ST JOHN OF GOD
Midland Public & Private Hospitals

Midland

GP UPDATE

June 2016

Mr Palan Thirunavukkarasu, Mr Ruwan Wijesuriya, Dr Mary Theophilus and Mr Joel Stein

General surgeons take the lead in theatres

Experienced general surgeons at SJG Midland Public and Private Hospitals are offering more options close to home for people in the east metropolitan region by providing surgical care to public and, for the first time, private patients.

Head of General Surgery, Dr Mary Theophilus said the general surgeons working across the public hospital and the co-located private hospital had a wide variety of subspecialty experience.

"We have a comprehensive range of services including, for the first time in this region, on-site oncology and chemotherapy to support multidisciplinary colorectal cancer surgery," she said.

"We also have subspecialty trained endocrine, renal access, upper GI (UPI) and breast surgeons with a focus on benign UGI and breast surgery as well as catering for all general surgery.

"We provide 24/7 surgical consultant-led cover for emergency procedures and complex patients can be admitted to the hospital's Critical Care Unit as their condition requires."

Dr Theophilus said surgeons had a focus on offering laparoscopic procedures to help reduce recovery times.

"Our surgeons have low wait times which means patients are able to access the care they need in a timely manner," she said.

General surgeons admitting patients to the private hospital:

- Mr Graeme Clarke - (08) 9274 1181
- Mr Siva Gounder - (08) 9462 5694
- Dr Ravi Rao - (08) 9370 9686
- Mr Joel Stein - (08) 9462 5694
- Dr Mary Theophilus - (08) 9462 5694
- Mr Palan Thirunavukkarasu - (08) 9462 5694
- Mr Ruwan Wijesuriya - (08) 9462 5694
- Dr Sze Ling Wong - (08) 9462 5694

CEO message - Dr Glen Power

St John of God Midland Public and Private Hospitals continue to grow their activity and range of services provided, with more than 70,000 patients treated in the six months since opening.

It is wonderful to see all areas of the hospital working towards full capacity and particularly satisfying to see our intensive care physicians leading the 12-bed Critical Care Unit. This enables the hospital to provide care to the critically unwell at levels not seen previously in this region. This edition of the newsletter introduces you to our Head of Department Critical Care Unit, Dr Michelle Ross-King who joins us from the United States of America.

Referrals to our private physicians are also increasing. Our co-located private hospital allows patients to use their private health cover, choose to be treated by a specialist of choice and reduce their wait time.

For more information about SJG Midland Private Hospital including referral information, please see http://www.midlandhospitals.org.au/private/

I am also continuing to visit local general practices to build close relationships with GPs and practice staff.

If you wish to arrange a visit, please phone my office on (08) 9462 4911.

Discharge summaries

The hospital is working hard on a solution to ensure discharge summaries are sent to each patient's GP.

As an interim measure GPs can request a copy of a discharge summary by emailing the patient's details to mi.healthinformation@sjog.org.au or by fax on (08) 9462 4063.

The discharge summary will be sent back by email or fax.

RACGP CPD Sessions

Date	Topic	Location
14 June 6.30pm	The latest in urology: paediatrics and male adults	SJG Subiaco Hospital
27 July 6.30pm	Plastic Surgery	SJG Midland Hospital
20 August 8.00am	Obstetrics and Neonatology (40 points)	SJG Subiaco Hospital

For full details or to register, please contact: E: elise.bertoncini@sjog.org.au T: (08) 9382 6127

Dr Michelle Ross-King, Head of Department Critical Care Unit

Q. Why did you become an intensivist?
I started medical school with the intent of becoming an obstetrician, but it became clear on my first rotation in an intensive care unit that it was the place for me. It had all the elements a curious scientist/doctor would want; patient interactions, physiology, pharmacology, invasive procedures and a collegial environment.

Q. What is the key to working in intensive care?
The key is to remember we are caring for patients and their families at potentially the most difficult time in their lives. We have the technology to do so much for patients, and while we must be aggressive to treat disease, we must always maintain the patient's dignity and respect.

Q. What is your background experience?
I studied medicine at Michigan State University and completed my physician, pulmonary, and critical care training at Yale University and Wayne State University, all in the USA.

I worked in Hawaii as a medical and cardiac intensivist before immigrating to Perth where I worked at Sir Charles Gairdner and Royal Perth Hospitals. I subsequently completed my Fellowship with the College of Intensive Care Medicine of Australia and New Zealand. I then worked at Vassar Brothers Hospital, USA as an intensivist before coming to Midland.

Q. Why did you choose to work at Midland?
I worked in Perth for four years before venturing out to regional hospitals in WA and locum positions in Queensland. I enjoyed the variety of medical presentations and the ability to use all my training in day-to-day clinical practice.

Q.Why is it important for Midland to have an intensive care unit?
Our young and excited team of doctors, nursing, and allied health staff are keen to focus on local community needs. We have strong relationships with tertiary hospitals to facilitate appropriate transfer of care in both directions. We recognise many families cannot easily travel to the tertiary hospitals, so if we can safely manage their family member here, or if we can bring them back when their tertiary level needs are met, we want to do so.

Q. How are you guiding evolving intensive care?
Building the unit from the "ground up" gives us the unique opportunity to draw from our diverse backgrounds with practitioners coming from Australia, the UK and the US. Each brings knowledge of state-of-the-art practices, standards and innovation allowing us to implement creative strategies in the practice and management of the level I ICU/HDU environment.

Our doctors training backgrounds include: anaesthetics, emergency medicine, and general medicine. Our training includes medical education, echocardiography, ultrasound, doctor-patient relations, standard ICU procedures, and ventilation management. Most importantly, we have a commitment to provide excellent care to the Midland community.

Pregnant women to benefit from shared care

Working in partnership with local GPs to care for pregnant women was the focus of the hospital's first antenatal shared care workshop.

Head of Department Obstetrics and Gynaecology, Dr Chris Griffin said linking with GPs to provide ongoing antenatal care was pivotal for expectant mothers, who first attend the hospital when they are about 20 weeks' gestation.

"The first step is to make sure GPs know what tests to conduct and to ensure the results are directed to the hospital," he said.

"We are also committed to keeping GPs up-to-date with the woman's care at the hospital and how they can refer their patients back to the hospital if their condition changes.

"Shared care is about putting patients first and enabling them to receive ongoing care through their GP while also having quick access to hospital services when necessary."

Dr Griffin said providing shared care was becoming the standard process for antenatal patients at public hospitals.

"Women also benefit after giving birth as they are more familiar with their GP which means they may be more comfortable discussing ongoing concerns, including issues such as post-partum depression," he said.

Specialist update - Changes in cataract management and micro-incision surgery

Dr Ross Littlewood, Midland Eye Clinic (08) 9374 0620

Disabled patients with transport difficulties, and country patients who needed to stay overnight for a post-operative visit after cataract surgery, can now enjoy a more rapid recovery with less post-operative visits.

Smaller surgical incisions, improved surgical equipment, and better methods of applying topical anaesthesia have all combined to enable painless surgery without an injection. As sensation and movement recover fully within an hour there is no need for post-operative patching or a next day visit.

This is achieved when a topical anaesthetic is applied with a lubricating gel and contact is maintained with the eye until anaesthesia is achieved. A 1.8 mm 'micro-incision' is performed and more anaesthetic is placed inside the eye. The use of a tight wound results in stable pressure during surgery, providing a painless experience.

The post-operative check is performed an hour or two after surgery when the anaesthesia has worn off, and at that time if there is surface irritation it usually resolves with lubricants.

Usable vision is typically available the same day which is a great benefit for one eyed patients. Due to improved accuracy of pre-operative measurements most eyes have a good focus without glasses within a few days of surgery.

The combined effect of new technologies has been to reduce the barriers to care for patients from remote areas or those with disabilities, who find frequent post-operative visits a logistical challenge.

In addition, a wider range of lens designs and more accurate biometric measurements deliver good results for patients. Good vision is increasingly easy to access due to constant technical improvements over the last few years