

BEST PRACTICE

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

Summer 17 / 2018

**Brisbane Hip Clinic offers
a centre of excellence**

**Functional Movement
Training Centre for back pain**

**Update on Inflammatory
Bowel Disease**

**Breast screening,
diagnosis, treatment and
care at St Andrew's**

Update

Happy New Year and welcome to the 2018 Summer Edition of *Best Practice*.

The year is shaping up to be an exciting one for St Andrew's War Memorial Hospital as we celebrate our 60th anniversary.

Since our humble beginnings in 1958, we have expanded our services, facilities and staff, but our mission still remains the same - First class treatment, World class results.

Our unrivalled reputation and extensive history of best practice clinical outcomes is achieved by working extremely hard to attract the best medical practitioners and staff, providing them with excellent resources and meticulously auditing our patient outcomes.

In this edition of *Best Practice*, we are proud to feature some of these services and people, including our comprehensive St Andrew's Breast Care Service, which has recently installed the latest in mammography technology (3D Tomosynthesis) and is staffed by highly specialised radiologists, expert surgeons and caring breast care nurses.

Read about the new Brisbane Hip Clinic, run by St Andrew's Orthopaedic Surgeon, A/Prof Patrick Weinrauch.

We feature Dr David Johnson and his Functional Movement Training Centre which is now located in a dedicated space on level four of the hospital.

You can also read about our dedicated St Andrew's Palliative Care Service, focussed on improving the quality of life for patients and their families facing the problems associated with life-threatening illnesses.

We welcome and profile several new Visiting Medical Practitioners (VMPs) who have recently joined the St Andrew's team, and also include details of our 2018 CPD program, among other stories.

Several of our VMPs have also provided up-to-date medical insights on specific topics including: functional bowel disorders, inflammatory bowel disease, lumbar back pain and coeliac disease.

I look forward to working with you in 2018.



Dr Yogesh Mistry

MBBCh, MBA, FRACGP, FRACMA

Director of Medical Services

St Andrew's War Memorial Hospital

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VMP Profile Updates



Dr Hamish Alexander
BSc(Hons), MBChB, MPhil, FRACS
Neurosurgeon & Spinal Surgeon
T 07 3833 2500

Dr Hamish Alexander is a neurosurgeon and spinal surgeon who joined the BrizBrain & Spine team in 2017. Born and bred in New Zealand, Dr Alexander trained in neurosurgery in Australia and New Zealand following completion of his neuroscience and medical studies at Otago University, NZ.

He finished his advanced neurosurgical training at the

Royal Brisbane and Princess Alexandra Hospitals and was awarded Fellowship of the Royal Australasian College of Surgeons in 2016.

Dr Alexander has special clinical interests in neuro-oncology, skull base, pituitary, congenital, peripheral nerve and spinal surgery.



Dr Norman Ma
MBChB, FRACS
Neurosurgeon & Spinal Surgeon
T 07 3833 2500

Dr Norman Ma joined BrizBrain & Spine in mid 2017. He is a neurosurgeon with specialist skills in the surgical treatment of both adult and paediatric brain and spine.

Born in Hong Kong before growing up in New Zealand, Dr Ma completed his undergraduate medical degree at

the University of Auckland. He completed his advance neurosurgery training having worked in Brisbane, Melbourne, Auckland and Christchurch.

Dr Ma has special clinical interests in cranial surgery, neuro-oncology, functional neurosurgery and pain surgery.



Dr Andrew Mayo
Orthopaedic Surgeon
T 07 3193 3880

Dr Andrew Mayo undertook orthopaedic training in Queensland. He has a special interest in upper limb surgery. Andrew grew up in Adelaide before completing his medical qualifications in Sydney at the University of New South Wales. He spent his years as a junior doctor and orthopaedic trainee in Queensland.

He undertook a Masters of Engineering at Queensland University of Technology in Orthopaedic research. In 2012 he

completed his Orthopaedic training becoming a Fellow of the Royal Australasian College of Surgeons.

Andrew is currently the Director of Orthopaedics at the Royal Brisbane and Womens' Hospital and operates at St Andrew's. He is happy to treat traumatic injuries (including fractures, tendon, ligament, nerve and vessel) of the upper limb.



Dr Hugh Wright
LLB, MBBS, FRACP
Infectious Diseases Physician
T 07 3831 6202

Dr Hugh Wright is an Infectious Diseases Physician now practicing at St Andrew's War Memorial Hospital. He has a special interest in the treatment of multi-resistant infections, the prevention and management of infections in the perioperative period, mycobacterial disease and zoonotic infections.

He undertook his undergraduate training at the University of Queensland, receiving an MBBS in 2004. He completed his fellowship in infectious diseases at the Royal Brisbane &

Women's Hospital and the Prince Charles Hospital prior to completing post fellowship training in general medicine.

As well as practicing at St Andrew's, he also works as a staff specialist at the Royal Brisbane and Women's Hospital and as a lecturer at the University of Queensland. Hugh has a keen interest in further medical research and is currently undertaking a PhD examining new treatment options for severe infections caused by multi-resistant bacteria.

We're the *Breast* in the Business

Located on the city's doorstep, St Andrew's War Memorial Hospital offers a comprehensive and advanced breast care service for women, with the installation of the latest in breast mammography technology. Highly specialised radiologists, expert surgeons and caring breast care nurses are available to diagnose, treat and support patients.

Advanced mammography – screening and diagnostics

The hospital's established reputation in delivering excellence in breast care management has been boosted even further with the installation at St Andrew's Medical Imaging of the advanced Hologic Mammography Unit with 3D Tomosynthesis.

The 3D Tomosynthesis mammography unit, is the fastest, highest resolution breast tomosynthesis system ever and offers a variety of features designed to provide higher quality 3D images for radiologists, enhanced workflow for technologists, and a more comfortable mammography experience, with low-dose options, for patients. The system is designed to clearly reveal subtle lesions and fine calcifications to help pinpoint cancers early.

The St Andrew's comprehensive mammography screening and diagnostics services include:

- Screening mammography with 3D Tomosynthesis
- Diagnostic mammography with 3D Tomosynthesis
- Stereotactic and Tomosynthesis guided biopsy (including Vacuum Assisted Core Biopsy)
- Breast ultrasound
- Ultrasound guided breast fine needle aspiration and core biopsy
- Pre-operative Tomosynthesis or ultrasound guided hookwire localisation
- 3T breast MRI with computer aided diagnosis

The team of specialist radiologists is led by Dr Darren Ault, Clinical Director of Radiology at St Andrew's Medical Imaging and comprises Dr Nick Kienzle, Dr Barbara Laing, Dr Patty Connor and Dr Nick Brown.

Expertise in breast surgery

St Andrew's breast surgeons are recognised for their expertise and considerable reputations in breast cancer treatment and management.



Professor Owen Ung

MBBS, FRACS, FAICD

Owen Ung is a Breast and Endocrine Surgeon and Director of General Surgery at St Andrew's War Memorial Hospital. He commenced the St Andrew's breast service following his move from the renowned Breast Cancer Institute at Westmead in Sydney in 2009. Up until the end of 2017 he has been Director for the Centre for Breast Health, Head of the Breast and Endocrine Surgery Unit at the Royal Brisbane and Women's Hospital.

Dr Ung is Professor of Surgery for the RBWH UQ Clinical School, and committed to clinical research and teaching. He lectures and is published widely. He is also a council member for the Royal Australasian College of Surgeons (RACS) and was previous Chair of the Qld RACS Regional Committee and RACS examiner and honorary secretary of Breast Surgery International.



Dr Ben Green

MBBS FRACS

Dr Ben Green is a breast and endocrine surgeon operating and consulting at St Andrew's War Memorial Hospital since 2013. His special areas of interest are breast cancer surgery; familial breast cancer and high-risk patients; oncoplastic breast techniques and breast reconstruction; and complex thyroid, parathyroid and adrenal disease.

Dr Green is also a staff specialist and incoming Director of the breast and endocrine surgery unit at RBWH. Dr Green is also the current co-chair of the post-fellowship training program in breast surgery for BreastSurgANZ.



Dr Kowski Murugappan

MBBS FRACS

Dr Kowski Murugappan commenced as a Breast and Endocrine Surgeon at St Andrew's War Memorial Hospital in early 2017. She completed her general surgical training at the Austin Hospital and Monash Health (2006-2012), and then pursued and completed three years of Breast and Endocrine fellowships at Nepean Hospital – Sydney, Christchurch Hospital and the RBWH. At the end of her Fellowship at RBWH she accepted

her current role as staff specialist in Breast and Endocrine surgery.

Over the years, she has broadened her experience in her field including a special interest in oncoplastic and reconstructive breast surgery. Dr Murugappan also has a strong academic focus with active involvement in breast cancer research through University of Queensland Centre for Clinical Research.



Breast Care Nurses

Patients at St Andrew's undergoing treatment for breast disease receive individually tailored nursing care from dedicated breast care nurses - Natasha Keir and Sophie Peckham. Natasha and Sophie provide support and information to women and men with breast cancer, their family and those who care for them.

"We aim to help people diagnosed with breast cancer, more aware of the support services available in the

hospital and in the community. It is understandably a stressful time for patients, so being able to offer guidance, comfort and support, can provide a great sense of relief to them," said Natasha.

Natasha and Sophie guide patients on their day of surgery and will usually visit them daily and provide a range of information and resources. They may have had contact with them pre-admission and will help co-ordinate their care.

For more information or to make an appointment for a mammogram please contact:
St Andrew's Medical Imaging
T 07 3831 4333

Mammography is available Monday, Tuesday and Friday (8am - 5pm). Patients require a referral from their GP.

Coeliac disease Point of Care Test (PoCT): Wesley Medical Research



Wesley Medical Research are currently conducting a study designed to assess the incidence of Coeliac disease (CeD) in first degree relatives (FDRs) of people with CeD, and compare a new point of care test (PoCT) which utilizes a finger pinprick of blood as compared to the traditional method of collecting blood from a vein to screen for CeD.

Coeliac disease is a genetic life-long chronic inflammatory systemic immune-mediated disease, caused by ingesting gluten with a resultant variable combination of clinical manifestations.

People who have undiagnosed CeD can present in a range of ways from those without any symptoms, to those presenting with failure to thrive as a child, fatigue, diarrhoea, abdominal pain, headaches, reflux, bloating, weight loss and significant medical complications

Why do we need to look at new methods of diagnosis?

Despite the ready availability and access to blood tests and procedures to case find for and diagnose CeD in Australia, only 1 in 5 people with CeD in Australia are currently diagnosed.

Point of care testing (PoCT) is a new technology, which requires only a pinprick of blood from a finger (similar to how diabetics collect blood to check their blood sugar levels). The advantages of this PoCT include 1) its simplicity, 2) results are available within ten minutes (as opposed to being sent to a laboratory for processing), and 3) requires only a finger-prick of blood, which offers unique advantages for patient groups such as children.

**We are looking for relatives of people with coeliac disease for a research trial.
Can you help?**

To qualify, trial participants must be:

- older than 2 years of age
- have a first degree relative (parent, brother, sister or child) with diagnosed coeliac disease.

For information, phone Wesley Medical Research on 07 3721 1519 or email gut@wesleyresearch.com.au

Critical Care Research Group awarded UQ Faculty of Medicine Innovator of the Year

The Critical Care Research Group (CCRG), supported by The Prince Charles Hospital, UQ and St Andrew's War Memorial Hospital is a world leader in the field of critical care research and biomedical engineering.

The CCRG is a collaboration between multi-disciplinary researchers committed to finding world-first innovative solutions that will lead to healthier living, improved quality of life, less hospitalisations and more efficient clinical treatment.

The Group, led by Prof John Fraser, St Andrew's Director of Intensive Care, was recently awarded the UQ Faculty of Medicine's Innovator of the Year Award for the OpenHeart Project, which is being undertaken as an international collaboration directed through the Innovative Cardiovascular Engineering Technology Laboratory (ICETLAB) at The Prince Charles Hospital. Currently, one post-doctoral research fellow, two PhD studies and one undergraduate Honours student are undertaking full time research on the OpenHeart device development.

The project was developed in response to the identification by the

CCRG of a clear gap in Ventricular Assist Device (VAD) technology in order to deliver necessary healthcare in the form of mechanical circulatory support to patients suffering from cardiovascular disease in low- and middle-income countries.

Through the development of a novel and innovative open-source approach (the first of its kind in the field of mechanical circulatory support), to develop a low-cost VAD (named OpenHeart), the CCRG together with leading research centres worldwide aims to mitigate this gap. The OpenHeart project has been voted as an official project by ISMCS (International Society of Mechanical Circulatory Support), which will further facilitate international collaboration. Currently, an open-research platform is under development to allow for easy collaboration on this novel and exciting project.



Cherish launches new app to help women track ovarian cancer treatment

The Cherish Women's Cancer Foundation has launched a revolutionary new smartphone app, which is set to improve the lives of the 1,580 Australian women who are diagnosed with ovarian cancer each year.



Brainchild of St Andrew's gynaecological oncologist and Cherish co-founder Professor Andreas Obermair, the CA-125 app will allow women diagnosed with ovarian cancer to self-monitor their treatment and results.

The app is named after the CA-125 protein which is produced by ovarian cancer cells and shed into the blood stream where it can be detected. Commonly referred to as a 'tumour marker', CA-125 levels are monitored through regular blood tests before, during and after treatment to track cancer progress.

After entering their holistic medical treatment into the smartphone app, patients will be able to follow the trends between their treatment (surgery, chemotherapy and radiation) and tumour marker changes, and the subsequent impact of various lifestyle factors on their cancer test results.

Professor Andreas Obermair said the CA-125 app would not only empower women to have greater control over their cancer treatment, but would also help create lasting social change.

"During the 15 years that I have operated my gynaecological oncology practice, I have seen how anxious patients get when awaiting their tumour marker results," Professor Obermair said.

"We wanted to create a practical self-tracking tool that would allow women to better monitor and analyse the effect of their treatment on their cancer progress, and give them greater peace of mind in between appointments."

In addition, the CA-125 app will gather invaluable data which will be available to gynaecological cancer researchers, and proceeds from sales will go to the Cherish Women's Cancer Foundation for other gynaecological cancer research projects.



First in-hospital Functional Movement Training Centre for back pain

St Andrew's War Memorial Hospital has recently welcomed Brain and Spinal Neurosurgeon Dr David Johnson and his successful Functional Movement Training Centre, into a dedicated space on level four, as part of his City To Coast Neurosurgery practice.

Dr Johnson describes his approach to medicine and health care as "foundational". He sees his role as neurosurgeon and doctor, to guide and educate patients to optimise four primary foundational elements of health that we are all in control of - sound nutrition, proficient movement, effective stress management and quality sleep.

Embracing this philosophy, he has created his one-stop multidisciplinary facility at St Andrew's where all of these health imperatives are defined for patients, prioritised and addressed by a team of nutritionists, physiotherapists, registered nurse, research nurse, exercise scientist and movement therapists.

As the surgeon in the team, Dr Johnson maintains the important clinical aspects of treatment. He sets the road map for success in sometimes very challenging patients, often biased toward failure due to their prior history of having exhausted all commonly available spine pain treatment methodologies.

"With few exceptions, surgery on the spine is only indicated by me if it will

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 The vast majority of patients with back pain do not require surgery, but nearly all of them require correction of motor patterns manifesting as movement dysfunction

enhance the patient's capacity to improve their foundational pillars of health," Dr Johnson said.

"In patients with spine pain, there is almost always the presence of movement dysfunction."

"The vast majority of patients with back pain do not require surgery, but nearly all of them require correction of motor patterns manifesting as movement dysfunction."

Dr Johnson utilises the Functional Movement Training Centre's NeuroHAB program for this common problem. NeuroHAB has a distinctive and unique focus on central nervous system (CNS) motor patterns. When you conceptualise that back pain symptoms are in fact a CNS movement disorder, this approach makes total sense, he said.

"I developed this approach after appreciating that global peer reviewed literature is increasingly acknowledging the failings of existing treatment to manage the growing economic and clinical burden of back pain symptoms."

His team have adopted the "Movement" approach with all his patients since inception of Functional Movement Therapy and NeuroHAB in 2011. "Our research and outcomes are extremely satisfying and drive us to reach more patients with spine pain symptoms."

Dr Johnson says, the earlier we correct



Functional Movement Training Centre team

movement dysfunction the quicker we can eliminate relapsing, remitting or chronic symptoms and prevent non-surgical symptomatic degeneration transforming into surgical problems.

“This is the natural history if patients are on the roundabout of futile therapy for too long, or “Failed Rehab Syndrome” - a term I coined that is real but rarely acknowledged, in contrast to the commonly used term “Failed Back Surgery Syndrome” which approaches a rate of 50 per cent.”

“I think this very high failure rate is actually a reflection of failed rehabilitation rather than failed surgery and we are conducting further research to clarify this theory”.

One of the most satisfying parts of Dr Johnson’s job is seeing patients transform over the period of the NeuroHAB program, from someone with extremely poor movement

proficiency and functional capacity into someone moving virtuously with significant reduction in pain and re-acquisition of functional capacity.

The Functional Movement Training Centre has a philosophy to re-establish and practice proficient skills of movement in all activities of daily living.

The service is located at St Andrew’s War Memorial Hospital (Brisbane) with other satellite centres located in Maroochydore, Caloundra, Toowoomba and Mackay.

The NeuroHAB program runs for 6-8 weeks, after an initial clinical spinal assessment by Dr Johnson. It then comprises two, one-hour sessions each week. Once patients have completed the NeuroHAB program they can progress to the NeuroFIT program to further increase functional capacity.

Multidisciplinary group consultations are conducted monthly with Dr Johnson, NeuroHAB movement therapists and musculoskeletal physician Dr Mark Craig for assessment of suitability for entry into the NeuroHAB program.

Dr Johnson also conducts surgery at St Andrew’s, with his expertise covering a wide range of brain and spinal neurosurgery, including complex spine surgery, keyhole sacro-iliac stabilisation and minimally invasive approaches, neuro-oncology, acute cerebrovascular surgery, brain and spine trauma, trigeminal neuralgia, CSF diversion surgery and pain neuro-stimulation surgery of the spinal cord and peripheral nerves.

Dr Johnson undertakes telehealth consultations on request and for remote patients around Australia.



Dr David Johnson

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Our research and outcomes are extremely satisfying and drive us to reach more patients with spine pain symptoms

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Functional bowel disorders

Functional bowel disorders, comprising constipation, diarrhoea, bloating and Irritable Bowel Syndrome (IBS) are a common reason for patient presentation to the General Practitioner and Gastroenterologist.

IBS alone is thought to affect 10% of the population at any one time, and a staggering 40% of people are affected over their lifetime. There is a female preponderance. Although non life-threatening, these disorders have a significant impact on the individual and the community through decreased productivity at work and sick days.

The diagnostic criteria used for the diagnosis of Irritable Bowel Syndrome are the "Rome III Criteria"; which include:

- Recurrent abdominal pain or discomfort at least 3 days per month in the last 3 months associated with two or more of:
- Improvement with defecation
- Onset associated with a change in frequency of stool
- Onset associated with a change in form (appearance) of stool

The criterion must be fulfilled for the last 3 months with symptom onset at least 6 months prior to diagnosis.

IBS is a diagnosis of exclusion. More recently, a targeted approach with the use of careful history taking and judicious use of selected investigations can help determine which patients require specialist referral.

A recent paper by Linedale¹ in the Medical Journal of Australia provided guidelines for local medical practitioners to use when diagnosing and risk stratifying patients with IBS.

These included:

Red flags to elicit in history:

- New onset symptoms if > 50 years of age (within 6 months)
- Unexplained weight loss (> 3 kg or 5% bodyweight)
- Iron deficiency ± anaemia
- Melaena, overt rectal bleeding, positive FOBT
- Abdominal pain awaking patient from sleep
- Diarrhoea disturbing sleep or fecal incontinence
- Documented unexplained fever
- Family history of colon cancer (1 FDR < 60 years, or > 1 FDR any age)
- Family history of IBD in symptomatic patient (1 FDR)
- Family history of coeliac disease in symptomatic patient (1 FDR)

Investigations to be considered

- FBC
- Iron studies
- CRP/ESR
- Coeliac serology
- Stool PCR and C.difficile toxin
- Albumin
- Parasite screening if overseas travel
- Bowel cancer screening as per normal
- Faecal calprotectin

If the patient has no red flags on history and normal investigation results, reassurance can be given to the diagnosis of IBS. An elevated faecal calprotectin, presence of red flags or abnormal investigation results require specialist review.



Dr Natalie Kiel
Gastroenterologist
T 1800 199 920

References

1. Linedale E, Andrews J. Diagnosis and management of irritable bowel syndrome: a guide for the generalist. Med J Aust 2017; 207 (7): 309-315

Brisbane Hip Clinic offers a centre of excellence

St Andrew's Orthopaedic Surgeon, Associate Professor Patrick Weinrauch, has recently moved his Brisbane Hip Clinic into new premises located in Fortitude Valley. The clinic now offers a comprehensive range of rehabilitation and conditioning programs tailored to suit people of all different fitness levels and goals.



A/Prof Weinrauch exclusively manages hip disorders in adults and said the new facility allows expansion of the services offered, including a greater capability in non-surgical therapies, pre-operative conditioning and post-surgical rehabilitation.

The Brisbane Hip Clinic provides a high degree of specialisation and experience in the field, with A/Prof Weinrauch having established the dedicated clinic nearly ten years ago. He is supported by an expert team of anaesthetists, nursing and physiotherapy staff, all highly experienced in working with patients with hip disorders.

A/Prof Weinrauch's surgical practice includes hip arthroscopy, hip joint preservation

surgery, hip resurfacing and hip replacement - including anterior approach hip replacement and complex revision procedures.

The clinic's expanded non-surgical services include physiotherapy, strength and conditioning, Pilates, therapeutic injections and viscosupplementation. It runs strength conditioning and Pilates classes specifically designed for patients with hip disorders, from its newly developed gymnasium and Pilates reformer studio.

A/Prof Weinrauch said the while the majority of his work involves the management of advanced hip osteoarthritis, he often sees clients with sporting injuries, although he said he has seen a changing incidence in injury patterns in this area.

"In a variety of sports, the number of elite athletes sustaining hip injuries has been decreasing, which is encouraging. The trend is probably related to a greater awareness of risk factors, better sport specific conditioning and modern trends in athlete management," he said.

Discussing the vision for his new custom-designed premises, A/Prof Weinrauch said that the Brisbane Hip Clinic is now able to cater for patients with additional health care requirements and lifestyle goals.

"Some patients are uncertain about how to return to active lifestyles and sporting pursuits after hip surgery. We should be aiming to get patients back to the highest level of function they want to achieve," he said.

"Our new facility allows us to provide specialised guidance and advice to a patient's usual therapist or alternatively we can directly provide services where required."





Associate Professor Patrick Weinrauch

||
Some patients are uncertain about how to return to active lifestyles and sporting pursuits after hip surgery. We should be aiming to get patients back to the highest level of function they want to achieve

Brisbane Hip Clinic specialises in:

- Hip arthroscopy, hip resurfacing and hip replacement.
- Monitoring and advice on the non-operative management of hip disorders including weight loss, activity modification, medications.
- Therapeutic injections and viscosupplementation.
- Physiotherapy.
- Strength and conditioning.
- Reformer Pilates classes.

Brisbane Hip Clinic

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Lumbar back pain



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Lumbar back pain (LBP) is the third most common presentation seen by general practitioners in Australia. Limitations for GP's to advanced imaging such as MRI can create diagnostic and referral dilemmas. In addition simple tests such as plain X-rays are poorly sensitive while advanced imaging such as CT or MRI may be not specific with nearly 100% of patients over the age of 60 years having lumbar disk degeneration on MRI.

A simple classification places patients into one of three categories:

- Non-specific low back pain (90% of presentations)
- LBP associated with sciatica or spinal claudication due to canal stenosis
- Serious spinal pathology (such as cancer, infection, fracture, and cauda equina syndrome) comprises 1% of GP presentations with LBP

It is widely recommended not to refer patients for advanced imaging (e.g. CT or MRI) of the spine within the first six weeks in patients with non-specific acute low back pain in the absence of red flags. Plain X-rays in this group are rarely helpful.

Patients presenting with sciatica or spinal claudication generally require imaging if symptoms are persistent and intervention is to be considered. MRI without contrast is the investigation of choice. Referral for surgical evaluation is recommended if there is a neurological deficit or no response to conservative management for 6-8 weeks.

All doctors are familiar with the red flag



symptoms suggesting cauda equina syndrome that require urgent imaging with emergency MRI and surgical evaluation: Urinary Incontinence or retention, Saddle anesthesia, anal sphincter tone decreased or fecal incontinence and bilateral lower extremity weakness or numbness.

Other emergent pathology includes discitis or epidural abscess which is usually associated with systemic symptoms, recent invasive procedure, IV drug use or sepsis. Risk factors for fracture include age over 70 years, trauma, corticosteroid therapy, and female gender. In these patients X-ray or CT may be useful. A history of, or current, cancer significantly increases the likelihood of cancer related back pain. CT may be useful screen tool for these patients but a contrast MRI remains the gold standard.

Early identification of the need for palliative care is essential

St Andrew's Palliative Care Service started in 2014 and brings together an outstanding team of health professionals to improve the quality of life of patients and their families facing the problems associated with life-threatening illnesses.

Dr Thomas Brucklacher, said that early identification of the need for palliative care and early referral is very important, as it allows the patient to proactively receive the necessary assessment and treatment for pain, physical, psychosocial and spiritual matters.

"It is through managing the patient's symptoms and pain that we can give them quality of life. Studies support that improved quality of life is often associated with a longer (better) life," said Dr Brucklacher.

"At St Andrew's we can do much more than end-of-life care: we can support patients through their illness for months or longer," he said.

Patients should be referred for palliative care at the point of diagnosis of metastatic disease, or whenever the need for palliative support is identified.

"By effectively treating their pain and other symptoms the patient can be more engaged in life."

The St Andrew's Palliative Care team is an inter-disciplinary team comprising doctors, nurses, social workers, psychologists, physiotherapists, occupational therapists, dieticians and pastoral care workers.



By effectively treating their pain and other symptoms the patient can be more engaged in life

Currently, the service is offered to inpatients and utilises community palliative care services for care outside St Andrew's.

Dr Brucklacher said the most rewarding part of his job is meeting the patients and their families and learning about their values and wishes for the person, and to ensure all their needs are met.

"Communicating openly is critical in order to achieve care that improves the patient's quality of life and the lives of those closest to them."



St Andrew's Palliative Care Service

Dr Thomas Brucklacher

T 07 3834 4444

St Andrew's Palliative Care team comprises:

- Doctors
- Nurses
- Social workers
- Psychologists
- Physiotherapists
- Occupational therapists
- Dieticians
- Pastoral care workers

EMERGENCY HELP in the CBD



St Andrew's Emergency Centre is open 24/7
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GET STRAIGHT IN

Inflammatory bowel disease

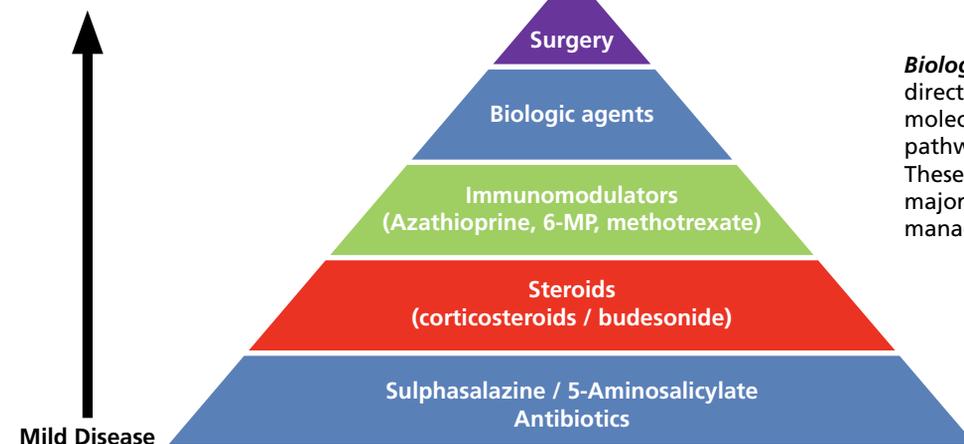
Ulcerative colitis (UC) and Crohn's disease (CD), collectively called inflammatory bowel disease (IBD) is a chronic inflammatory condition of the intestinal tract resulting from a dysregulated immune response. IBD affects around 85,000 people in Australia.

Its incidence is rising in developing countries and is as common as type 1 diabetes or schizophrenia. The pathogenesis appears to suggest an underlying genetic susceptibility coupled with dietary, environmental and gut microbial changes leading to an 'overdrive' in immune response. IBD is characterised by a relapsing remitting course, which is variable amongst affected individuals.

Histologically, the inflammation in UC does not extend beyond the submucosal layer of the bowel wall and in CD it affects all layers (transmural). Transmural inflammation causes complications such as strictures, fistulisation, perforation and abscess formation in CD. Smoking history is associated with adverse outcomes in CD but appears to be protective in UC.

Ileocolonoscopy and biopsy remain the gold standard for diagnosis of colonic and terminal ileal disease, and will usually confirm the diagnosis. Medical therapy is focussed on attaining clinical remission and achieving mucosal healing. A simplified step-up treatment pyramid is shown below:

Severe Disease



Biologic agents are drugs directed against specific molecules in the inflammatory pathways involved in IBD. These agents have been a major game changer in the management of IBD patients.

What's new?

- Expanding field of biologic therapies with newer agents targeting alternative inflammatory pathway molecules with reduced systemic side effects
- Promising early results of the use of faecal transplantation to improve gut inflammation

IBD medications considered safe to use in pregnancy are the corticosteroids, sulfasalazines, 5-ASA preparations, thiopurines and biologic agents. The best pregnancy outcomes occur in women whose IBD is in remission at conception and throughout the pregnancy.

Opportunistic infection is always a risk in patients treated with immunosuppressant medication. Appropriate vaccination is helpful in reducing this risk, but does not prevent it completely.

How can you help?

- Recognise that IBD is a chronic disease that requires a multidisciplinary care approach with many key players (including you!)
- Be aware of the need for prompt medical attention and investigation if the suspicion of infection arises while on immunomodulator/biologic therapy
- Focus on health maintenance
 - Ensure vaccinations are up to date (HBV, VZV, influenza, pneumococcal, MMR)
 - Pap smears (HPV vaccine)
 - Annual skin checks (increased risk of non-melanomatous skin cancers on immunomodulators)
 - Bone health (vit D, bone density)
 - Diabetes screening



Dr Kavin Nanda
Gastroenterologist
T 0406 209 279

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4. Paramsothy S, Kamm MA, Kaakoush NO, et al. Multidonor intensive faecal microbiota transplantation for active ulcerative colitis: a randomised placebo-controlled trial. *Lancet*. 2017 Mar 25;389(10075):1218-1228



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St Andrew's - THE MUSICAL

Saturday 25 November 2017, Sofitel



Dr Johnny Sparkle



Sharyn Van Alphen and Damien Petersen



Some of the Musical cast



Anu Kaur and Amit Sood

St Andrew's - THE MUSICAL

Saturday 25 November 2017, Sofitel



Shirley Lockie and Phil Lockie



Heather Arthy, Paul Cole, Sonya Rose, Maree Whitchurch and Kim Hansen



Rosie White, Cher Griffiths, Susan Farlow, Trish Woods and Jenny McLoughlin



Andreas Obermair and Monika Obermair

Why your accountant is similar to a medical professional

While we can all agree the two professions are very different, there are many similarities found in doctors and accountants. Accountants and doctors share similar goals, with the ultimate goal to provide excellent specialist services to meet the client or patient's immediate and long-term needs.

We discuss ways to check whether your accountant is able to meet your specialised needs as a medical professional.

1. Does your advisor look at the big picture?

Just as you would spend time identifying the underlying causes or potential future areas of concern in your patients' health, your accountant should always be conscious of the big picture of your financial health.

A good accountant will ask:

- Where do you want to be in five or ten years' time?
- Do you know if you are maximising your cashflow?
- How long has it been since you reviewed your lending?
- How are you positioned for an exit strategy and retirement?

2. Is your accountant on call?

Doctors often work long hours to meet their patients' needs. Similarly, accountants should put their clients first and understand the unique pressures and requirements of running a practice or business. **Does your accountant:**

- Make themselves available after hours?
- Take your calls and responds in a timely manner?
- Call you to check in?

3. Can your advisor connect you to the right professionals?

As a doctor it is important to know who's who in the medical community. It is the same for accountants. After all, every business owner needs an accountant, banker, lawyer, financial planner, insurance planner and the list goes on.

Working with an accountant who has great relationships with other professionals servicing medicos could be advantageous. **Does your accountant:**

- Have a relationship with your financial planner and banker?
- Speak independently to your professional advisors?
- Discuss your strategy or business direction with your other advisors?

4. Is your accountant qualified and credentialed?

After finishing a university degree, doctors must continue to keep up with developments within the industry. Similarly, accountants can undertake further post-university education to become a Chartered Accountant. **Is your accountant:**

- A qualified Chartered Accountant?
- A specialist in working with medical practitioners?
- Actively involved in the medical community through education, news articles and presentations?

While accountants are unlikely to have to make life and death decisions they, like doctors, operate in complex areas in advisory roles. Ultimately, a great accountant will help you look after your business so you can do what you do best, *look after your patients.*

Angela Stavropoulos
Business Advisory



Kristy Baxter
Business Advisory

pilot →
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YOUR BUSINESS
SO YOU CAN LOOK
AFTER YOUR PATIENTS

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About The Vascular Lab

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Pelvic Medicine Centre	1300 698 699
Day Infusion Centre	07 3834 4493
Business Development Unit	07 3834 4371
GP Education Enquiries	07 3834 4371



Quality
in Health
ISO 9001+
Core Stds



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.

2018 GP EDUCATION EVENTS

Dates for your diary



CPD Weekends

21 - 22 April	How to Treat...Case by Case (featuring orthopaedics and spinal surgery)	Intercontinental, Sanctuary Cove
10 - 11 November	Innovation at its best...the St Andrew's way (featuring general surgery, gynaecology and neurosurgery)	Marriott, Surfers Paradise

Saturday Symposiums

26 May	Heart Matters (including CPR Workshop)	Sofitel, Brisbane
20 October	Men's Health (in partnership with Wesley Hospital)	Brisbane

CPD Evenings

14 March	ENT & Respiratory	United Service Club
25 July	Gastroenterology & General Surgery	Victoria Park
14 November	Orthopaedics	United Service Club

Country Connect Series

20 June	Cardiology / General Surgery	Rockhampton
10 October	Respiratory / Vascular Surgery	Hervey Bay

We look forward to seeing you in 2018

For more information contact:

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F 07 3834 4576

E susan.walsh@uhealth.com.au

www.standrewshospital.com.au/gpeducation

*Dates, topics and venues are subject to change