertility cases. He also has a special interest in endometriosis, PCOS, male infertility and ovulation induction and is committed to finding solutions for the most complex cases. Dr Molloy's work in IVF has been paralleled by the development of his work with minimally invasive endometriosis surgery to the level that the unit is now one of the busiest in the state.

With laparoscopic surgery considered some of the most difficult, Queensland Fertility Group is also leading the way in education and training by delivering a biennial advanced workshop in minimally invasive surgery for surgeons from around Australia and South East Asia in the treatment of endometriosis.

"Consequently, St Andrew's has grown in stature as a teaching centre nationally and internationally for minimally invasive surgery."

"The work that QFG is doing, particularly in the area of endometriosis makes St Andrew's a leading centre for laparoscopic surgery in Queensland, indeed even Australia."

GPs can assist infertile couples by explaining optimum intercourse times, arranging hormone evaluations, thyroid and sperm testing and preconception counselling.

Over the past fifteen years we have seen a massive improvement in IVF pregnancy rates, particularly with the ability to inject sperm into eggs which opened up the treatment of male fertility, which again was first in Queensland for St Andrew's Hospital.

"Success rates have more than doubled since 2000 with a patient under the age of 35 can confidently expect a 40-50% success rate on their first attempt at IVF here at St Andrew's."

Dr Molloy stresses the importance of the parallel disciplines of IVF and laparoscopic surgical excellence present at St Andrew's.

"A 34 year old patient who had several failed IVF cycles underwent a laparoscopy at St Andrew's and was found to have severe endometriosis. The endometriosis was excised surgically, she came back for further IVF and became pregnant on her next IVF cycle with a continuing pregnancy. A new baby is due soon..." ■

Dr David Molloy
Queensland Fertility Group, Spring Hill
T 07 3015 3130

On the Shoulders of Giants

Acknowledging the legacy of those before her

Dr Judith Tucker was born in Atherton and grew up in the dairy town of Malanda surrounded by a strong sense of community and a connectedness with, and custodianship of, the rich agricultural land and the magnificent wilderness environment of the Cairns hinterland. When her family moved to Brisbane she attended Bracken Ridge Primary School and Sandgate High School and completed her medical studies at the University of Queensland in 1984.

Sir Isaac Newton wrote in a letter to his colleague Robert Hooke, "If I have seen farther, it is by standing on the shoulders of giants." While Newton in this instance was referring to his discoveries in optics, the quote has been used by the sciences ever since as a mantra to consolidate the role of evidence-based scientific research in building a brick by brick cathedral of knowledge. Dr Tucker is acutely aware of the importance that the medical profession places upon passing down its' knowledge through a rich tradition of mentorship and supervision, and in this article hopes to acknowledge those who have helped her see further.

Dr Tucker completed her GP placement with Dr John Comerford, Dr Des Dan and Dr Vicki Robertson at Lutwyche in Brisbane. She completed an elective with the RFDS in FNQ visiting Weipa and indigenous communities and completed another elective with her close friend Dr Sally Kidson in Community Medicine in Cebu in the Philippines.

Judith completed her intern year at Princess Alexandra Hospital as resident



DR JUDITH TUCKER

to Dr Russell Strong, Dr Darryl Wall and Dr Michael Hogg and Mater Mother's and Children's Hospital. She spent a year at Proserpine Hospital, relieving at Sarina Hospital, a year at Redcliffe Hospital working with Dr Peter Stride, Dr Jennifer Parslow and Dr Hans Muller and then worked at TPCH. Judith was privileged to work with highly dedicated and inspiring clinicians including medical and

geriatric terms with Dr Peter Kortlucke at PAH and TPCH.

"Medicine is about continuous learning and innovation."

Dr Tucker travelled to the UK working in Obstetrics and Gynaecology at Eastbourne District Hospital before returning to Brisbane to commence

General Practice. She worked with brilliant mentors including Dr Phillip Manfield at Rosalie, Dr Bob Brown at Boondall, Dr Peter Knapp at Carseldine and the enigmatic Dr Ralph Smallhorn at Margate.

In 1992 Dr Tucker purchased Dr Lucius Allen's Chermshire General Practice, who had in turn purchased the practice from a Dr George who was in Chermshire for 38 years, making the practice one of the longest continuously operating practices in the area.

Dr Lucius Allen was a Lilley Medallist and a classics scholar. He was Grammar School Latin Master before graduating in medicine together with postgraduate studies in Neurology and Cardiology in London. He



DR TUCKER WITH HER CHERMSHIRE FAMILY PRACTICE TEAM

"The St Andrew's educational evenings and weekend conferences are a great opportunity not only to meld experience with new knowledge but they also enhance direct communication with other GPs and specialists presenting a forum for interesting and thought provoking discussion and professional support."

practised at Chermshire as a solo General Practitioner, serving the local community with great dedication and compassion for 27 years. His charming wife Lucy was his constant companion, receptionist and Practice Nurse. They were a great team.

"Caring for others, a sense of contributing and belonging to a community and the motivation to excel motivate me".

Dr Tucker attributes the success of our health system to the dedicated work of doctors and other health care workers and support staff and pays special tribute to the inspirational doctors who teach and train others. Dr Tucker also praises the St Andrew's education program in

facilitating regular seminars with cutting edge presentations from outstanding specialists.

"The educational evenings and weekend conferences are a great opportunity not only to meld experience with new knowledge but they also enhance direct communication with other GP's and specialists presenting a forum for interesting and thought provoking discussion and professional support."

Judith feels it is a great privilege to be part of a dedicated and caring profession. And pays tribute to many fine clinicians and surgeons who have taught and inspired her, some are

mentioned above, but none more so than Professor John Pearn. Professor Pearn's brilliance, dedication, compassion and courage in the face of adversity aided so many people and children not only in Australia, but in other war torn and disaster devastated regions around the world. His comprehensive understanding and wealth of knowledge from research into the innovation in medical, surgical, anaesthetic and nursing development particularly during wartime are enlightening.

Dr Tucker feels incredibly privileged to be a member of the medical profession and is inspired working with many incredibly brilliant and capable colleagues helping others to improve their quality of life. ■

Dr Judith Tucker
MBBS MBA FRACGP AFAIM
Chermshire Family Practice

A Country Practice

Dr Clare Walker grew up on a dairy farm in the border ranges south west of Brisbane and following an undergraduate science degree at the University of Queensland she joined one of the first cohorts in the newly established postgraduate medical studies program at UQ. Following the clinical component of her training in Townsville and other hospital in South-East Queensland, Clare completed her internship in Cairns. And following her tropical medicine training on the Atherton Tablelands, and to complete her general practice training, Clare and her husband David moved to Longreach.

As with many rural doctors, Clare and her husband (also a GP) found the experience of spending a portion of their training in a country town had a profound impact on their choice of location to build a career and commence a family. Consistent with the rural needs for versatile and multi skilled practitioners, Clare completed an Advanced Diploma of Obstetrics followed by a year of anaesthetics training.

"It's a novel setup in Longreach where all of the doctors in town are employed as SMO's by the local public health service, but we actually work both in the hospital and also in private practice."

Longreach is over 700 kms from the coast, over 1,200 kms from Brisbane and is situated in a shire larger than the country of Denmark. The attraction with Longreach for Clare and her growing family was as much the remote location as the demographic of the town itself. Unlike some regional towns where the community interacts with a swelling



DR CLARE WALKER AND HER DAUGHTER ELSIE

tide of FIFO and DIDO workers, the population of Longreach is very stable with established industries such as agriculture, business, government service delivery and a growing tourism sector.

"We enjoy the mix in town with the permanent residents representing a wide range of professions. And interestingly, because of our remoteness, people hang around on the weekends to meet and socialise rather than skip off to the beach or the city. You depend on each other when you are thrown together in a remote place like Longreach."

Between newborn baby checks and vaccinations through to nursing home care and palliative care, the professional mix of public hospital and private

practice seems to strike an attractive balance for general practitioners making the move to the country. This provided with the opportunity to monitor a patient's journey in both the private practice and hospital settings gives a new dimension to patient care.

"I think that for the patient, it makes their whole journey when they are unwell, a lot less complicated. They feel like they have more continuity of care. And sometimes the lines between doctor, community member and friend can get blurred a little bit, but I think it's in a positive way." ■

The Longreach Family Medical Practice
T 07 4658 3866

Coeliac Disease: A Best Practice Special Feature

Part 2: Gene Testing



THE COELIAC CENTRE
DIAGNOSTIC & MANAGEMENT SPECIALISTS
SEPARATING THE FACTS FROM THE SYMPTOMS



In the last edition of *Best Practice* we commenced a three-part feature discussing diagnosis, screening and treatment for coeliac disease with gastroenterologist and researcher Dr James Daveson. In Part 1 of the series Dr Daveson outlined the way to diagnose coeliac disease by way of a simple screening blood test followed by a small bowel biopsy.

Coeliac disease is a genetic disease that is switched on at some point in a person's life for reasons that are not entirely clear. The gene for coeliac disease was identified in the late 1980's with the two major genotypes being termed HLA-DQ 2 or HLA-DQ 8. The detection of one (or a combination) of these genotypes is present in over 99% of all patients with biopsy-confirmed coeliac disease. They are also found in approximately 65% of all first-degree relatives of people with coeliac disease. However, as the latest study from Australia suggests that approximately 56% of Australians express these HLA genes, HLA typing is not a useful test to rule in coeliac disease. In fact, 90% of people with these genes will never develop coeliac disease.

"The last few years has seen a number of new tests become available to use in the diagnostic algorithm for coeliac disease. Whilst this is exciting, it is important that if we do request these tests, we realise the limits of their diagnostic utility and ensure we know how to appropriately interpret them for patients."

Given the gene test does not "diagnose coeliac disease" there are at least two primary scenarios where gene testing

can prove to be useful in the diagnostic algorithm for coeliac disease.

The first scenario is where blood screening tests and small bowel biopsy have proved equivocal. In this case a positive gene test will add further evidence to support the presumptive diagnosis of coeliac disease being correct. If the patient does not have the correct gene predisposing them to coeliac disease, then further thought should be given as to whether they actually have coeliac disease or not.

"There are many conditions apart from coeliac disease which can result in villous atrophy seen on small bowel biopsy."

The second "not uncommon" scenario is when a patient who unfortunately already commenced a gluten free diet, subsequently wishes to know whether they have coeliac disease or not. Once someone has been on a gluten free diet for a prolonged period of time, the screening blood tests and the diagnostic small bowel changes can normalise. Thus, in order to see whether these are abnormal when a patient is consuming the trigger of this disease (gluten) they are asked to embark upon a gluten challenge to exclude or diagnose coeliac disease.

"I believe it is important for patients to know whether they have a chronic multisystem disease (where the trigger of such is defined) or not. Symptoms presumably related to the ingestion of gluten do not always equate to a diagnosis of coeliac disease, and unfortunately, patient outcomes are not always ideal when an appropriate diagnosis has not been made when the opportunity to do so initially presented."

Some people who have removed gluten from their diets and have experienced

some relief in their symptoms may visit their doctor seeking some definitive information regarding their coeliac diagnosis. They may be couples who are thinking of having children who want to understand the implications of carrying the disease or how to manage their fertility. In these situations the patient requires a definitive answer to the questions of coeliac diagnosis.

"I usually end up suggesting they need to commence a gluten challenge and reintroduce gluten into their life for six weeks. Another option at this point however is to request the gene test. If it is negative it is very unlikely this patient will ever develop coeliac disease, and as such they could avoid a gluten challenge."

"If a person has been on a gluten free diet and their gene test is negative, then I can see little reason for them to undergo a gluten challenge. You could almost tell them definitively that they won't develop coeliac disease."

There is data emerging that, even though avoiding the trigger of this disease – gluten by means of a gluten free diet (which is the best and only treatment we have for coeliac disease), a substantial percentage of patients still may not completely normalise the abnormalities seen at diagnosis. Consequently, the desire to find alternate treatments is an area of active research both in Australia and around the world. In Part 3 of this special feature on coeliac disease with Dr James Daveson, we will focus on emerging novel therapies and potential preventive strategies for coeliac disease. ■

Dr James Daveson is a Gastroenterologist based at St Andrew's War Memorial Hospital and along with Dr Richard Muir is a Director of The Coeliac Centre.



Dr James Daveson
MBBS FRACP
Gastroenterologist
The Coeliac Centre

Update from The Wine Emporium

There are many reasons for the recent surge in popularity of rose wine in Australia. Not only have many importers chosen wisely with their products, sourced almost entirely from Europe, domestic producers of rose wine are emulating these fascinating wines and are achieving terrific results.

Rose wine can no longer be made as an after-thought from the winemaker, it must be carefully planned and made to ensure all features of high quality wine are present. It's a competitive and almost saturated market now, and rose that's anything less than very good simply cannot compete for the very small amount of spots allocated to rose wine on wine lists and in retail wine outlets.

Rose can vary widely in style, at least as much as white and red wine. They range from light and elegant to full-bodied and red-wine-like; from fun, juicy and uncomplicated to serious, complex and deeply structured. Despite the range of styles many of the rose's available are savoury, great value and most importantly, dry.

There are too many good Australian examples to mention here, keep an eye out for shiraz or grenache rose of the Barossa Valley and the pinot noir rose of Victoria, but many a satisfying rose may be found elsewhere. For imported wines, try the elegant, mildly-fleshy and raspberry-scented 2012 Domaine Ott "Les Domanieres" from Cote de

Provence (\$29) or the extraordinary 2012 Guffens "Pourquoi Pas" (\$28) rose of cabernet sauvignon; a captivating, dynamic and complex wine of full-flavour, medium body, fine tannin structure and lovely persistence. ■

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Are your finances in need of critical care or a health check?

Many medical specialists take too long to achieve financial freedom, despite decades of study, hard work and earning good money.

Medical specialists in public and private practice are fantastic at making and spending money but often fail to put their money to work. A recent study by Pert & Associates found that many specialists are wholly reliant on their salary for income with significant levels of debt, limited savings and no income-generating assets.

This is a dangerous combination because the majority of medical practices depend on a sole practitioner for survival, with growth restricted by how many hours that specialist can work. Although many practices generate high cash flow, with specialists typically working over 60 hours per week, principal owners aren't building up a valuable asset they can sell at a later date.

For many, there is no big pay day coming.

This challenge is not unique to the medical profession but the extremely high daily work demands, coupled with the family demands, often means critically important financial matters such as cash flow and debt management, superannuation, life and income protection insurance, don't get the attention they need.

As a result, too many medical specialists fall short of the comfortable lifestyle and retirement they deserve.

To achieve financial freedom, they must develop and stick to a financial strategy that will manage the substantial amounts of cash they'll earn throughout their career. If they don't build up a portfolio of income producing assets outside their practice, they run the risk of having to work longer to achieve financial independence.

However, research by Pert & Associates found that time-poor medical specialists either don't take advice from anyone or use a number of advisers in an ineffective and uncoordinated way. These advisers

include a hotchpotch of accountants, investment advisers, lawyers, stockbrokers and insurance agents, who work independently and often in opposition to one another.

The majority of respondents surveyed by Pert & Associates said that they would prefer to have one central point of contact to handle all their financial affairs.

In the same way a general practitioner will refer clients which specific needs to a specialist, medical professionals need to engage a financial specialist that understands their unique and specific financial needs. ■

Brian Pert is a certified Financial Planner and Director and Adviser of Pert & Associates.

To download a copy of their latest White Paper on "Creating Financial Independence for Medical Specialists", visit www.pertassoc.com.au



PERT & ASSOCIATES

Are your finances in need of critical care or a health check?

**Rather spend time with your family than read financial documents?
Are you looking for an experienced financial adviser you can trust?
Do you want to eliminate financial stress?**

Pert & Associates is a boutique financial advisory firm that specialises in helping medical specialists achieve financial freedom.

We're not just financial advisers. We're a holistic personal CFO solution that brings together and manages experts in tax, superannuation and investments, insurance and estate planning so there's one central point of call for all your financial needs.

As a trusted adviser to the medical profession for over 15 years, we can help you achieve your lifestyle goals. Let us do all the hard work so you can get on with what's important.

For more information about our unique personal CFO service contact 1300 730 381 or visit www.pertassoc.com.au



HER MAJESTY, THE QUEEN, ARRIVES AT THE ROYAL GALA HELD AT THE HILTON IN NOVEMBER



REPRESENTATIVES FROM MEDTRONIC AT THE GALA EVENT



DR SEAN ROTHWELL AND PROF JOHN FRASER TREAT THE QUEEN ON THE NIGHT



PROF FRASER WITH HER MAJESTY



DR'S HELEN AND BRUCE GARLICK



LESLEY HALL, PROF FRASER, KATRINA FRASER AND DR PHIL HALL



SINGER LISA HUNT ENTERTAINS GUESTS AT THE GALA



ST ANDREW'S FLASH MOB DANCERS



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St Andrew's Multidisciplinary Pain Service	07 3834 4525
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



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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.

GP EDUCATION EVENTS 2014



CPD Weekends

22-23 March	Innovations in Primary Care	Sheraton Mirage, Gold Coast
Sat 21 June	Mind Matters Symposium & Gala	Versace, Gold Coast
Sat 23 August	Sports Meet 2014	Hilton, Brisbane
15 - 16 November	When General Practice meets Hospital Practice	Sheraton, Noosa

CPD Evenings

Wed 19 March	Cardiovascular / Vascular / Cardiac Surgery	United Service Club Queensland
Wed 25 June	Coeliac Disease / GI surgery	United Service Club Queensland
Wed 17 September	Gynaecology / Urology	United Service Club Queensland
Wed 12 November	Orthopaedics / Rehabilitation	United Service Club Queensland

Q&A with Tony Jones

Sat 17 May	Q&A ALM 9am - 5pm Q&A Gala 5:30pm - 9:15pm	Brisbane Convention & Exhibition Centre
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Venues, hosts and topics are subject to change.

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