



ST JOHN OF GOD

Midland Public & Private Hospitals

Midland

GP UPDATE

October 2016

CEO & DMS Message

We are delighted to announce the State Government's recent award of a contract to St John of God Midland Public Hospital to provide 800 endoscopy procedures for patients from across the State. In addition, St John of God Health Care contributed more than \$100,000 for additional endoscopy equipment, allowing this valuable work to begin in September.

Dr Mike Babon and the Department of Anaesthetics recently achieved interim advice of their full accreditation as a training site from the Australian and New Zealand College of Anaesthetists, which is a wonderful result. The hospital also achieved General Surgery training accreditation through the Royal Australasian College of Surgeons with congratulations due to Dr Mary Theophilus and the Department of Surgery for this great outcome.

As part of our Aboriginal health strategy, we are excited to confirm two new clinical services being offered in conjunction with specialist providers. The Lions Eye Institute has begun an ophthalmology clinic working with Derbarl Yerrigan Health service and any other GP referrers. The clinic will focus on Aboriginal Eye Health and will be run by consultant ophthalmologist Dr Hessom Razavi. In addition, Patches Paediatrics, operated by Dr James Fitzpatrick and his team working with Midvale Primary School, are undertaking a child development clinic at the hospital every month. Referrals can be made via the Outpatients Department in both cases, telephone (08) 9462 4293 or fax (08) 9462 4085.

Dr Glen Power, Chief Executive Officer & Dr Allan Pelkowitz, Director Medical Services

Pulmonary and cardiac rehabilitation outpatient programs

Pulmonary and cardiac rehabilitation outpatient programs have been running at the hospital since December 2015. Please see the accompanying factsheet outlining inclusion and exclusion criteria and referral details for the respective programs, to which general practitioners can refer.

Meet Dr Amanda Boudville Head of Department Aged Care and Rehabilitation



Q. What is your medical background?

I am a UWA graduate and completed my specialist training in Geriatric Medicine in Perth, before completing a two year fellowship in Canada. I then worked at Swan Kalamunda Health Service from 2001 until 2015. Over the past few years, my clinical work has centred on stroke and movement disorders.

Q. How has aged care/stroke/rehab care changed in the last five years?

In stroke we have moved into use of tissue plasminogen activator and clot extraction. In aged care there have been changes in regards to managing patients, including establishing a geriatric evaluation and management service, increased use of rehabilitation in the home, enhanced management of delirious patients and the ability to offer rehabilitation to younger patients. There is an increased recognition of the importance of geriatricians in the care of acutely unwell frail elderly.

Q. Why is it important that these services are provided close to home for patients in the east metropolitan region?

It means patients and families are in a familiar area and we can provide long term care for the vast majority of issues our older patients face. Often patients' carers are also elderly, so having

their loved one's medical care close by is of great importance. It also means we can be part of the community and work together to improve the health of our local area. One of the most rewarding things about my job is knowing my patients over many years, often through multiple problems.

Q. What is SJG Midland Public Hospital doing to continually improve patient care?

We have links with other providers and work closely with our Aged Care Assessment Team to ensure patients receive the right services at the right time. We have started an inpatient falls response team for patients admitted with falls or at high risk of falls. This is a multidisciplinary team led by a geriatrician who aims to address falls risk factors and prevent inpatient falls. Some of these patients are followed up post discharge in our multidisciplinary falls clinic.

We are really excited as a group of geriatricians to be able to provide increased services – both public and private – in the new hospital. We have been able to expand the number of geriatricians and now provide a 24 hour a day, 7 day a week service.

Full chemotherapy service

St John of God Midland Public Hospital provides a full range of chemotherapy services, delivering about 1300 treatments since opening in December 2015.

Clinical Nurse Consultant, Chemotherapy and Cancer Services, John McKenna said his nursing team work alongside medical oncologist, Dr Martin Buck, haematologists, Dr Shane Gangatharan and Dr Tony Calogero and visiting radiation oncologist, Dr Rohen White.

"We provide a range of anti-cancer treatments including chemotherapy, immunotherapy and targeted therapies," he said.

The majority of referrals are received from cancer clinicians at Sir Charles Gairdner Hospital and Fiona Stanley Hospital following state-wide tumour collaborative meetings for breast, gynaecological and lung cancer.

"We hold a Midland colorectal cancer multidisciplinary team meeting every fortnight with discussion and collaboration for both neo-

adjuvant and adjuvant treatment pathways," he said.

"We are currently able to review a high proportion of new medical oncology referrals within 14 days of referral and provide initial treatment within seven days of specialist review."

Known cancer and chemotherapy patients have access to a Cancer Clinical Nurse Consultant for toxicity assessment and support.

Our Clinical Nurse Consultant is happy to support our GPs with any queries and can be phoned on (08) 9462 4000. Referrals can be made through CRS or directly via email MI.Referrals@sjog.org.au or fax (08) 9462 4085.



Spotlight on Ophthalmology

Optimising cataract surgery outcomes from toric and multifocal intraocular lenses

By Dr Johnny Wu

About 40 per cent of patients presenting for cataract surgery have significant astigmatism, a type of refractive error caused by an irregular shaped eyeball. Cataract surgery results can be optimised with toric intraocular lens (IOLs) in patients with astigmatism, available for both public and private patients. Toric IOLs provide more predictable and stable refraction compared to previous methods using manual keratotomy or corneal incisions.

Optimal Biometry (measuring corneal curvature and ocular axial length) performed using IOL Master or Lenstar with dry eyes corrected, together with using IOL toric correction calculation with new generation formulae such as Holladay II, provide more accurate astigmatism axis and power for correction.

Micro-incision under topical anaesthesia, careful intraoperative marking of the steep axis, and foldable/injectable toric IOLs with precise

centration and minimal rotation provide effective long-term correction of spherical and astigmatic errors and maximise visual quality with quick postoperative recovery.

The current range of toric IOLs can correct from one to six dioptres of astigmatism.

Private health funds generally cover multifocal and an extended range of focus intraocular lenses to further improve the likelihood of clear vision for near, intermediate and distance vision. However, it is important to discuss the positives and negatives of the various IOLs available, including the small possibility of night vision disturbance and glare from some IOLs.

The impact on patients is significant, a more stable and predictable refractive outcome translates to increased success in achieving a spectacle-free lifestyle and optimal visual quality after cataract surgery.



Dr Johnny Wu, Ophthalmologist

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Why do you enjoy working in ophthalmology?

My fascination with ophthalmology dates

back to medical school when I was awarded the Royal Australian & New Zealand College of Ophthalmologists prize. Ophthalmology provides a good balance of medicine and surgery. I enjoy working as a part of a multi-disciplinary team with GP colleagues, optometrists and physicians, particularly for patients with chronic diseases such as diabetes. It is worth it when patients can see well again after treatment or cataract surgery, with improved quality of life.

What is the best patient outcome you have had?

A very high proportion of patients can achieve driving vision and a good proportion can achieve 20/20 vision. It is very pleasing when a patient with previously diagnosed amblyopia (lazy eye)

surprises everyone and achieves 20/20 vision after cataract surgery.

Why is it important you are working in Midland?

I have worked in Midland since my return from surgical fellowships in the United Kingdom and North America, operating locally at Swan District Hospital and now at St John of God Midland Public and Private Hospitals.

Using up-to-date equipment and evidence based practice guidelines; I provide a comprehensive ophthalmology service locally – including diagnosis and treatment of glaucoma, diabetic retinopathy and age-related macular degeneration. I provide emergency cover for patients with sudden vision loss and/or ocular pain. In addition, I perform pterygium, glaucoma, eyelid and squint surgery for both public and private patients, providing easy local access to a range of services.

Changes in diagnosis and treatment options for prostate cancer

By Dr Paul McRae

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Although some of the issues surrounding the early diagnosis and treatment of prostate cancer remain controversial, community demand and the search for the best possible treatment persist.

MRI scanning is increasingly useful in detecting early cancers and accurately assessing disease stage and MRI-Ultrasound Fusion biopsy techniques can further improve accuracy. These biopsies are taken via the perineum. As they are more time and technology consuming, they have not replaced the standard transrectal ultrasound and prostate biopsies, but are appropriate in specific cases.

In-line MRI guided biopsies are also available, offering even greater accuracy, but generally reserved for more complex diagnostic situations.

PMSA-PET scans improve accuracy of staging and are particularly useful for suspected lymph node recurrence following previous radical prostatectomy, when PSA failure indicates recurrence. This technique is capable of accurately localising small recurrences.

A prostate health index blood test is available (although not yet on Medicare) for increased accuracy of diagnosis of early prostate cancer and gives a greater specificity for cancer detection which helpful in equivocal cases.

Robotic assisted laparoscopic radical prostatectomy continues to increase in popularity as the preferred treatment for localised prostate cancer. The results in terms of cancer clearance, preserving urinary continence and preserving erectile function are comparable to open prostatectomy, but the length of stay in hospital is certainly improved.

Radiotherapy techniques include various forms of brachytherapy, which continue to improve. Image guided radiotherapy has reduced the complication rate of external beam radiotherapy. This is achieved by inserting markers into the prostate to assist with planning and guiding the treatment.

The latest developments include various methods for removing or ablating localised prostate cancer, without prostate removal. These treatments are not yet proven, but stereotactic treatment using electrical current (NanoKnife) is available in certain centres. It claims benefits of no incisions, less damage to healthy tissue and fewer side effects and can be repeated if new tumours develop, but the role of this treatment is yet to be determined.

Prostatic urethral lift treatment using UroLift sutures is also available for treating BPH in patients who are medically unsuitable for surgical intervention. Sutures are inserted transurethrally to open the urethra by retracting the anterior aspect of the lateral lobes of the prostate. Randomised studies of this treatment continue.

Treatment for workplace injuries

A new injury management service based at St John of God Midland Private Hospital means rapid access to surgical treatment for work related injuries.

Focused on workplace injuries and private patients, this comprehensive service is led by a team of four highly experienced plastic surgeons, Mr Ravi Gurfinkel, Mr Sam Cunneen, Mr Andrew Crocker and Mr Wysun Wong, and supported by the hospital's nurses and allied health practitioners who are skilled in injury management and rehabilitation.

The service covers hand and limb injuries,

lacerations, crush injuries and blunt trauma, re-plantation of detached fingers and soft tissue trauma.

The team is focussed on the best outcome for the patient by delivering the right treatment at the right time to allow as rapid a return to work as possible.

Phone the UltraHand hotline on 04498-ULTRA (0449 885 872) 24 hours a day, seven days a week.

For more information, visit www.ultrahand.com.au

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