

# BEST PRACTICE

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

Summer 2021



## QUEENSLAND'S FIRST FAST TRACK SYNCOPE PATHWAY

Colorectal surgery more  
precise with the robot

Spotlight on our  
Anaesthetists

Breast cancer patients access  
fast test for lymphoedema

WELCOME

Welcome to the Summer 2021 edition of *Best Practice*.



**We can look back and reflect on the challenges 2020 brought us, but we can also celebrate the progress we have continued to make in delivering the latest in world-class medicine.**

While we still continue to address the potential of COVID-19, we can so far be thankful for the minimal number of positive cases Queensland as a state has seen. While many hard decisions have been made at a national, state and local government level, at a hospital level we have been fully focussed on the safety and wellbeing of our own staff and patients.

Our co-ordinated and cohesive hospital approach to COVID-19 continues and we thank all staff, patients and visitors for their commitment to this.

During the year we have also continued delivering the latest in services and surgical procedures to stay apace with industry and worldwide best practice.

In this edition you can read about our new SOZO machine - an early detection testing for lymphoedema that is non-invasive and takes less than one minute to administer. It provides an excellent opportunity to minimise

or circumvent the long-term problems that can arise from lymphoedema.

Our Emergency Centre continues to enhance its offering with the new Syncope Pathway protocol for those suffering syncope episodes. In addition, the new STEMI Priority Service fast tracks patients through to the Cath Lab for immediate lifesaving cardiac treatment and with no Emergency Centre out-of-pocket fees.

Our da Vinci Xi robot continues to deliver even greater outcomes for complicated colorectal surgery. VMP Dr Craig Harris, colorectal surgeon, explains how the robotic approach significantly improves visualisation and precision for his ventral rectopexy cases.

We also profile some of our talented anaesthetists who are integral to our hospital's success but often behind the scenes.

Wishing you all a calmer and healthier 2021.

**Dr Michael Gillman**  
 MBBS, FRACGP  
 Director of Medical Services  
 St Andrew's War Memorial Hospital  
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# VMP PROFILE UPDATES



**Dr Jennifer Liang**  
General & Colorectal Surgeon  
T 07 3831 0699

Dr Liang is a general and colorectal surgeon. She completed her fellowship in 2015 with the Royal Australasian College of Surgeons. She was successful in the acquisition of a subspecialist training position with CSSANZ (Colorectal Surgical Society of Australia and New Zealand) where she spent a year at the eminent Cleveland Clinic Ohio USA, followed by Royal Prince Alfred Hospital Sydney and Royal Melbourne Hospital.

Jennifer has experience in treating a range of disease states and health disorders including:

- benign anorectal conditions (perianal sepsis/ abscess, anal fissure, anal fistula and haemorrhoids)
- laparoscopic and open surgeries for inflammatory bowel diseases (UC, Crohn's)
- rectal cancer surgeries
- pelvic floors disorders (faecal incontinence, slow transit constipation)
- surgery for hereditary bowel cancers (HNPCC, FAP)
- re-operative surgery for J-pouch; and
- enterocutaneous fistulae and recurrent rectal cancers.

She is also a general surgeon and has been accredited to perform both upper and lower endoscopies by the College of Physicians.

Jennifer is well regarded for exceptional patient care and is sensitive to cultural needs. She has a pleasant bedside manner, communicates clearly and is dedicated to excellent patient care. She is also fluent in English and Mandarin.



**Dr Ryan Markham**  
Cardiologist  
T 3016 1111

Dr Ryan Markham is an interventional cardiologist who specialises in the management of ischaemic and valvular heart disease. He performs coronary and structural interventions including; percutaneous coronary intervention (PCI), high-risk PCI with Impella circulatory support, congenital heart defect repair, transcatheter aortic valve implantation (TAVI), and transcatheter mitral and tricuspid therapies (TMVT).

Dr Markham graduated with a Bachelor of Medicine, Bachelor of Surgery from the University of New South Wales in Sydney. He completed advanced cardiology and interventional cardiology fellowship training at The Prince Charles Hospital in Brisbane. During his fellowship, he completed a Master of Philosophy through the University of Queensland, evaluating mitral annular geometry before and after transcatheter mitral valve therapy.

Dr Markham continued his training with an interventional fellowship, focusing on structural intervention, at Stanford University in the United States. While at Stanford, he was involved in several trials evaluating efficacy of novel TAVI and TMVT devices in high-risk patients with valvular heart disease.

Dr Markham has published extensively in the field of coronary and structural heart intervention in international peer reviewed journals, while also presenting regularly at international conferences.



**Dr Meryta May**  
Paediatric Infectious  
Diseases Physician  
T 07 3724 0155

Dr Meryta May is a Paediatric Infectious Diseases Physician and Microbiologist. She has been working in the fields of paediatric infectious diseases and microbiology since 2002 and is a staff microbiologist at SNP, staff specialist at the Queensland Children's Hospital and sees patients at St Andrew's Hospital.

She has a particular interest in infectious disease diagnostics and has published on a wide range of paediatric infectious disease topics including pertussis, human parechovirus, influenza, neonatal sepsis, osteomyelitis in children, tropical diseases and complicated sinusitis.

Dr May is a member of the Australian Society for Infectious Disease and the National Certification Committee for the eradication of polio. She is an editor for the Journal of Paediatrics and Child Health, and a Quality Assurance Program Reviewer for the Royal Australasian College of Pathologists.

Dr May has a broad interest in paediatric infectious diseases and would be very pleased to offer advice and consultation on many areas including:

- recurrent skin and soft tissue infections
- bone and joint infections
- immunization-related queries or concerns
- congenital infections
- interpretation of microbiological and serological results
- travel-related infections or exposures



**Dr Jo-Lyn McKenzie**  
ENT Surgeon  
T 07 3831 1448

Dr McKenzie is a leading adult and paediatric Ear, Nose and Throat (ENT) surgeon with special skills in advanced Head and Neck Cancer surgery.

As well as treating all general child and adult ENT conditions such as glue ear and hearing loss, ear infections, tonsillitis, snoring and sinus problems - her areas of expertise include Thyroid, Head and Neck Cancer. She is appointed as a surgeon at Princess Alexandra and Sunshine Coast University Hospitals and operates privately at St Andrew's Hospital.

Dr McKenzie completed medical school with extensive academic Honours and prizes in Surgery and Medicine. She was on the Dean's Honour List at University of Melbourne and was selected early to training as an Ear Nose and Throat Surgeon choosing to return to her home state of Queensland. Following her ENT training in Brisbane, she attained further subspecialty post-fellowship training at Princess Alexandra Hospital.

# VMP PROFILE UPDATES



**Dr Brendan Perry**  
ENT Surgeon  
T 07 3831 1448

Dr Brendan Perry is a Queensland trained Ear, Nose and Throat Surgeon with an interest in all aspects of adult and paediatric ENT, especially conditions affecting the ear, thyroid and nasal sinuses.

Dr Perry loves that his work enables him to see people of all ages, from newborns right through to the elderly, helping his patients to manage complex issues which have a significant impact on their lives. Working collaboratively with patients and their general practitioners, Dr Perry manages a wide range of ENT conditions, including neck masses, acute and chronic ear disease, cholesteatoma, sleep apnoea and sinus disease. He particularly enjoys supporting families during the investigation and treatment of hearing difficulties and sleep disorders in children.

Dr Perry completed medical school at the University of Queensland. He initially commenced his surgical training as a registrar in General Surgery, gaining experience in breast, thyroid and transplantation surgery, before choosing to sub specialise in Ear, Nose and Throat Surgery. He chose this area as he enjoys investigating and managing the wide range of issues that occur in this complex region of the body.

Following many years of working in tertiary and general hospitals, Dr Perry has obtained his Fellowship with the Royal Australasian College of Surgeons in the field of Otolaryngology, Head and Neck Surgery.

Dr Brendan Perry sees patients privately at ENT Clinics at Spring Hill, Nundah, North Lakes and Mt Ommaney, and recently commenced operating at St Andrew's War Memorial Hospital.



**Dr Joshua Satchwell**  
Gastroenterologist  
T 07 3193 0876

Dr Joshua Satchwell is an Australian trained gastroenterologist specialising in advanced endoscopy and inflammatory bowel disease (IBD) and recently commenced private practice at St Andrew's War Memorial Hospital.

He completed his undergraduate science and post graduate medical degree at the University of Queensland in 2010 and finished gastroenterology training in 2017. He completed a fellowship in advanced endoscopy at the RBWH, with a focus on large polyp resection and small bowel enteroscopy, followed by a fellowship in inflammatory bowel disease and advanced endoscopy at St Michael's Hospital in Toronto, Canada.

His research focus has been on novel techniques for endoscopic training and education, as well as quality of life outcomes in patients with inflammatory bowel disease - presenting widely at national and international conferences, and has several international publications.

Joshua covers the full spectrum of gastroenterology practice including therapeutic gastroenterology procedures, cancer prevention, oesophageal and colonic stenting, small bowel enteroscopy and nutrition. He also has a particular interest in treating inflammatory bowel disease, taking a holistic approach to patient care.



**Dr Tomos Walters**  
Cardiologist  
T 07 3016 1111

Dr Tomos Walters is a consultant cardiologist, with expertise in the field of cardiac electrophysiology and arrhythmia management. His clinical interests include catheter ablation of complex atrial and ventricular arrhythmia, plus implantation and management of cardiac devices. He has a special interest in looking at the link between a patient's psychosocial state, and feedback around lifestyle factors and their arrhythmia burden. He also has great vision of using app-based technology to give patients real-time feedback and ultimately, improve their cardiac health outcomes.

Dr Walters gained his medical degree with first class honours from The University of Melbourne, in addition to a Bachelor of Medical Science in medical virology. He undertook his medical residency at the Royal Melbourne Hospital and his advanced training in cardiology at the Royal Melbourne Hospital and Princess Alexandra Hospital in Brisbane. He undertook a clinical fellowship in cardiac electrophysiology at the Royal Melbourne Hospital and a PhD studying the electric mechanisms underlying atrial fibrillation at the University of Melbourne.

Dr Walters subsequently moved to San Francisco where he completed his clinical and research training, prior to being appointed an Assistant Professor at the University of California. There, Dr Walters continued with his research on persistent atrial fibrillation and cardiomyopathy induced by ventricular ectopic beats.

In 2019, Dr Walters returned to Australia initially to a staff specialist position at The Prince Charles Hospital, and now as a cardiologist and electrophysiologist at St Andrew's.

## OUR SERVICES

### BREAST CANCER PATIENTS HAVE ACCESS TO FAST TEST FOR LYMPHOEDEMA

**Breast cancer patients at St Andrew's War Memorial Hospital now have access to early detection testing for lymphoedema with the introduction of the SOZO machine – a non-invasive testing method taking less than one minute to administer.**

Lymphoedema is a condition that can cause significant swelling due to a build-up of fluid in the tissue. It may develop in the arm, breast or chest regions when lymph nodes are treated with radiotherapy or surgically removed.

St Andrew's War Memorial Hospital Nurse Practitioner in Breast Oncology Natasha Keir says that not everyone who has treatment will develop lymphoedema.

"The goal is to detect it early, to avoid long term problems and allow early intervention and treatment," said Natasha.

"When we can identify a patient's risk of developing lymphoedema before it becomes visually apparent, we have an excellent opportunity to treat, and in most cases reverse any swelling.

"With early detection, our specially trained women's health physios and occupational therapists can implement interventions such as massage and compression.

"Developing lymphoedema of a limb can have a huge impact on a patient's quality of life, mental and physical health," she said.

The SOZO machine is considered best practice in lymphoedema detection and analysis and a valuable tool in a patient's recovery program.

"We're thrilled to now have the machine as part of our service at St Andrew's," Natasha said.

The SOZO machine is the global leader in non-invasive fluid and tissue analysis and plays an integral role in the early detection and monitoring of Lymphoedema. It uses Impedimed's Bio-Impedance Spectroscopy (BIS) technology which enables the earliest detection of fluid accumulation and has been shown to reduce the incidence of clinical lymphoedema by almost 90%.

The use of the SOZO is an important part of the expert holistic care St Andrew's breast cancer patients receive. The test provides a wealth of valuable information to enhance the individualised patient centred care the hospital strives to deliver within its Breast Care service.

## COVER STORY

# QUEENSLAND'S FIRST FAST TRACK SYNCOPE PATHWAY NOW AT ST ANDREW'S

St Andrew's War Memorial Hospital Emergency Centre team

**The often illusive condition of syncope is a particularly difficult condition for medical professionals to manage, however St Andrew's War Memorial Hospital has recently launched Queensland's first dedicated Syncope Management Pathway to streamline diagnosis and treatment for patients.**

Syncope is a temporary loss of consciousness usually related to insufficient blood flow to the brain. It is often called fainting or passing-out.

Syncope is a symptom with many possible causes, ranging from benign to life-threatening conditions. Many non-life-threatening factors, such as overheating, dehydration, heavy sweating, exhaustion, stress, standing up too fast, illness or the pooling of blood in the legs due to sudden changes in body position, can trigger syncope. However, several serious heart conditions, such as bradycardia, tachycardia or blood flow obstruction, can also cause syncope as well.

Cardiologist Dr John Hayes said it's important to determine the cause of syncope and any underlying conditions as quickly as possible.

*"Approximately 50 per cent of the population will have at least one syncope event in their lifetime and if the cause is cardiac related and goes undiagnosed, patients have a two-fold risk of death if untreated," said Dr Hayes.*

St Andrew's new Syncope Management Pathway has been developed to expedite an accurate evaluation and diagnosis for patients.

The pathway involves:

- Initial syncope evaluation: history and examination; ECG; blood pressure checks; possible blood tests
  - If cause determined: move to treating diagnosis appropriately

- If uncertain diagnosis: undertake a cardiac risk stratification/assessment
  - If low risk determined or multiple co-morbidities: refer to general medicine or other appropriate speciality with an electrophysiologist consultation.
- If high risk determined: expedite to electrophysiologist consultation for cardiac and arrhythmic assessment.

Dr Hayes said cardiac arrhythmias are common in patients with unexplained syncope with a new cardiac arrhythmia diagnosis found in 41 per cent of patients with history of syncope.

All St Andrew's Emergency Centre staff are trained in the syncope management pathway and an electrophysiologist cardiologist is on-call 24/7 to consult with patients as required.

Ms Mairi McNeill, General Manager at St Andrew's, said the new Syncope Management Pathway is another example of the collaborative approach to clinical excellence and patient management by St Andrew's various disciplines.

*"Our patients can be reassured of a professional, timely and evidence-based approach to their syncope to assist with fast-tracking a diagnosis and therefore appropriate treatment," Mairi said.*

*Continued on p10.*

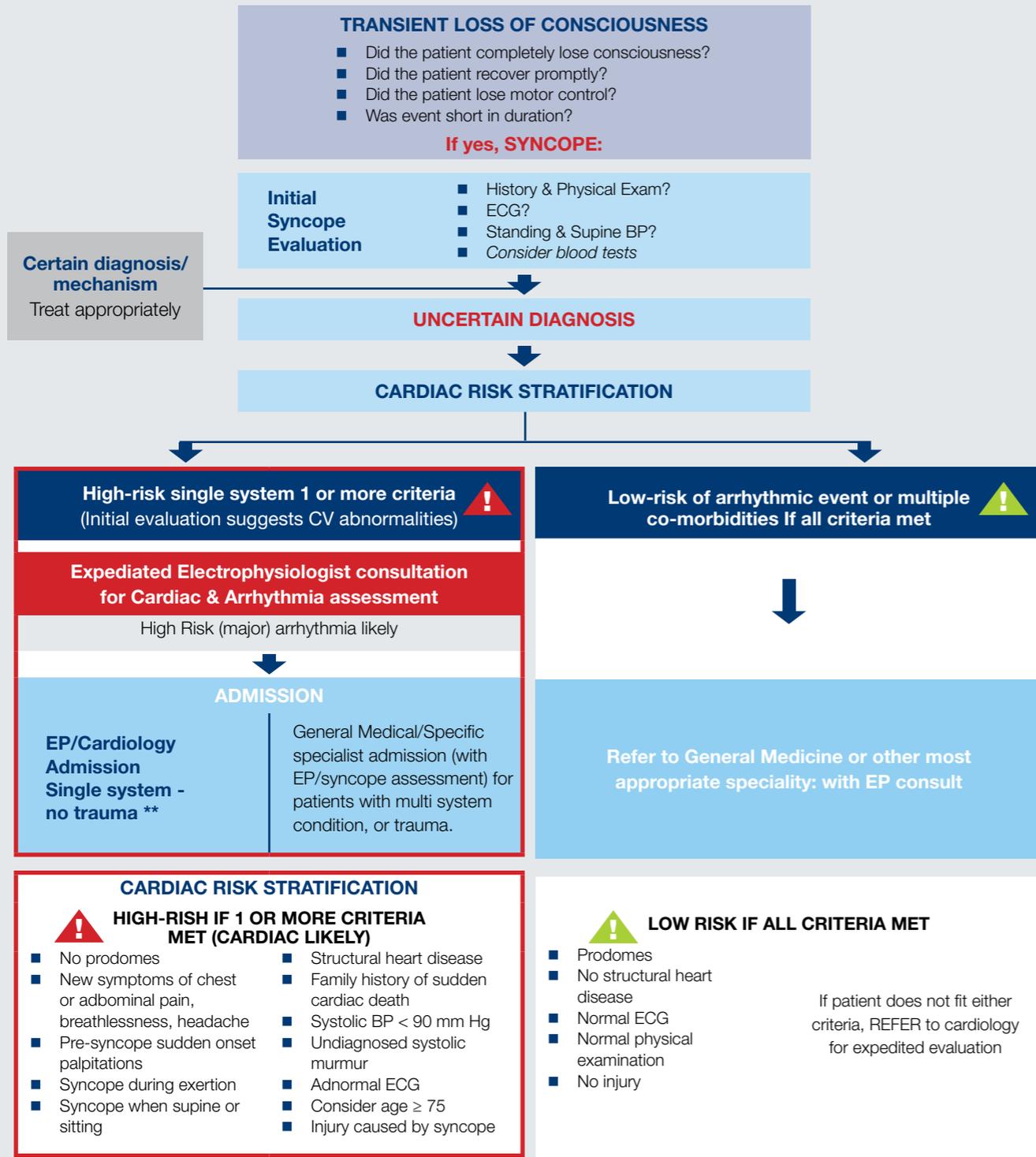
**Would you like a copy of the Syncope Management Pathway for your practice? Contact Susan Walsh today.**

T 07 3834 4371

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# SYNCOPE MANAGEMENT PATHWAY



# NEWS IN BRIEF

## ▼ ACCESS ARTS 'DREAMS' EXHIBITION NOW ON SHOW

Access Arts in partnership with St Andrew's invites you to view their second exclusive art exhibition located on level one of the hospital. For the first time, the exhibition also features a digital experience.

Titled 'Dreams', the exhibition comprises 69 artworks created by 15 artists with disability. Each piece is unique, but they all share a universal theme – dreams.

The exhibition was created during Brisbane's COVID-19 lockdown period. Drawing on various inspirations, the exhibit showcases the range of emotions Queenslanders felt during COVID-19.

Dreams runs until May 2021. You can view the exhibit, purchase artwork and read artist biographies here: <http://accessarts.org.au/news-and-events/st-andrews-dreams-exhibition/>



## ▼ CARE TO SHARE

Our latest series of Care to Share videos are now online. The videos aim to provide simple information, inspiration and support from our passionate team of healthcare professionals accessible for the wider community.

The videos are available on our website and Facebook page and cover a broad range of topics.

For more info, visit [standrewshospital.com.au](http://standrewshospital.com.au) or our Facebook page.



## ▼ LEXUS PROVIDES SMOOTH RIDE FOR OUR PAEDIATRIC PATIENTS

Lexus of Brisbane have kindly come on board as a partner to support our revitalised paediatric service at the hospital. With a revamp of our paediatric wing now complete, the ride-on cars will complement the patient journey for some of our youngest visitors at St Andrew's. Thanks Lexus!





## TECHNICALLY DIFFICULT COLORECTAL SURGERY MORE PRECISE WITH HELP OF DA VINCI XI ROBOT

**Ventral rectopexy surgery, traditionally performed laparoscopically, is a technical and complex operation which is now being made easier and more precise at St Andrew's War Memorial Hospital, thanks to the latest da Vinci Xi robot, acquired by the hospital in late 2019.**

Colorectal Surgeon, Dr Craig Harris who consults and operates at St Andrew's, and has undertaken more than 30 rectopexy surgeries, said the robotic approach significantly improves visualisation and precision.

*"The stable 3D view along with the wristed instruments improves access and manipulation of tissue within the confined space of the pelvis, where access for surgery can be difficult," Dr Harris said.*

"The rectopexy operation often involves at least 15 separate sutures to achieve the surgical repair, a task which is made much easier and more precise when performed robotically."

A ventral rectopexy operation is performed for patients with rectal prolapse, which can be an internal or external prolapse. The condition can cause pain, faecal incontinence and problems with stool evacuation. It can be debilitating and have a major impact on a patient's quality of life.

It is an underreported condition with patient's often suffering symptoms for many years before seeking medical advice.

Dr Harris said the latest model of the da Vinci Xi robot at St Andrew's allows the surgeon's hand movements to be scaled, filtered and translated into precise movements of micro-instruments within the operative site.

"It enhances our surgical capabilities by enabling the performance of complex surgeries through small surgical incisions. Patients can be reassured however that the robot requires every surgical manoeuvre be performed with direct input from the surgeon," he said.

Dr Harris also performs robotic right hemicolectomy, anterior resection and abdominoperineal resections (for cancers), robotic parastomal hernia repairs and robotic excision of retrorectal tumours.



Dr Craig Harris

*"I particularly like to use the robot for operations in the pelvis given the improved access, stable camera, 3D view and the precise control of surgical instruments, all of which are an advantage over laparoscopy," he said.*

Dr Harris practices broadly across all aspects of colorectal surgery with a particular interest in minimally invasive colorectal cancer surgery, pelvic exenteration, inflammatory bowel disease and benign anorectal disorders. He has published and presented internationally on the outcomes following pelvic exenteration surgery for recurrent rectal cancer.

"St Andrew's provide excellent colorectal surgery facilities, with cutting edge technology and highly experienced staff familiar with the management and post-operative care of colorectal surgery patients," he said.

**Dr Craig Harris**  
**MBBS (Hons) BSc (Hons) FRACS**  
**Colorectal Surgeon**

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# A DEDICATION TO OUR BUSH PATIENTS

## St Andrew's Rural Health Connect service

**A visit from rural Queensland to St Andrew's War Memorial Hospital is sometimes planned but it's also sometimes an unplanned emergency! Either way, our Rural Health Connect service will be here for you, to help ease the burden of a trip away from home for medical reasons.**

Josey Hourigan, Coordinator for Rural Health Connect said she recently had a country patient being urgently airlifted to St Andrew's and naturally nothing had been planned for the visit.

*"I had an understandably very upset wife on the phone, but was easily able to put her mind at ease, arrange her accommodation and talk her through the process," Josey said.*

The St Andrew's Rural Health Connect program coordinates the needs of rural patients and their family during a visit to the hospital, including: liaising with various specialists so appointments are coordinated; providing access to priority specialist appointments; arranging accommodation bookings and coordinating travel plans.

Josey said she regularly assists patients to access the government funded Patient Travel Subsidy (PTS) scheme.

The PTS provides financial assistance for patients who are referred to specialist medical services not available at their local public hospital or health facility.

Eligible patients are able to apply for the subsidy to reduce the travel and accommodation costs associated with accessing specialist medical services. For those with eligible escorts a subsidy can often apply to them as well.

"The subsidy reduces out-of-pocket expenses substantially for rural patients," said Josey.

Some of the other matters Josey handles, include:

- recently assisting an elderly patient to be escorted off the plane and safely to the hospital
- regularly finding more suitable (often self-contained) accommodation for people whose stays have been extended
- liaising with health funds on behalf of rural patients
- providing advice on everyday away-from-home needs like washing and groceries, and
- co-ordinating with doctors and specialists for referrals.

**The St Andrew's Rural Health Connect service provides:**

- **Bookings Hotline:** (07) 3834 4348 for all GPs, practice staff and patients to call.
- **A Coordinated Approach:** liaising with the various specialties to arrange appointments in a timely and coordinated manner to minimise time and travel inconveniences.

- **Priority Appointments:** guaranteed priority access for rural patients to several specialists
- **Access to General Physicians:** St Andrew's general physicians will be on-call to assist in the triage and coordination of the care of complex patients
- **Accommodation/Travel Assistance:** assistance with transport, accommodation and escorting patients to appointments where necessary.
- **Access to PTS subsidy:** coordinating applications for Patient Travel Scheme subsidies.

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## SPOTLIGHT

# LIFE-SAVING STEMI SERVICE NOW AT ST ANDREW'S

Patients experiencing one of the most serious types of life threatening heart attacks - an ST-Elevation Myocardial Infarction (STEMI) - as identified by their GP or ambulance officer, can now access St Andrew's War Memorial Hospital's STEMI Service.

The STEMI Service fast tracks the patient through to the Cardiac Catheterisation Laboratory (Cath Lab) for immediate lifesaving cardiac treatment and with no emergency centre out-of-pocket fees.

**Dr Kim Hansen, Director of Emergency Services at St Andrew's said whether it is during the week, at night or on the weekend, the STEMI service is available 24/7 and will prioritise the patients suspected of having a STEMI.**

"On becoming aware of the patient's impending arrival, we'll alert the STEMI team, the patient will transition through emergency rapidly, then we'll move the patient through to the Cath Lab where they will be met by the Interventional Cardiology team, and the procedure will commence to open up the arteries," said Dr Hansen.

"On average the patient will be receiving treatment in the Cath Lab within 20 minutes of arrival to the hospital. The faster the patient is in the Cath Lab, the better the chance of minimising heart muscle damage and maximising survival."

The multidisciplinary team effort of the paramedics, Emergency Department, Cath Lab clinical team and cardiologist ensures there are no delays, and are what makes the service so successful.

St Andrew's cardiac patients can not only benefit from the STEMI service but also from the onsite cardiothoracic service and intensive care unit, if needed.

If it is discovered the patient has very complicated cardiac disease and needs open-heart surgery, this can be undertaken onsite without the need to relocate.

**St Andrew's is at the forefront of the treatment of cardiac disease with an experienced and full breadth cardiology service. The team comprises over**

**30 cardiologists, nine cardiac surgeons, six cardiac radiographers in addition to nursing, scientific, ward, rehabilitation and ancillary staff.**

"As the head of Emergency, my team really appreciates how collaboratively the whole STEMI team at St Andrew's work together for the common goal – saving lives," said Dr Hansen.

In addition, for those patients experiencing cardiac issues but don't have STEMI, St Andrew's offers same day stress echo tests or other imaging and similarly a same day cardiology review.

St Andrew's will see anyone experiencing cardiac issues including from very fit to very frail and all age groups.

"We often see our patients develop a lifelong relationship with their cardiologist after being treated in our Emergency Department," said Dr Hansen.

"While we already see plenty of STEMI cases we are happy to help with more. We are very proud of the exceptional standard and efficiency of the service and the number of lives we've saved by having it."

Dr Hansen said the Emergency Centre is always available to provide advice to GPs at any time by calling the GP hotline.

**GP Hotline: (07) 3834 4490**

### ST ANDREW'S STEMI SERVICE

- Priority transfer through to Cath Lab
- Patient in Cath Lab within 20 minutes (on average)
- Cardiothoracic and ICU on site if needed
- 24/7 service for all age groups
- No out-of-pocket Emergency Centre fee



PATIENT STORY

COLON CANCER

AWARENESS LEADS TO BETTER HEALTH OUTCOME FOR JUDY

**A decline in people seeking medical attention during COVID-19 has emerged as one of the largest health challenges of the pandemic, and St Andrew’s War Memorial Hospital is calling on all patients to take action if they have noticed any changes to their health.**

For 71 year-old Cleveland resident Judy, keeping her health in-check during COVID-19 lockdowns made the difference between treating Stage 1 colorectal cancer versus more serious outcomes.

“I’d love to start with a spoiler alert – I’m alive!” laughed Judy.

Despite suffering a heart attack five years ago, Judy recovered quickly and built up her health and fitness and made a number of overseas trips, however it ensured she paid attention to changes in her body.

“In March 2020, right around the time COVID was

starting I noticed I had blood in my stool which was worrying but I felt absolutely fine,” Judy said.

“I had always done the bowel cancer testing so I didn’t expect there to be any problem.

“I visited my GP who sent me off to see Dr Sunny Lee for a colonoscopy which was scheduled the week they announced elective surgery was going to be cancelled unless it was for emergencies.

“Waking up from my procedure, Dr Lee told me they found a polyp and it was cancerous.

“I was relieved the theatre nurse was with me as we spoke because I was upset, in shock and I got emotional,” Judy said.

With restrictions on surgery imminent, Judy was unsure what this would mean for her situation. Enter colorectal surgeon Dr Hajir Nabi who visited Judy in recovery.

*“Dr Nabi was just so kind and gentle and put me at ease immediately and explained he would do surgery the following week,” Judy said.*

“I was relieved that it was being tended to so quickly,” she said.

After staging investigations confirmed Judy had localised disease only, she underwent a laparoscopic ultralow anterior resection and loop ileostomy. The rectum and sigmoid colon above and below the cancer were removed as well as the draining lymph nodes. A loop ileostomy (temporary stoma bag) was fashioned to allow time for her new bowel join to heal.

Judy developed an ‘ileus’ after her surgery - a condition which means that the bowel takes its time to return to normal function after surgery. This required Judy to remain in hospital for longer than expected, to allow time for her bowel function to return.

*“I spent two weeks in hospital because I developed some complications but the doctors and nurses were so patient and took the time to explain what was happening,” Judy said.*

“I had to process quite a bit, visitors weren’t allowed in the hospital at the time, but I felt so unwell I really didn’t mind.”

“The staff were incredibly reassuring and gentle – one night I was really struggling and the nurse offered me a lemonade ice block – never have I been so happy about an ice block,” she said.

It didn’t take too long for things to look up for Judy.

*“Dr Nabi called with my lab results and confirmed the cancer had been successfully removed and I didn’t need to have radiation or chemotherapy – this was stage 1 cancer,” Judy said.*

Stage 1 rectal cancer carries with it an excellent chance of cure with surgery alone and Judy can expect her long-term chances of survival to be greater than 95%.

On 2 June, three months after her journey began, Judy had a loop ileostomy reversal.

“I am just so grateful for everything – for the expertise, the kindness,” Judy said.

St Andrew’s War Memorial Hospital Gastroenterologist Dr Sunny Lee says that we shouldn’t ignore changes in our bodies.

“Changes and symptoms shouldn’t be ignored – prompt investigation usually leads to much better outcomes, just like Judy’s case,” Dr Lee said.

**An article from the University of Melbourne reports that some countries have reported a 40% decline in cancer cases at the peak of COVID-19 but an early GP visit means hospitals can prioritise care and capacity for cancer patients.<sup>1</sup>**

It seems appropriate for Judy to have the final word.

“If I had waited, who knows what would have happened,” she said.



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<sup>1</sup> By Professor Maarten IJzerman and Professor Jon Emery, University of Melbourne  
<https://pursuit.unimelb.edu.au/articles/is-a-delayed-cancer-diagnosis-a-consequence-of-covid-19>

## OUR PEOPLE

# SPOTLIGHT ON OUR ANAESTHETISTS

St Andrew's is fortunate to have many excellent anaesthetists on its team and while they are often behind the scenes, they are one of the most important roles in our hospital ensuring pain free, safe surgery for all our patients.

Here we profile just a handful of these talented doctors, but it is clear the depth of experience, compassion and dedication is a common thread throughout all our anaesthetists.

Their speciality areas range from orthopaedics to cardiovascular, neurology and paediatrics to name a few.



**DR STEVEN COOK**  
MBBS (UQ) FANZCA CSC

Dr Cook graduated from University of Queensland medical school in 1997 and spent four years in the Royal Australian Air Force full time before completing his anaesthesia specialty training in Sydney and Brisbane.

He has specialised in complex orthopaedics and regional anaesthesia for the past 12 years.

Dr Cook said he enjoys looking after sick complex patients and also really anxious patients and ensuring they have a safe surgery and recovery.

He currently predominantly covers orthopaedics with A/Prof Patrick Weinrauch (orthopaedic surgeon) and also general surgery and paediatric dental cases.

Recently, Dr Cook was instrumental in the preparatory work for COVID training around the hospital in the area of infection control.

**Most Unique Case:** Anaesthetising a 100 year-old WW2 veteran with a fractured hip who was concerned about his return to golf!

**Career Highlight:** Working as a RAAF medical officer in the Bali bombings in 2002. The chance to help Australian civilians after a terrorism strike was massively rewarding.

**Best Advancements:** Anaesthesia is much safer and smoother now with better analgesia and less post-operative nausea and pain.

**Other Work Commitments:** I still do reserve work for the RAAF outside of my regular work, and have been involved in aid trips to Samoa, PNG, East Timor and to indigenous communities with the Deadly Ears program for ENT surgery.

**Why Work at St Andrew's?:** The teamwork of the doctors, nurses and support staff. Everyone has a sense of purpose and kindness which makes it easy to provide great patient care and also makes it a pleasure to work at this hospital. I am really proud to work here.



**DR DAVID LIESSMANN**  
MBBS, FANZCA, PG DIP ECHO

Dr David Liessmann graduated from University of Queensland in 1993, and after completing his training in Queensland qualified as an anaesthetist in 2003. His clinical interests include all aspects of adult cardiothoracic and vascular anaesthesia.

Dr Liessmann said as an anaesthetist he enjoys the theatre environment, the teamwork that goes with it, and fortunately watching surgery!

"I was once told that surgery is the greatest team sport. Every person has a role to play to ensure safe surgery, and there is an understanding between the team members of each other's roles," he said.

He currently mostly covers cardiothoracic and vascular anaesthesia and works regularly with Dr Douglas Wall

(cardiac surgeon) and Dr Toby Cohen (vascular surgeon).

**Most Unique Case:** Working on TEVARs (Thoracic endovascular aortic repair) is always fairly unique. This involves stenting the thoracic aorta and its branches. In cardiac surgery, the many complex valve repairs and aortic arch surgeries.

**Career Highlight:** Since my time as a young consultant at TPCH onwards I have been lucky to be involved in the heart-lung transplant service. But, I would say my career highlight is my current private practice, as we are doing work every single day that makes a real difference to patient's lives.

**Best Advancements:** The use of videolaryngoscopes for difficult airways, the use of ultrasound for vascular access, and the routine use of transoesophageal monitoring in cardiac surgery have made practice much safer. Additionally, the use of minimally invasive surgical techniques (such as endovascular surgery and interventional cardiology) has made it possible to perform procedures on older/sicker patients previously deemed unfit for surgery.

**Other Work Commitments:** Currently my work outside theatre is limited due to a busy family life with children.

**Why Work at St Andrew's?:** For the regular theatre teams; the excellent ICU and cardiology support for my patients; and the superb team in Ward 2F where many of my patients go. Having the same anaesthetic nurses and scrub staff for our lists infinitely makes the day more enjoyable and much safer.



**DR PHILIP STEPHENS**  
MBBS, MA, DPHIL, FRCA, FANZCA

Dr Philip Stephens commenced his anaesthetics training in 1986 in the UK undertaking his specialist training in paediatric anaesthesia at Great Ormond Street Hospital and neuro anaesthesia at Queen's Square. He relocated to Brisbane in 1995 and started private practice in 2005.

Dr Stephens has worked at RBWH, the Royal Children's, Mater Children's and QCH where he has been strongly associated with paediatric acute pain management.

He currently practices across a range of anaesthesia from paediatric (general surgery, ENT and neurosurgery) to adult ENT and neurosurgery.

**Most Unique Case:** I was privileged to work on a deep brain stimulation paediatric case where the child had a movement disorder and subsequently obtained some autonomy and independence – it was life changing for them and so rewarding to be part of the team.

**Career Highlight:** Setting up two acute pain services at the RCH (1995) and Mater Children's (2005).

**Best Advancements:** When I started anaesthesia there were no pulse oximeters. Although there have been significant improvements in the drugs we have available I would say that improvements in monitoring have been a major contribution to patient safety.

**Other Work Commitments:** I have been involved with volunteer work overseas including Interplast mission to Tuvalu, Operation Smile missions to Ho Chi Minh, Hanoi, Phnom Penh and the Queensland Health mission to Banda Aceh in 2004, as well as contributing to the Deadly Ears program in Queensland.

**Why Work at St Andrew's?:** For the collegiate and supportive atmosphere at St Andrew's which is fortunate to have many excellent anaesthetists on its staff. A theatre team is only as strong as its weakest link and when you're in a situation where you are not all at the top of your game you realise how precarious it can be. I value being part of the St Andrew's team where we all want the same common outcome: successful operations and patient safety.



**DR SHARYN VAN ALPHEN**  
BHB, MBCHB, FANZCA

Dr Sharyn Van Alphen graduated from Auckland Medical School (NZ), and initially started training in emergency medicine before changing to anaesthetics while living in Melbourne. She completed her training in Brisbane before obtaining her specialist qualification in 2007.

Dr Van Alphen said she values that in her role, she can really make an important difference to each patient's state-of-mind prior to their procedures, by helping them to relax, trying to make them laugh and smile, and calming their nerves.

In her private practice she mostly focuses on general surgery, gynaecology, and endoscopy/colonoscopy patients.

**Most Unique Case:** Well one of the most memorable days was my first day at St Andrew's and first ever private list on my birthday 13 years ago. It started with a patient who required an epidural, arterial line, central line, and post-op admission to ICU – a memorable first day indeed.

**Best Advancements:** Optiflow (nasal high flow oxygen) has been a game changer for the pre-oxygenation and intubation of obese patients, especially in emergent situations. It has also improved our ability to manage patients with Sleep Apnoea requiring sedation for endoscopy or other procedures. Video-laryngoscopy has also completely changed the way we manage difficult airways. Suggamadex is another game changer, which enables us to keep patients paralysed right up until the end of the procedure, knowing that this can be safely and fully reversed very quickly.

**Other Work Commitments:** Currently I manage part-time work with bringing up two children. In the past I have worked for four years in Emergency Medicine, including a season as a team doctor for a VFL team in Melbourne.

**Why Work at St Andrew's?:** The greatest thing about working at St Andrew's is the feeling I am part of a big family. I work as part of a large diverse team, with a variety of surgeons, nurses, and other staff. I also love the social staff events which all greatly help to build a wonderful team atmosphere, including the family Christmas parties, gala dinners, and other social functions.



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**Prof David Paterson**  
Infectious Diseases  
Specialist

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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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## VMP INSIGHT



Dr Maurice Stevens

# A NEW VEHICLE FOR THE MANAGEMENT OF HEAD AND NECK CANCER QUEENSLAND PRIVATE HEAD AND NECK CANCER CLINIC

A new vehicle for the management of head and neck cancer has been formed through the auspices of GenesisCare. A group of surgeons from multiple disciplines who are heavily involved in the management of head and neck cancer at the Royal Brisbane Hospital have grouped together with experts in the field of head and neck radiology, medical oncology, radiation oncology and Allied Health to form a consultative group known as the **Queensland Private Head and Neck Cancer Clinic**.

The purpose of this clinic is to provide an alternative to public hospital treatment for patients with head and neck cancer and to offer a service to people who are unfamiliar with the management of all forms of head and neck cancer including not only mucosal malignancy of the upper aerodigestive tract, but also skin cancer in the region and other unusual lumps in the head and neck.

We follow a process of a consultation and assessment which has been well established at the Royal Brisbane Hospital over many years and which had its inception 50 years ago. The public sector is becoming increasingly busy in this particular discipline and there are some patients who prefer to be treated through the private sector although over the years, many privately insured patients have been cared for through the public sector. This initiative is partly to take some load off the public sector although the gold standard is clearly in that health care sector.

Those of us who are involved in this new clinic are very keen for the patients to be assessed in a very thorough

fashion by experts in the field and to be treated by people with similar expertise through medical and radiation oncology. Most of them have dual appointments to public and private hospitals and will apply the same ethical principles to the management of these patients as exist in the public sector.

One of our thoughts during the formation of this new clinic was that we can provide telephone access for remote general practitioners and specialists in rural and regional areas which will help expedite the assessment process and hence, the treatment of the patients. The clinic will be, for the most part, a virtual clinic held on a Tuesday afternoon and we will want the patients to be worked up thoroughly before they are presented to the clinic for final decision making regarding treatment.

We are hoping that our medical colleagues in all parts of the state and Northern New South Wales will avail themselves of this service to the ultimate benefit of the patients and treating medical practitioners alike.



To refer a patient to the “Private Head & Neck Clinic” please forward your referral to one of the surgeons listed.

**Dr Maurice Stevens**

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Chairperson: Qld Private Head & Neck MDT  
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**Prof Liz Kenny AO**

MBBS FRANZCR FACR(hon) FBIR(hon) FRCR(hon) FCIRSE  
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**A/Prof Ben Chua**

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E receptiononcologychermiside@genesiscare.com



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## WE WANT YOUR FEEDBACK

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

If you have an idea for a story or clinical topic that you would like to see included in the next edition of *Best Practice*, email your suggestion with a short description of why you think the topic will be relevant to Queensland GPs. Please email submissions to [susan.walsh@uhealth.com.au](mailto:susan.walsh@uhealth.com.au)

All entries will go into a special prize draw. Entries close 26 March.

**MONEY MATTERS**

# WHAT'S IN IT FOR YOU? FEDERAL BUDGET 2020: IMMEDIATE ASSET WRITE-OFF

Whilst the Government only recently expanded the instant asset write-off to 31 December 2020, a brand new “immediate expensing” of the full cost of eligible capital assets will be available from 7.30pm on 6 October 2020 until 30 June 2022. This could be good news for medical businesses wanting to invest in their practice, with this concession applying to all businesses with aggregated turnover not exceeding \$5 billion.

Under the existing instant-asset write off, businesses with aggregated turnovers not exceeding \$500 million can immediately write off the value of assets acquired with costs below the threshold (i.e. \$150,000).

In addition, these businesses may claim a 50% immediate deduction for assets costing above the threshold (or pooled for small businesses entities).

With the budget changes outlined below now legislated, eligible businesses will be able to claim a deduction for the costs of new assets (and improvements to existing assets) used or installed between 6 October 2020 and 30 June 2022.

As the depreciation rules have been altered several times in recent years, we have summarised the who, what, when and how for this concession in the table below.

	Eligible businesses	Aggregated annual turnover	Cost limit	New or Second-hand	Acquired After	Installed & ready for use by	Concession
	Who		What		When		How
Previous law	Medium	Up to \$500 million	Less than \$150,000	New or Second-hand	12 March 2020	31 December 2020*	Immediate Deduction
			Greater than above	New		30 June 2021	50% up-front deduction
Budget changes	Medium to Large	Up to \$5 billion	None	New	7 October 2020	30 June 2022	Immediate Deduction
				New or Second-hand	7 October 2020	30 June 2022	Immediate Deduction

Small business entities with aggregated turnovers less than \$10 million will be able to deduct the entire balance of their simplified depreciation pools while the immediate expensing is in effect.

Passenger cars will continue to be subject to the car depreciation limit. Other assets including property improvements and buildings are not subject to the new instant write-off rules.

Some examples of how the new concessions could benefit medical businesses are as follows.

**Example 1: Motor vehicle purchase**

Dr Kapp purchases a new luxury car for \$156,589 on 23 October 2020. The work related use according to her logbook is 60%. For the 2021 financial year, the luxury car limit for depreciation purposes is \$59,136, therefore Dr Kapp can claim a deduction of \$24,400 (being \$59,136 x 60% x 251 days).

**Example 2: Practice fit out**

Dr Devine and Dr Kerr open a gastroenterology practice together through a service entity structured as a company. Under the lease for the rooms, the practice is responsible for the cost of the fit out for the rooms, and the lease also contains a “make good” clause. The total cost of the fit out is \$368,000. This includes:

- Various pieces of medical equipment \$210,000
- Furniture, including desks and chairs \$13,000
- Flooring \$15,000
- Blinds \$7,000
- Signage \$5,000
- Air-conditioning \$8,000

- Room partitions, doors, cabinets and internal ceilings \$110,000

The company can claim an immediate deduction totalling \$258,000 for the medical equipment, furniture, flooring, blinds, signage, and air-conditioning. The capital works write-off of 2.5% will apply to the room partitions, doors, cabinets and internal ceilings.

**Further questions?**

For more information on how the Federal Budget 2020 measures could benefit your medical business, contact Kristy Baxter or Angela Stavropoulos from Pilot’s Medical division on [taxmed@pilotpartners.com.au](mailto:taxmed@pilotpartners.com.au) or 07 3023 1300. To read more about Pilot’s services, visit [pilotpartners.com.au](http://pilotpartners.com.au).



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- Day Patient Services** 07 3834 4285
- Rural Health Connect** 07 3834 4499
- Day Infusion Centre** 07 3834 4493
- Business Development/GP 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.



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