

Spring 202

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

MILESTONE ACHIEVED ON **ROBOTICS MISSION**

TAVI Teaching Centre of Excellence

On the highway to health with Heart of Australia

Hospital halls dance with colour

WELCOME

Welcome to the spring edition of Best Practice.

2022 has certainly been another roller coaster of a year. We can look back and reflect on the challenges the past two years have brought us, but we can also celebrate the progress we have continued to make in delivering the latest in world class medicine.

Our co-ordinated and cohesive approach to the pandemic continues and we thank all staff, doctors, patients and visitors for their commitment to this.

We recently achieved a huge milestone in robotic surgery at St Andrew's.

Since commencing our robotics program with the da Vinci Xi robot in 2019, we recently celebrated 500 surgeries. We want to make robotic surgery accessible for all patients as it transforms treatment options and outcomes for patients across a range of specialties.

Seven years after becoming Queensland's first private hospital to perform a Transcatheter Aortic Valve Implantation (TAVI), the CardioVascular Clinics team has been named a TAVI Teaching Centre of Excellence by Edwards Lifesciences.

The designation signifies extensive TAVI experience, outcomes and the outstanding teaching contribution of St Andrew's interventional cardiologists, Drs Karl Poon and Alex Incani

This achievement is another important milestone in St Andrew's long and proud history of innovation in cardiac care.

Our enhanced and patient-centred Breast Care Service continues to thrive as we welcome more patients to St Andrew's for their breast care and screening journey. We are fortunate to have as part of our team

Queensland's only Nurse Practitioner in Breast Oncology: Ms Natasha Keir. Our priority is always ensuring our patients receive a timely, informed and caring breast screen service, and Natasha's expert knowledge in the care and management of these patients is second to none.

In this edition, we also profile and welcome some new specialists from a range of specialty areas including ENT, cardiothoracics and pain and rehabilitation. You can find out more in our VMP Profile Updates section of the magazine. Wishing you all the best for the coming months and a

brighter, healthier 2023.

Of course, if I can provide any assistance, please don't hesitate to contact me.

Dr Michael Gillman

MBBS, FRACGP **Director of Medical Services** St Andrew's War Memorial Hospital michael.gillman@uchealth.com.au



Cover Storv







4

6

8

10

12

Welcome

VMP Profile Updates

Welcome

Dr Simon Rohde appointed St Andrew's Emergency Centre Director

On the Cover Milestone achieved on St Andrew's robotics mission

News in Brief

Innovation

TAVI Teaching Centre of Excellence an Australian first at St Andrew's

In Partnership 14 On the highway to health with St Andrew's and Heart of Australia VMP Q&A 16 Bariatric surgery -Your questions answered Spotlight 20 Hospital halls dance with colour of new exhibition Referrer Resources Update 21 21 Snaps

Money Matters 22 Contact List 23



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VMP PROFILE UPDATES



Dr Catherine Barnett ENT Surgeon T 07 3236 6568

Dr Catherine Barnett is an Ear Nose and Throat surgeon who is passionate about providing a caring and thorough approach to the management of ENT conditions in children and adults.

Dr Barnett completed her medical degree at the University of Queensland in 2011. She subsequently completed her specialty training in Otolaryngology, Head and Neck Surgery in Melbourne and Brisbane.

During her training she also undertook a Masters degree at the University of Queensland, in skin cancer research. She became a Fellow of the Royal Australasian College of Surgeons in 2020.

Dr Barnett completed further subspecialty training in Head and Neck, Skull Base Surgery at the Princess Alexandra Hospital.

Dr Barnett is currently on staff at the Princess Alexandra Hospital and Logan Hospital and is actively involved in the supervision and teaching of junior doctors and surgical trainees. She commenced her private practice with St Andrew's War Memorial Hospital in 2022.

Special interests:

- general paediatric ENT (hearing difficulties and snoring)
- nasal and sinus conditions
- ear conditions
- head and neck cancer
- skull base conditions

Dr Lachlan Marshall Cardiothoracic Surgeon T 07 3832 8026

Dr Lachlan Marshall is a cardiothoracic surgeon at St Andrew's War Memorial Hospital.

Dr Marshall completed a Bachelor of Medicine and Bachelor of Surgery at the University of Queensland graduating with Class 1 Honours and the prestigious Lilian Cooper Prize in 2009.

Dr Marshall completed his basic medical and specialist training in Queensland, receiving his Fellowship in Cardiothoracic Surgery with the Royal Australian College of Surgeons in 2019. He subsequently undertook a fellowship at St Paul's Heart Centre in Vancouver, British Columbia furthering his subspecialty interests in multiple arterial and off pump coronary artery bypass surgery, alternate access TAVI, and heart transplantation with mechanical circulatory support.

A strong desire to improve operative outcomes for patients has led Dr Marshall to ongoing research with the Critical Care Research Group in Brisbane and a research grant from the Australian & New Zealand Society of Cardiothoracic Surgeons.

Dr Marshall is a Staff Specialist in Cardiothoracic Surgery at The Prince Charles Hospital and has commenced his private practice at St Andrew's War Memorial Hospital. Consults can be arranged at Brisbane Heart and Lung Surgery at St Andrew's Place, Suite 303, 33 North St and The Prince Charles Hospital.



Dr Meryta May Paediatric Infectious Diseases Physician T 07 3724 0155



Dr Gunjeet Minhas Pain & Rehabilitation Medicine Specialist T 07 3834 4400

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 Gunjeet Minhas is a Specialist Pain and Rehabilitation Medicine Physician. He offers patients treatments in the Day Rehabilitation and Pain Management suites at St Andrew's War Memorial Hospital to improve balance and restore function.

Dr Minhas offers assessment of all pain conditions with specific skills in cancer pain, posttrauma and post-surgical pain, spinal pain, peripheral and central neuropathic pain, complex regional pain syndrome, craniofacial pain and focal MSK pain.

He offers treatment with pain education and rehabilitation programs along with pharmacological treatments. Interventional techniques are ultrasound and x-ray guided and include blocks and radiofrequency of nerves around the body, botulinum toxin injections, and spinal cord stimulation. Dr Minhas is also available for medico-legal assessments.

He is currently performing research into neuropathic pain and its treatment as an M. Phil. candidate at the University of Queensland. Dr Minhas is also an examiner for the Faculty of Pain Medicine (ANZCA). Other appointments include Staff Specialist at Royal Brisbane and Women's Hospital where he supervises Fellows, junior doctors and medical students. He is a graduate of University of Queensland medical school and has an undergraduate degree from the University of Toronto.

EMERGENCY CENTRE

EMERGENCY North Street

DR SIMON ROHDE APPOINTED ST ANDREW'S EMERGENCY CENTRE DIRECTOR

St Andrew's War Memorial Hospital is pleased to announce the appointment of emergency medicine specialist, Dr Simon Rohde, as Director of St Andrew's Emergency Centre.

A Fellow of the Australian College of Emergency Medicine (ACEM), Dr Rohde has extensive experience in emergency medicine gained over more than 10 years, including the past three at St Andrew's.

Training first in pharmacy, Dr Rohde went on to complete a Bachelor of Medicine and Surgery at Flinders University, Adelaide, before relocating to Queensland in 2009 and commencing specialist training with ACEM in 2011.

Simon has gained clinical experience across a range of public and private hospitals in Adelaide, Darwin, Brisbane, Canberra and Singapore, including Brisbane's Mater Children's, The Prince Charles and Princess Alexandra hospitals.

His skills and expertise have also taken him to Cambodia and Vanuatu as an aid volunteer to run community clinics and provide mentoring for local doctors, and to the Formula 1 Australian Grand Prix in 2019 as part of a trackside team of specially trained doctors. Dr Rohde said he is driven by ensuring patients consistently receive high quality care and is excited to lead the great team at St Andrew's Emergency Centre.

WELCOME

"I'm looking forward to taking the St Andrew's Emergency Centre forward into the future, to developing our services and department, while maintaining our close-knit team culture," Dr Rohde said.

"I want to grow a team that's committed to our mission and values, who are highly skilled to provide exceptional and compassionate patient care, and ultimately become well-known as Brisbane's best Emergency Centre."

St Andrew's Emergency Centre North Street Brisbane QLD 4000 T (07) 3834 4455 GP HOTLINE: 07 3834 4490



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ands

MILESTONE ACHIEVED ON ST ANDREW'S ROBOTICS MISSION

Robotic surgery teams at St Andrew's War Memorial Hospital are celebrating a huge milestone – 500 surgeries and the next step on their mission to make robotic surgery accessible for all patients.

Fast forward three years since the da Vinci Xi robot arrived at St Andrew's and through the challenges of COVID-19, robotics has transformed treatment options and outcomes for patients across a range of specialties.

St Andrew's Director of Gynaecology and Medical Advisory Chair, Gynaecologist Dr Caron Forde, was the first to perform a procedure with the fourth-generation robot in October 2019.

"I began my journey into robotic surgery when as part of my role I was involved in supporting St Andrew's urologists in their bid for a robot. I was very impressed by the advantages the robot provided and thought, 'why not use this for women as well!'," Dr Forde said.

"Hysterectomy and endometriosis surgery were the first areas to benefit, followed by pelvic floor and prolapse repairs, bladder repairs, treatment of all ovarian cysts, reversal of tubal ligation and fertility surgery," she said.

Urological surgeon, Dr Jason Paterdis, who began using robotics 13 years ago, said robotic technology has revolutionised urology patient outcomes with minimally invasive techniques.

"In its infancy, the robot was used mainly for robotic radical prostatectomy in the treatment of localised prostate cancer. We are now using the robot for most procedures involving the kidney, ureters, bladder and prostate, mainly for the treatment of malignancy," Dr Paterdis said.

"Robotics has greatly improved patient outcomes, particularly reducing length of stay, pain and need for blood transfusions. In the long term, it has proven functional benefits, particularly an improvement in urinary control and sexual function in patients treated for prostate cancer," he said.

For Ear, Nose and Throat, Head and Neck Surgeon, Dr Ryan Sommerville, robotic surgery provides his patients with early-stage tonsil and tongue base cancer with an alternate treatment option.

"Robotic surgery is still early in its development in ENT, Head and Neck Surgery. Currently, the most common use is for removal of cancers of the tonsil or the base of the tongue. Often this can mean the patient is able to avoid radiotherapy and chemotherapy," Dr Sommerville said.

"The second is as part of sleep apnoea surgical management. In appropriate patients, where large lingual tonsils reduce the amount of space at the back of the tongue, we can remove the tonsils, thereby improving the airway calibre at that level," he said.

"As a surgeon, it means I can provide my patients with choices and after full discussions about the pros and cons, they can choose the treatment pathway they are most comfortable with."

Dr Caron Forde echoed the remarkable benefits of robotic surgery for the patients she treats.

"Every part of the surgery is improved so the patients have safer surgery with faster recovery. For the individual women, it allows a great choice of options when it comes to managing her specific problems," Dr Forde said.

"In a practical sense, this means women can be back at work within a week or two of their hysterectomy. Women with endometriosis have less disruption of their healthy pelvic tissues, so there is less long-term scarring, with better outcomes, and reduced long-term symptoms. Women with prolapses and incontinence have surgical options so their repair can be tailor-made," she said.

For all the specialists, the future of robotic surgery is looking even better.

"Robotics is the way of the future. Surgery and surgical techniques have always evolved. Open surgery worked very well but laparoscopic, or keyhole surgery, was a marked improvement and now most surgery is minimally invasive. Robotics is the next step in the process," Dr Forde said.

"As robotic surgery in ENT develops, it will improve access to many areas in the head and neck that are currently very difficult to access. I would like to think with the combination of 3D high-resolution visualisation that can see around corners, multiple operative arms, smaller and smaller instruments, and incorporation of other operative technologies, in the future we will see robotics used in other areas such as the skull base, deep neck spaces and sinuses," Dr Sommerville said.

"I think robotics is heading to single incision surgery, with more flexible instruments and blending of radiological and anatomical anatomy. I also hope to see 'tele-robotics' performed in major centres for rural patients, whilst they stay in their home towns. Watch this space!," Dr Paterdis said.

Robotic surgery is available to St Andrew's patients across a range of specialities, including urology, gynaecology, ear nose and throat, and colorectal, with more to come.



For more information about robotics and our specialists, please visit **standrewshospital.com.au**

COVER STORY

NEWS IN BRIEF

SITTING ON TOP OF THE WORLD ►

Congratulations to St Andrew's Orthopaedic Surgeon and Director of Orthopaedics, A/Prof Patrick Weinrauch, for successfully summitting Mount Everest on 14 May.

Such an inspiring effort! The hospital team helped celebrate this epic achievement with A/Prof Weinrauch on his return with a special lunch featuring the flavours of Nepal, made by our own Nepalese Chef, Saroj.



<image>

◄ TAKING HOSPITAL RECYCLING TO THE NEXT LEVEL

We recently officially launched our new plastic recycling program which will divert more than 450kgs of plastic waste from landfill every week.

Since starting as a trial in October 2021, we've already recycled more than 7.5 tonnes of plastic – that's the equivalent of one army truck!

The program is the first of its kind in an Australian hospital and is thanks to our partnership with CircMed. It means that we are going beyond regular recycling to segregate specific plastic waste which in the future can be recreated into new items we can use in the hospital.



▲ QUEEN'S BIRTHDAY HONOURS FOR ST ANDREW'S STALWART

The late Dr James Cameron AM has been honoured for his service to cardiology and to professional societies in the Queen's Birthday 2022 Honours List, with a posthumous appointment as Member of the Order of Australia (AM). Dr Cameron was a stalwart at St Andrew's and one

HEART OF AUSTRALIA WELCOMES NEW SPECIALIST TO THE TEAM ►

Chair of St Andrew's Medical Advisory Committee, Dr Caron Forde is the latest gynaecologist to join the Heart of Australia team!

Dr Forde will be delivering quarterly clinics in the community of Middlemount, providing a full service of gynaecological care and covering all aspects of women's health. of Australia's most innovative cardiologists. A Founding Director of Queensland Cardiovascular Group, Jim was passionate about creating a culture of compassion and focussed on patient experience and achieving excellence in cardiovascular care. He was an incredible teacher and mentor and gave immeasurably to our patients and community while a St Andrew's Visiting Medical Practitioner from 1986 to 2019.



TAVI TEACHING CENTRE OF EXCELLENCE AN AUSTRALIAN FIRST AT ST ANDREW'S

From left: Dr Karl Poon and Dr Alex Incani

Seven years after becoming Queensland's first private hospital to perform a Transcatheter Aortic Valve Implantation (TAVI), the CardioVascular Clinics team at St Andrew's War Memorial Hospital has been named a TAVI Teaching Centre of Excellence by Edwards Lifesciences.

The designation signifies extensive TAVI experience, outcomes and the outstanding teaching contribution of St Andrew's interventional cardiologists, Drs Karl Poon and Alex Incani. CardioVascular Clinics' Dr Karl Poon said St Andrew's is the first hospital in Australia and New Zealand to become a TAVI Teaching Centre of Excellence, joining a handful of world-leading centres in the United States, Europe and South Korea.

"We are humbled to be the only centre in our region to receive this designation which reflects our passion in teaching, track record of excellence in TAVI outcomes and ongoing involvement with new TAVI techniques and devices," Dr Poon said. "It means that when patients come to us for a TAVI procedure they can expect the best result possible from one of the most experienced teams in Asia Pacific.

"Since the first procedure in 2015, our team have collectively accumulated experience through more than 1,500 cases, including 800 performed at St Andrew's. We are proud to have earned the trust of our patients and colleagues in performing many procedures for the first time in Australia and inhuman over the years," he said.

The cutting-edge procedure provides patients with a superior alternative to open heart surgery for treatment of aortic stenosis, a condition which causes narrowing of the aortic valve and was recently estimated to affect close to 100,000 Australians.*

Aortic stenosis prevents normal blood flow through the heart and is most often caused by age-related calcification. Without treatment, patients with symptoms have a 50 per cent mortality rate in two years.

"TAVI involves a small incision in the groin through which a catheter is inserted and travels to the heart. The new valve is passed through the aortic valve, where a balloon inflates the new valve into place," Dr Poon said.

"In July 2022, TAVI was approved for almost all patients with aortic stenosis, young and old, as a superior alternative to open heart surgery. It is therefore more important than ever, that the best possible implant result is achieved for patients."

As qualified international teachers, Drs Karl Poon and Alex Incani also travel across Asia Pacific training cardiologists in the TAVI procedure.

"We are called upon by our colleagues across Asia Pacific for guidance and analysis of their complex structural cardiac cases, and in doing so, continue to also refine our techniques and bring back devices from trailblazer operators around the world to ensure our practice remains best in class for our Queensland patients," Dr Poon said.

St Andrew's Director of Medical Services, Dr Michael Gillman, said the achievement was another important milestone in St Andrew's long and proud history of innovation in cardiac care.

"This outstanding achievement is a testament to our multidisciplinary team, and to their dedication to providing advanced, safe and high-quality cardiac care," Dr Gillman said.

"From performing the first open heart surgery in 1985 to today, our commitment remains to continually exceed clinical expectations and provide our patients with the best possible cardiac care."

At St Andrew's, a multidisciplinary team approach combining the expertise of interventional cardiologists, cardiothoracic surgeons, echocardiologists, intensivists, anaesthetists and geriatricians, work together to decide the best treatment plan for each patient and assess whether TAVI is an option.

Edwards Lifesciences is a global medical and cardiac device manufacturer.

*Strange G, Scalia GM, Playford D, Simon S. Uncovering the treatable burden of severe aortic stenosis in Australia: current and future projections within an ageing population. BMC Health Serv Res. 2021 Aug 11;21(1):790. doi: 10.1186/s12913-021-06843-0. PMID: 34376198; PMCID: PMC8356417.

TAVI Teaching Centre of Excellence

Dr Alex Incani	Dr Karl Poon
Cardiologist	Cardiologist
CardioVascular Clinics	CardioVascular Clinic
T 1300 306 358	T 1300 220 204

INNOVATION

ON THE HIGHWAY TO HEALTH with St Andrew's and Heart of Australia

St Andrew's War Memorial Hospital has been the sole private hospital partner of Heart of Australia since 2015, helping to provide much-needed clinical support in the delivery of services to rural and remote communities across Queensland.

PARTNERSHIE

With the aid of St Andrew's, Heart of Australia has been able to regularly visit towns like Winton, Charleville and Middlemount, taking specialist clinics such as cardiology and gynaecology out to the doorsteps of patients who often struggle to access these kinds of services – just like Mervyn.

67-year-old Mervyn initially visited a local GP at the Theodore Medical Centre after experiencing multiple episodes of anterior chest discomfort. With a prior history of chest discomfort, as well as moderate aortic stenosis, the doctor referred Mervyn on to the Heart of Australia truck for a cardiology consult. It wasn't long before Mervyn was booked in to see cardiologist and Director of Heart of Australia Dr Rolf Gomes right there in the heart of Theodore. After a thorough consultation, Dr Gomes decided a CT coronary angiogram was the best course of action.

For a speedy outcome he referred Mervyn on to St Andrew's to undergo the angiogram with Interventional Cardiologist Dr Peter Hadjipetrou. It was there Dr Hadjipetrou discovered severe stenosis at the proximal and mid LAD, leading to a stent being placed in the area.

Thanks to the quick referral by his local GP to see a Heart of Australia specialist, Mervyn was able to undergo that important intervention procedure at St Andrew's and has since been feeling a lot better in his recovery. Mervyn's story is just one of the many we hear every day where the ability to bring those specialist services to the patient can hugely impact a life. While Mervyn was fortunate to be retired and had the time to travel to Brisbane, for most people living in rural and remote towns taking days off from their jobs, farms, and families, is not an option.

HEARE 22

AUSTRALIA

arrowenergy

Heart of Australia sees first-hand every day the health inequity that exists between urban and regional communities across Australia. By working with partners like St Andrew's, Heart of Australia can connect rural and remote patients with highly experienced healthcare professionals in their own backgrounds.

For more information about Heart of Australia, visit heartofaustralia.com



On the highway

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PHILIPS

COL Publishing

to health

VMP Q&A

BARIATRIC SURGERY YOUR QUESTIONS ANSWERED

with Dr Kevin Chan and Dr David Mitchell

1. Sleeve, roux-en-Y gastric bypass (RYGB), single anastomosis gastric bypass (SAGB), gastric band. Which is the right operation?

Each bariatric procedure has its pros and cons and there is no 'one-size-fits-all' procedure for bariatric patients. A sleeve gastrectomy is a straightforward procedure, but we now know through experience that 20-30 per cent of 'sleeve' patients will develop de novo reflux. Those patients with pre-existing reflux are also prone to worsening of their symptoms post-operatively. A RYGB is a great operation for reflux and weight loss but there are some significant long-term complications that can occur such as nutritional deficiencies, dumping syndrome, chronic LUQ pain and internal hernias. The gastric band was once a popular device but through experience, we know that 1 in 5 patients with a band will have a complication at some stage in their lives related to the band. They still have a role in weight loss surgery but are not as prominent as they used to be. The SAGB is a newer procedure that has the benefits of a RYGB without the risk of internal hernias. There is however a slight (2 per cent) risk of bile reflux which may mean this procedure is not suitable for all patients.

There is no one size fits all procedure, and we will help each individual patient to make an informed choice on a procedure that is right for them.

2. How can GPs best support their patient post-bariatric surgery?

Post-op bariatric patients have a unique set of longterm complications that require follow-up. They are at risk of nutritional deficiencies and require regular screening blood tests in the first year following surgery to ensure any deficiencies are replaced appropriately. With weight loss, many patients are able to wean or cease their antihypertensive, anti-cholesterol and anti-diabetic medications and this will need to be monitored and adjusted accordingly. Patients will also need to be monitored for the complications of weight loss surgery as they may not be aware of what to look out for. All this information can be found on our website: www.totaluppergisurgery.com.au

3. What multidisciplinary care do you provide for patients requiring bariatric surgery?

Bariatric surgery requires more than just surgery to achieve the best patient outcomes. Surgery plays a role but it is the lifestyle and behavioural modifications that ultimately decides whether a patient is able to achieve their weight loss goals. We believe in a multidisciplinary approach and all patients undergoing weight loss surgery are required to see one of our dieticians before and after surgery. They are given advice on the expected post-operative dietary course and also ideas on the types of foods that can be eaten after surgery. Our practice engages a psychologist where indicated as some patients may have underlying psychological issues that may make surgery inappropriate. We also have a strong relationship with an endocrinologist who can assist with managing patients who may have challenging co-morbidities. Some patients may also not be suitable for surgery and these patients are given the option of pharmacological therapy which our endocrinologist manages for us.

4. My patient has terrible reflux following a sleeve gastrectomy, can anything be done about it?

Like we mentioned before, reflux following a sleeve gastrectomy is common in up to 20-30 per cent of patients. The cause of this is multifactorial but ultimately comes down to increased pressures in the remnant gastric tube leading to reflux of gastric contents into the oesophagus. Surgery may also disrupt the phreno-oesophageal ligaments which can lead to the development of a hiatus hernia, further contributing to reflux. Some patients may have improved symptom control with a PPI but ultimately, they may require conversion to a Roux-en-Y gastric bypass to remedy their symptoms.

5. Who qualifies for bariatric surgery?

Internationally recognised guidelines for bariatric surgery are based primarily on Body Mass Index (BMI) and the presence of obesity related complications. These include but are not limited to type 2 diabetes, hypertension, dyslipidaemia, musculoskeletal disorders, obstructive sleep apnoea, non-alcoholic fatty liver disease, reproductive disorders and idiopathic intracranial hypertension. The eligibility criteria for surgery is:

- individuals with a BMI > 40 Kg/m2
- individuals with a BMI >35 Kg/m2 with one or more obesity related complications.

More recently, the Australian Diabetes Society has endorsed bariatric-metabolic surgery as a proposed treatment option in the algorithm to manage T2DM. Bariatric-metabolic surgery is recommended for:

- all individuals with T2DM and a BMI >40 kg/m2
- individuals with BMI 35-40 kg/m2 with inadequate glycaemic control despite lifestyle and optimal medical therapy.

Dr Kevin Chan & Dr David Mitchell Total Upper Gl Surgery T 07 3350 2533 W www.totaluppergisurgery.com.au



BOWEL CANCER SCREENING

For both men and women, bowel cancer is the second most common cancer in Australia. When detected early, bowel cancer is readily treatable with excellent outcomes.

Why choose St Andrew's?

- + High quality, patient-focused service
- + Conveniently located in Spring Hill (2km from Brisbane CBD)
- + Early access to Gastroenterology services

Should your GP consider it appropriate, direct access colonoscopy without needing a consultation with a Gastroenterologist may be appropriate. Speak to your GP today if you have any concerns. *GP referrals are required.*

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- + Replants / revascularisation
- + Elbow surgery
- + Shoulder surgery
- + Microsurgery +
 - + Nerve, tendon and soft tissue surgery



St Andrew's War Memorial Hospital Emergency Centre

Sentrance on North Street, Spring Hill

www.standrewshospital.com.au

HOSPITAL HALLS DANCE WITH COLOUR OF NEW EXHIBITION

The walls of St Andrew's War Memorial Hospital have been splashed with colour, as Access Arts holds its fourth exhibition at the hospital featuring the masterful works of 20 Queensland artists with disability.

SPOTLIGHT

Themed 'Dancing Colours,' the exhibition showcases a range of subjects and experiences from exotic sea creatures to the joy of dancing under a disco ball.

St Andrew's Senior Gynaecologist and Honorary Art Curator, Dr Philip Hall, said he was excited to welcome the exhibition back to the hospital in 2022.

"St Andrew's has been supporting Outsider Artist exhibitions for more than 14 years, and over the past four years we've had the wonderful opportunity of bringing local artists and their artworks into our hospital thanks to Access Arts," Dr Hall said.

"The exhibitions truly enrich our hospital and the artists gain so much from seeing their artworks showcased on the walls of a place of healing."

Staged in a working corridor, the exhibitions bring incredible colour and warmth to the sterile hospital environment.

"Art is more than a declaration on a wall, it provides an opportunity to be transported to experience the other, it starts conversations, and is helpful for healing," Dr Hall said.



"For people experiencing sickness and trauma, art is uplifting and we know through evidence it can help patients to recover better and faster."

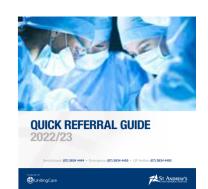
The 57-piece exhibition is located on Level 1 of the hospital for patients, visitors and staff to enjoy, and online for the broader public to view. Dancing Colours was officially launched at St Andrew's on 14 June 2022 by Lady Mayoress, Nina Schrinner, pictured above with Dr Philip Hall.

REFERRER RESOURCES UPDATE

We have recently updated our (hard copy) Quick Referral Guide for General Practitioners. We produce the Quick Referral Guide as a support tool for the medical community to ensure that doctors have access to our specialist resources at all times.

Specialist contact information can also be found on our website at standrewshospital.com.au

If you haven't received a Quick Referral Guide by mail or would like additional copies, please contact susan.walsh@uchealth.com.au or phone 07 3834 4371.



ANZAC DAY 2022 AT ST ANDREW'S













SNAPS

MONEY MATTERS

TAX IMPLICATIONS OF CRYPTOCURRENCY FOR MEDICAL PRACTITIONERS

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As the Australian Taxation Office's (ATO) data-matching closes in on cryptocurrency exchanges, it is prudent for medical practitioners who have invested in cryptocurrency to understand the tax implications and ensure you are not caught out.

What does the ATO know?

With the growing popularity and use of cryptocurrency, the ATO continues to invest resources in this space. Since April 2019, the ATO's cryptocurrency data-matching program has collected data from back to the 2014-15 financial year, and is further expanding to collect information up to the 2022-23 financial year.

Therefore, it is more likely than ever that the ATO will become aware of the transactions, and ignorance is not an acceptable excuse for not declaring income related to cryptocurrency exchanges. Failure to report income may lead to interest and penalties charged, particularly in cases of intentional disregard or non-compliance.

When are cryptocurrencies taxed?

The most common myth around tax on cryptocurrency is that the point of taxation only occurs when a cryptocurrency is converted back into Australian Dollars (AUD).

In reality, taxing points occur every time a cryptocurrency unit you hold is sold, exchanged or otherwise disposed of. This could include:

1. Converting or exchanging for a different cryptocurrency unit (e.g. exchanging Bitcoin for Dogecoin);

2. Exchanging or purchasing for goods or services (e.g. paying a supplier for medical equipment using Ethereum); or

3. Cashing out to 'real' money (e.g. converting your Ripple to US Dollars (USD)).

In cases where an event occurs to a cryptocurrency unit that does not cash out to AUD, the taxation will apply to the AUD market value of the exchange/conversion/purchase etc. **How are cryptocurrencies taxed?**

While cryptocurrencies can be used in much the same ways as traditional currency, they are not a type of currency according to Australian taxation laws. Instead, they are treated similar to other investments, such as shares, for income tax purposes.

As a result, a cryptocurrency investment will be considered a Capital Gains Tax (CGT) asset. Capital gains are taxable at a taxpayer's marginal income tax rate, and the general CGT discount may apply if the cryptocurrency unit has been held for longer than 12 months.

Conversely, capital losses are quarantined and are only able to offset against future capital gains.

Similar to share trading, there may be situations where trading cryptocurrency may instead be deemed to be business income. This may apply where there is a high volume of trading, the units are held for a short term and there is a business-like method or strategy underlying the transactions. The difference between being an investor compared to a trader can be a grey area.

Where a medical practitioner is deemed to be a cryptocurrency trader, no CGT discount applies, however, losses are able to be applied against other ordinary income (such as salary and private practice income).



It is important for medical professionals investing in cryptocurrency to understand the tax implications and to maintain detailed records of transactions in order to be prepared properly for tax time.

Medical practitioners should also consider how to structure cryptocurrency investing or trading and whether it may be best to hold cryptocurrency through an entity, rather than personally, due to asset protection risks.



Emergency Centre	07 3834 4455
GP Hotline	07 3834 4490
Rehabilitation	
Inpatient Services	07 3834 4391
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

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Should you have any questions regarding cryptocurrency taxation, please contact Angela Stavropoulos or Kristy Baxter from Pilot's Medical Services division on taxmed@pilotpartners.com.au or (07) 3023 1300.



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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For more information or to make a referral, please contact: St Andrew's Breast Care Service Level 4, St Andrew's War Memorial Hospital, 457 Wickham Tce, Brisbane T **07 3834 4488** F **07 3834 4291** E sawmh.breastcare@uchealth.com.au W standrewshospital.com.au/breast