

BEST PRACTICE

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

Winter 2018



Cardiac innovation keeps
beating strong at St Andrew's

World's smallest heart
pump at St Andrew's

New St Andrew's
sessional suites

Focussed on improving
women's health

Celebrating 60 years

It is humbling to be part of St Andrew's War Memorial Hospital in its 60th year of service. While the current team is exceptional in every way, it is awe-inspiring to look back and see what St Andrew's has achieved in the past 60 years. Our celebrations in May acknowledged many of these achievements.

It is so encouraging to know and see that the pace of advancement at St Andrew's is not slowing. As a tertiary private hospital we continue to utilise the world's best medical technologies and procedures, attract the best medical professionals, provide them with excellent resources and meticulously audit our patient outcomes.

In this Winter 2018 edition of *Best Practice* we have a focus on our cardiac services. We have achieved many Australian firsts in cardiology and are constantly working to meet the challenges of cardiac health issues to give our patients a better quality of life. You can read more in this issue about the latest techniques and technologies St Andrew's is utilising in the areas of pacing, defibrillation, valvular heart disease and coronary interventions.

We have recently achieved firsts in the areas of: cardiac procedures for high risk patients utilising the world's smallest heart pump – the Impella CP; and treating aneurysms of the aortic arch endovascularly with

a new and highly specialised arch branch device invented in Australia and manufactured in Brisbane.

These procedures both treat cases that would have previously been considered untreatable.

I also invite you to read our VMP Insights on: Chronic otitis media - when do we need to refer and what investigations should be done prior to referral?; and PCOS - what set of investigations are required prior to referral?

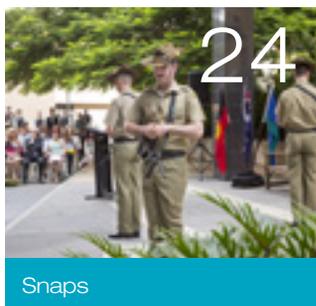
St Andrew's prides itself on attracting the best medical practitioners and we profile several of our new VMPs, which we extend a warm welcome to. It is always wonderful to learn more about them too and this edition we feature O&G, Dr Anu Kaur and hear about her dedication to women's health.

I hope you enjoy reading *Best Practice*. If I can be of any assistance please don't hesitate to get in touch.

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 Andrew Chang

BEng(Hons), MBBS(Hons), MD, FRACS(OHNS)
Paediatric & Adult ENT & Cochlear Implant Surgeon
T 07 3345 1232

Dr Chang is an ENT surgeon who is based in Brisbane and trained in Queensland. He has recently completed an international prestigious fellowship in Cochlear Implant surgery and treatment of complex ear diseases such as cholesteatoma and otosclerosis at Cambridge University Hospital UK (internationally recognized as a centre of excellence for treatment of hearing loss and cochlear implant).

Dr Chang treats a variety of Children and Adult ENT conditions and is a pioneer in minimally invasive ear surgery in Brisbane. He uses the latest technique in cochlear implant surgery to achieve excellent hearing

outcomes for his patients. He is a fellow of Royal Australasian College of Surgeons and Australian Society of Otolaryngology and Head Neck Surgery. Dr Chang has a Doctorate of Medical Science in Hearing Preservation in Cochlear Implant Surgery awarded by University of Melbourne. He has been an invited speaker at various international meetings and is actively involved in research.

Dr Chang operates privately at St Andrew's War Memorial Hospital and consults from Private Practice Rooms in Sunnybank, Windsor, Brookwater and Caboolture. ■



Dr John Copp

MBBS (Qld) FRACS
General Surgeon and Endoscopist
T 07 3282 9319

Dr Copp has been performing laparoscopic upper GI surgery for well over 20 years and has a well-established practice in bariatric surgery, as well as the management of gallstones and reflux. He is a veteran of thousands of procedures to deal with bariatric cases, laparoscopic cholecystectomy and laparoscopic fundoplication.

Dr Copp has a practice at Ipswich and regularly visits Mackay and Toowoomba. He operates at St Andrew's War Memorial Hospital, and would be happy to receive referrals for the management of bariatric surgical cases requiring either sleeve gastrectomy, laparoscopic Roux-En-Y Gastric Bypass or laparoscopic banding as well as management of gallstone disease and performance of anti-reflux surgery. ■



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CARDIAC CARE AND INNOVATION KEEPS BEATING STRONG AT ST ANDREW'S



Progress in the area of cardiology at St Andrew's continues to strengthen with our cardiac teams using the latest technology and ground-breaking procedures to ensure we are at the forefront of the treatment of cardiac disease.

Dr Michael Adsett, Director of Cardiology at St Andrew's and a Director of Queensland Cardiovascular Group (QCG) said it is now 33 years since St Andrew's opened the first open-heart surgery unit in a private hospital in Queensland, but the speed of advancement of what we offer is as strong as ever.

"Since commencing the TAVI program in 2015, the hospital has notched up its 300th TAVI case, performed two mitral clip implantation/repairs and achieved the first Impella heart pump procedure in a private hospital in Australia," Dr Adsett said.

We are constantly working to meet the challenges of cardiac health issues, to extend and give our patients a better quality of life. Here are some of the latest technologies we are using:

PACING AND DEFIBRILLATION

We are utilising the latest in leadless technology, including the Micra Transcatheter Pacing System and Emblem MRI S-ICD.

Micra: The miniaturised Micra Transcatheter Pacing System (TPS) is the world's smallest pacemaker, delivered percutaneously via a minimally invasive approach, directly into the right ventricle and does not require the use of leads. It has a >99% implant success rate and 63% fewer major complications than traditional pacemakers.

Emblem MRI S-ICD: provides reliable defibrillation without touching the heart. The Emblem MRI S-ICD builds upon the excellent clinical performance of the previous generations of S-ICD and provides protection for patients at risk of sudden cardiac death (SCD), while avoiding complications associated with transvenous leads.

VALVULAR HEART DISEASE

St Andrew's is continuing to manage the previously inoperable and pushing the boundaries on percutaneous valve intervention with aortic valve techniques like TAVI and addressing mitral valve issues with TMVI and MitraClip.

Transcatheter Aortic Valve Implantation (TAVI): an innovative minimally invasive new option for the treatment of severe aortic stenosis in high risk patient who are unable to undergo traditional surgery. A collapsed stent valve is inserted usually through the groin artery into the heart. In some patients the TAVI will be done through the chest wall through a small incision in the chest, with a wound that is smaller than traditional open heart surgery. At St Andrew's, the Edwards S3 heart valve with a Commander Delivery System is utilised.

Transcatheter Mitral Valve Implantation (TMVI): A trans-septal "mitral valve-in-valve" procedure; obviating the need for open cardiac surgery in a patient at high risk for the conventional surgical approach.

Transcatheter Mitral Valve Repair (TMVR)

MitraClip: utilised for patients when open-heart mitral valve surgery is not an option. A less-invasive treatment option, MitraClip therapy is the world's first transcatheter mitral valve repair option indicated for the percutaneous reduction of significant symptomatic mitral regurgitation (MR \geq 3+) due to primary abnormality of the mitral apparatus [degenerative MR].

CORONARY INTERVENTION

St Andrew's is continuing to tackle high risk cases like high risk angioplasty using the Impella CP.

Impella CP: the world's smallest heart pump that can dramatically lower risks in patients undergoing a percutaneous coronary intervention (PCI) with poor heart function and a precarious amount of ischaemia. The Impella CP mimics the natural pathway of blood flow from the heart to the ascending aorta increasing blood pressure

while unloading the heart and providing more blood flow to vital organs such as the brain and kidneys.

CATHETER ABLATION

St Andrew's persistently works at unravelling complex circuits with the assistance of the latest imaging technology like the Carto Mapping System.

CARTO Mapping System: St Andrew's was the first private hospital in Queensland in 2005 to utilise this advanced imaging technology that utilises electromagnetic technology to create real-time three-dimensional (3D) maps of a patient's cardiac structures. It offers accurate visualisation of multiple catheters, fast anatomical mapping, minimises the need for fluoroscopy radiation, and compensates for patient and cardiac motion.

RHYTHMIA Mapping System: St Andrew's was the first private hospital in Queensland to have access to the new high-definition rapid point acquisition mapping system from Boston Scientific. This technology enables faster delineation of complex circuits to guide curative ablation.

Dr Adsett said these latest techniques and devices can only be successful with a comprehensive team working together.

At St Andrew's we have over 30 cardiologists, nine cardiac surgeons, six cardiac radiographers, nursing, scientific, ward and rehabilitation staff, ancillary specialists and community and GP liaisons.

St Andrew's surgical facilities are also world-class and include a new hybrid theatre and cardiac catheter theatres. We have all of the facilities required to ensure the best care can be provided. From our Emergency Centre and Intensive Care Unit to medical imaging and rehabilitation, we work as a team to provide the most advanced cardiac care to our patients. ■

OUR FIRSTS

-  First private coronary care unit opened (1974)

-  First private catheter laboratory (1983)

-  First private cardiac surgery (1985) with nation-leading outcomes

-  First private Electrophysiology service (1993)
Highest volume in Queensland

LATEST CARDIAC TECHNOLOGIES AND TECHNIQUES AT ST ANDREW'S

-  Micra transcatheter pacing system

-  Emblem MRI S-ICD

-  TAVI/TAVR

-  TMVR MitraClip

-  Impella CP

-  CARTO Mapping Systems

NEWS IN BRIEF

▼ SPOTTED AT THE COMMONWEALTH GAMES

St Andrew's Director of Emergency Medicine, Dr Kim Hansen, recently volunteered at the Commonwealth Games held on the Gold Coast. Kim spent most of her time at the Athlete's Village Polyclinic. Great effort Kim!



Dr Kim Hansen

ART EXHIBITION OPENS AT ST ANDREW'S ►

A new art exhibition has opened on level one of St Andrew's called *'Internal Landscapes – an immersive art experience on the human body'*.

Taking charge of St Andrew's art collection is honorary curator Dr Philip Hall.

"Art creates a visually engaging and positive healing environment," Dr Hall said.

"In modern hospitals, white walls and bright lights and hustle and bustle can remove the humanity from a hospital. Evidence-based research shows art improves a patients' mood and they require less pain relief and will recover in a shorter time."

Dr Hall said that art at the hospital is appreciated by staff, patients and their families.

▼ RURAL HEALTH CONNECT – EASING THE BURDEN FOR OUR RURAL PATIENTS

Rural patients needing to visit Brisbane for one or more specialist medical consultations have often experienced frustrations in coordinating their visits.

Frequently, the patient incurs extended visiting times, additional travel and increased accommodation costs. If they are elderly, particularly unwell, or travelling with children, the emotional impact can also be exacerbated.

The 'St Andrew's Rural Health Connect' service can ease the burden for these rural patients by offering a 'concierge' type service to help coordinate appointments, travel and accommodation needs and ensure they are seen as a priority in the shortest amount of time.

For more information, please phone (07) 3834 4499.





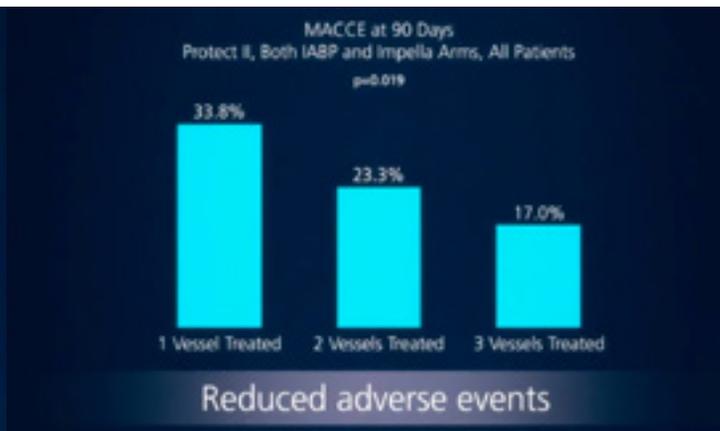
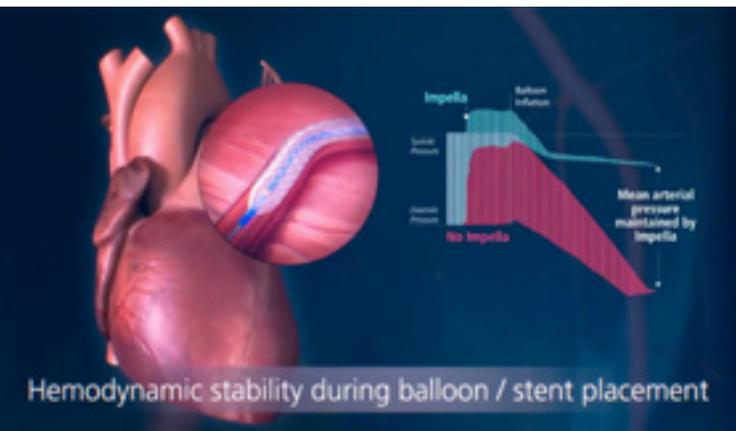
Dr Philip Hall with artist Chrys Zantis



Images from Abiomed Impella
CP® Heart Pump Animation

TREATING THE PREVIOUSLY UNTREATABLE - WORLD'S SMALLEST HEART PUMP AT ST ANDREW'S

St Andrew's War Memorial Hospital is the first and only private hospital in Australia to commence cardiac procedures for high risk patients utilising the world's smallest heart pump – the Impella CP.



“The Impella CP can dramatically lower the risk in patients undergoing percutaneous coronary intervention (PCI) with poor heart function and a precarious amount of ischaemia.”

Dr Alexander Incani, cardiologist at St Andrew’s and CardioVascular Clinics, has now successfully undertaken two cases using the Impella CP heart pump on patients that would have previously been untreatable.

“The Impella CP can dramatically lower the risk in patients undergoing percutaneous coronary intervention (PCI) with poor heart function and a precarious amount of ischaemia. Previously, these patients would have been considered too risky to treat,” Dr Incani said.

The Impella CP is intended for temporary use to maintain stable heart function. The cardiologist places the pump into position using standard cardiac catheterisation techniques - inserting the catheter into the leg artery and guiding it into the heart. Once in place, the pump is turned on providing support to the heart while monitoring the pumping activity.

“A protected PCI procedure with this pump improves safety and allows the interventionalist to complete complex stenting with little stress of haemodynamic collapse,” Dr Incani said.

The Impella CP mimics the natural pathway of blood flow from the heart to the ascending aorta increasing blood pressure while unloading the heart and providing more blood flow to vital organs such as the brain and kidneys.

“By providing haemodynamic support, even when the heart stops, the patient can still talk to the doctor while the procedure is underway.”

Dr Incani said, the Impella CP could lead to fewer days in the hospital, fewer repeat procedures and an improved quality of life for the patient who may previously have been inoperable.

Currently, as part of St Andrew’s concerted commitment to providing access to the latest advances in technology, the hospital has funded the two Impella CP procedures to date (\$40,000 each).

Mr Walter Bourdelov, General Manager, St Andrew’s War Memorial Hospital, said our vision is to have a tertiary level cardiac Impella CP program preceding the MBS funding codes as part of our genuine commitment to first class treatment and world class results.

“St Andrew’s is a hospital that tackles the previously defined untreatable patient, as that patient usually means the world to someone,” Mr Bourdelov said. ■

If you would like to donate towards funding an Impella CP heart pump for a future patient please contact St Andrew’s on (07) 3834 4444.

OUR PEOPLE



Focussed on improving women's health

Dr Anu Kaur said she feels extremely lucky to be able to do the work she does in obstetrics and gynaecology, by helping improve women's health from adolescence to menopause and beyond while preserving their dignity.

Dr Kaur (MBBS FRANZCOG) is the owner of the Aurora Women's Health practice at St Andrew's Place, and has worked in several locations around Australia before landing in sunny Queensland.

A mother of two young children herself, Dr Kaur started working in O&G at a regional hospital in Victoria and moved to the Mercy Hospital in Melbourne, where she completed her DRANZCOG. She continued working in women's health at The Monash Hospital and decided to pursue her career in the field that she felt most passionate about. She completed her specialist training at a tertiary centre in NSW and moved to Queensland now more than four years ago.

The Aurora Women's Health Practice specialises in managing the full range of simple to complex gynaecological and obstetric cases and is conveniently located on the edge of the CBD, with easy access to St Andrew's War Memorial Hospital.

Dr Kaur's energetic and warm disposition combined with her 14 years' experience working in public and private practice strikes a positive note with patients and ensures she gives them the best care possible.

Dr Kaur manages gynaecological issues including abnormal pap smears, heavy periods, endometriosis, pelvic organ prolapse, polycystic ovaries, pelvic pain, ovarian cysts, adolescent gynaecology issues and contraception advice including IUD's. She offers laparoscopic surgery and total laparoscopic hysterectomy as a minimally invasive procedure.

The management of high-risk pregnancies is also an area of focus for Dr Kaur, including IVF, twins and pregnancies complicated by medical conditions. She offers prenatal counselling and management of early pregnancy complications.

In addition to her private practice, Dr Kaur is a part-time staff specialist at Logan Hospital where she works in the High Risk Antenatal Clinic, gynaecology clinics and undertakes clinical research.

Dr Kaur has visiting rights at St Andrew's, The Mater and The Wesley Hospital and is accredited with Monash IVF.

She is a Fellow of the RANZCOG and is passionate about mentoring junior doctors and medical students to ensure women receive the best health care possible.

"I feel extremely lucky to be able to do the work I do and while I love general O&G, I am passionate about providing female centred care and involving the woman and her family in the decision making process." Dr Kaur said.

In her spare time she enjoys reading, bush walking, gardening, going to the gym and spending time with her two children and husband. ■

Dr Anu Kaur

MBBS FRANZCOG

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Cook Medical's aortic arch branch device

A first for endovascular aortic arch branch surgery

St Andrew's War Memorial Hospital is the first hospital on Australia's east coast to treat aneurysmal disease of the aortic arch via new and highly specialised endovascular arch branch surgery utilising Cook Medical's Arch Branch Device.

Dr Andrew Cartmill, Vascular and Endovascular Surgeon at St Andrew's, undertook the successful endovascular aortic arch branch stent graft surgery in the presence of world expert Professor Stephen Cheng from the Queen Elizabeth Hospital, Hong Kong, who himself has undertaken more than 12 of these surgeries in Hong Kong.

Dr Cartmill said his patient, in her fifties, had previously undergone open cardiac and aortic surgeries, and had sadly lost many family members to similar vascular pathology that was unable to be treated at the time.

"As was the situation for this particular patient, the presence of comorbidities and prior cardiac surgery often presents cases where traditional open surgery is too risky and endovascular aortic arch surgery should be considered," Dr Cartmill said.

To be suitable for the surgery, patients must have a normal ascending aortic arch with the aneurysm located beyond the normal segment. Prior to the endovascular component, bypasses are performed to both arms from the neck. The main stent graft, complete with two internal side branches, is then inserted from the artery in the groin and advanced to the aortic arch in the chest. Open access

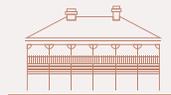
is gained to the carotid arteries on each side of the neck, and separate stents are 'docked' with the side branches in the main graft. This allows exclusion of the arch aneurysm from the circulation.

Utilising the arch branch device, allows for the preservation of blood supply to the head and upper limbs without the need for complex open heart surgery.

"Much faster recovery times and significantly less peri-operative risk are also key benefits of this type of surgery," said Dr Cartmill.

The branched arch device used in the surgery is an Australian based invention by Cook Medical and is manufactured by the company in Brisbane. To date, there have been six cases nationally utilising Cook Medical's aortic arch branch device.

Dr Cartmill said while treatment of the aorta via endovascular surgery has been occurring since the 1990's, endovascular treatment of the aortic arch is only now in its infancy, and will in the future be of great benefit in cases previously considered inoperable. ■



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Rural Health Connect	07 3834 4499
Pelvic Medicine Centre	07 3832 1666
Day Infusion Centre	07 3834 4493
Business Development Unit	07 3834 4371
GP Education Enquiries	07 3834 4371



Quality
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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.

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

Prof David Paterson
Infectious Diseases
Specialist

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

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

FEATURES

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

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

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

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TO DISCUSS THE VARIOUS BOOKING AND PACKAGE OPTIONS AVAILABLE

T (07) 3834 4499

E SABU@uhealth.com.au

Thanks to Dr Ho from Cannon Hill for submitting this request for **VMP Advice** in *Best Practice*.

PCOS question for gynaecologist: *What set of investigations are required prior to referral?*



POLYCYSTIC OVARIES

WHAT INVESTIGATIONS ARE REQUIRED?

Ever since Stein and Leventhal (1935) published ‘Amenorrhoea associated with polycystic ovaries’ there has been increasing debate about the diagnosis. In the 50 years prior to the year 2000 there were 8,000 publications on the topic, and in the following 15 years, publications increased to 20,000.

In 2003, a consensus workshop of experts in Rotterdam provided a definition for the diagnosis for Polycystic ovary syndrome (PCOS). In the absence of other entities that might cause these findings, PCOS is present if two out of three criteria are met: A) Oligo/anovulation; B) Excess androgen activity (clinical or biochemical); C) Polycystic ovaries on ultrasound. The Rotterdam criteria is widely accepted as the basis of a diagnosis of Polycystic ovaries.

A careful history and examination will direct our investigations. A 16 year old with regular periods and acne verses a 16 year old with amenorrhoea and no secondary sexual characteristics require different investigations.

A pelvic ultrasound would seem straight forward but the radiologist needs to be aware of the definition and allow time for comprehensive review of the ovarian anatomy. Some reports say – “suggestive of”, or “may indicate” etc., which adds to the confusion rather than diagnosis. One Danish study reported 70% of teenagers could fall into the PCO criteria.

Blood tests also depend on the clinical presentation and individual risk factors. In general, we start with day three (if she has cycles) - LH/FSH, Oestrogen, 17 hydroxyprogesterone, Prolactin, Thyroid and some form of androgen assessment. The field of androgen testing is

constantly changing but at present the options are total and or free testosterone or free androgen index. If elevated, then androstenedione, DHEA and SHBG can add to your baseline assessments.

PCOS remains a syndrome and as such there is no single criterion for the diagnosis and the clinical manifestations can widely vary. The general principle of management of these women, is to treat their symptoms rather than the diagnosis. The diagnosis may influence which dose of a drug you may use and it provides a good explanation for the woman’s symptoms. However, we need to keep the woman and her problem at the centre of our management. ■



Dr Caron Forde

Gynaecologist

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St Andrew’s War Memorial Hospital

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www.thepelvicmedicinecentre.com.au

If you have an idea for a story or write-up 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 to susan.walsh@uhealth.com.au



INNER CITY BREAST CARE SERVICE

CONVENIENT, EXPERIENCED AND CARING

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.

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**.

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 hospital offers the latest in advanced mammography – screening and diagnostics 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.

St Andrew's breast surgeons are recognised for their expertise and considerable reputations in breast cancer treatment and management with the team comprising of **Professor Owen Ung** and **Dr Ben Green**. They are supported by specialised Breast Care Nurses - **Natasha Keir** and **Sophie Peckham**. ■

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 Wednesday (9am-5pm). Thursdays and Fridays can be accommodated with prior arrangement. Patients require a referral from their GP.

VMP INSIGHT



CHRONIC OTITIS MEDIA

WHEN SHOULD YOU REFER AND WHAT INVESTIGATIONS SHOULD BE DONE PRIOR TO REFERRAL?

Chronic Suppurative Otitis Media (CSOM) is chronic inflammation of the middle ear with intermittent or continuous suppurative otorrhoea due to either a tympanic membrane perforation or a cholesteatoma.

A perforation is a muco-cutaneous fistula secondary to a variety of etiologies including acute otitis media, trauma, as a complication of grommets and following on from fungal otitis externa. Perforations cause hearing loss, otorrhoea, and water induced infections. The usual indication for myringoplasty is that the symptoms are sufficiently bothersome that patients elect for surgery with its low risks and a success rate of about 90%.

Cholesteatoma is an accumulation of squamous debris in the middle ear or mastoid. The usual migration of the skin of the ear canal breaks down when there is an attic or pars tensa retraction. This results in accumulation of keratin which is prone to intermittent or chronic, often malodorous, otorrhoea. The keratin incites an inflammatory reaction that erodes bone and causes a conductive hearing loss through ossicular damage. If untreated cholesteatomas can result in complications of facial nerve palsy, intracranial infections or erosion into the inner ear with balance disturbance and sensorineural deafness.

Diagnosis of cholesteatoma is usually made secondary to a history of chronic malodorous otorrhoea and hearing loss. Definitive diagnosis is made by micro-inspection, often requiring suction ear toilet.

Surgery for cholesteatoma aims to create a safe, waterproof ear and to restore hearing. This can be achieved by open techniques such as modified radical mastoidectomy, or closed techniques such as combined approach tympanoplasty or atticotomy with reconstruction. CSOM is a chronic disease and cholesteatoma will recur in up to 25% of patients who undergo closed surgery techniques.

Patients with bothersome symptoms, or intermittent or continuous otorrhoea should undergo specialist assessment to exclude cholesteatoma and to discuss management options. Pre-referral investigations are not essential as the initial diagnosis is made on clinical grounds. Audiological and radiological investigations are usually ordered once the diagnosis is established.

St Andrew's War Memorial Hospital has invested heavily in the equipment required to manage ear disease. The ENT surgeons at St Andrew's are all trained in the management of CSOM, with some having a sub-specialist interest in the conditions. ■

Dr Andrew Lomas

ENT Surgeon

CompleteENT

Suite 1/135 Wickham Terrace, Brisbane QLD 4000

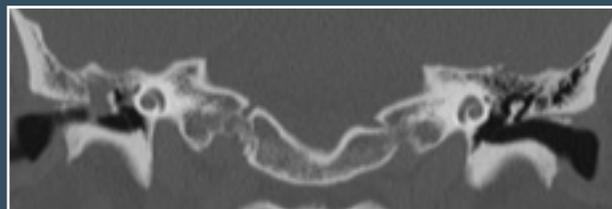
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Pre-operative coronal ct scan of a right attic cholesteatoma with erosion of the scutum and a collection of keratin lateral to and eroding the malleus head



Post operative coronal ct scan of the same ear showing the appearance after a combined approach tympanoplasty with removal of the cholesteatoma, reconstruction of the attic defect with cartilage and placement of a Partial Ossicular Replacement Prosthesis to reconstruct hearing.

UNDER THE MICROSCOPE



Getting to know Dr Greg Sterling

Q. How long have you worked at St Andrew's War Memorial Hospital?

A. 11 years

Q. What do you love most about your job?

A. Talking to my (mostly) fascinating patients who continue to amaze me with their lives and their sometimes unwise antics that bring them to see me.

Q. What's your favourite thing to do on a day off?

A. I am an amateur wood worker who tries to make furniture without losing any fingers.

Q. What or who inspired you to choose medicine as a career?

A. My father and big brother

Q. What do you find the most challenging in your everyday work?

A. Fatigue, management and patient expectations

Q. What's the next big thing in your field?

A. Percutaneous surgery – especially around the forefoot with bunion and lesser toe correction.

Q. What is your greatest achievement?

A. My family ■

Dr Greg Sterling

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EMERGENCY HELP in the CBD



St Andrew's Emergency Centre is open 24/7
and provides urgent treatment and care
for accidents, illness and medical emergencies.

ST ANDREW'S EMERGENCY CENTRE

 Corner of North and Boundary Street, Spring Hill

 standrewhospital.com.au/emergency

 **3834 4455**

GET STRAIGHT IN

ST ANDREW'S WAR MEMORIAL HOSPITAL ANNUAL ANZAC DAY SERVICE



Anaesthetist & Royal Australian Air Force Specialist Reserve, Dr Steve Cook FANZCA, CSC, Cluny Seager (Volunteer) and Dr Kevin Hourigan





ARE YOU READY FOR SINGLE TOUCH PAYROLL?

NEW REPORTING REQUIREMENTS FOR EMPLOYERS

As an employer you adhere to strict employer obligations and regularly report to the Australian Tax Office (ATO) with details of payments made to employees. To reduce this burden and improve quality of information, the government introduced a simplified and real-time reporting system for employers, Single Touch Payroll (STP).

Employers with 20 or more employees are now required to report via STP from 1 July 2018. For employers with 19 or fewer employees, the requirement to use STP will commence on 1 July 2019.

HOW DOES STP WORK?



STP works with software such as Xero or MYOB. As payments are processed to employees, the software generates a bank file for your bank to pay and a payslip to be issued to your employees. Simultaneously, employee salary or wages, tax withheld and superannuation amounts will be sent directly to the ATO by your software.

The ATO will automatically pre-fill activity statements at labels W1 "Total Salary and wages" and W2 "Amount withheld from payments". For large withholder employers, these labels are removed on activity statements.

HOW WILL THIS CHANGE BENEFIT USERS?

Benefits include:

- Employers can view PAYG withholding liability through the Business Portals.
- Employers will not be required to issue payment summaries to employees or lodge payment summary statements to the ATO.
- Employers' (small to medium withholders) activity statements will be pre-filled with PAYG tax withholding information.
- Employers (large withholders) are no longer required to report salary or wages on activity statements.
- Employees will be able to view their tax, superannuation and payment summaries via myGov.



Certain payments cannot be reported under STP and need to be reported through existing reporting obligations. They are generally not in the regular pay run or recipients are not employees, e.g. independent contractors, staff provided by employment agents, Department of Human Services or investment bodies and managed investment funds.

HOW DO I PREPARE FOR STP?

Contact your software provider

- ✓ Check if they offer STP.
- ✓ Check there is a deferred start date if SPT is not available yet.
- ✓ Check support options for transitioning to STP.

Speak with your tax professional

- ✓ Ask for implementation assistance.
- ✓ Check they can assist with a deferral/exemption application.

Review business processes

- ✓ Head count employees. Check if you are required to start implementation.
- ✓ Educate payroll staff on STP.
- ✓ Consolidate payroll duties and processes.
- ✓ Identify payments that cannot be reported under STP. ■

Angela Stavropoulos and **Kristy Baxter** co-head Pilot Partner's Medical Services division and can be contacted on (07) 3023 1300 with any accounting queries.



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SATURDAY **01** DECEMBER

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BOOK EARLY TO AVOID DISAPPOINTMENT!