

Medical matters

The Pindara Private Hospital Newsletter



Pindara Private Hospital
 Allchurch Avenue, Benowa QLD 4217

07 5588 9888

Issue 1
 November 2008

PINDARA
 PRIVATE HOSPITAL

Pindara's Redevelopment Operation Gets the Green Light



Proposed Medical Centre with carparking, view from park

Pindara Private Hospital's redevelopment is progressing at a rapid rate, having recently received preliminary planning approval from the Gold Coast City Council. To fast track this rebuilding phase the Ramsay Health Care Board wasted no time in approving \$60,000,000 for Stage One.

Stage One will include

- four new theatres
- 50 new private rooms
- a 450 bay multi-level carpark
- a five level medical suite building

Initially two new Operating Theatres will be commissioned and the latter two to come on line as required by demand.

Within the redevelopment plans Pindara will also be refurbishing the existing older patient rooms and converting most of the shared rooms into single rooms. Pre-works, including demolition of the old administration building, will commence in the next few months with construction expected to commence by April 2009.

For the convenience of Pindara's staff, an agreement with Education Queensland has been negotiated use of part of the adjoining school

land to construct a 150 bay staff carpark. These works are expected to commence in October 2008 and will be completed before Christmas.

Over the next few years there will be a flurry of building activity making Pindara Private Hospital the optimal health care facility for the community, patients, doctors and staff.



Carpark and Medical Centre view from South

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Pindara & Education – What the Doctor Ordered

Pindara Private Hospital is successfully running GP Education evenings across the Coast during 2008 and beyond.

The evenings thrive on General Practitioner involvement; round table, interactive discussions take place with GPs encouraged to BYO questions and have these answered by our Consultants and Emergency Physicians. It makes a rapid fire evening of informal dinning and informed dialogue!

This year we have covered Orthopaedics – acute joint injuries, knees, shoulders and hips. The Whole Woman – from infertility to menopause, Triple O '08 Mandatory CPR – an emergency medicine workshop including management of chest pain in the GP surgery, myocardial infarct, case studies and 'hands on' training in CPR. C-Change – an update on new directions in drug treatment of cancer, workshops in irregular bleeding, cervical and breast cancer, cancer of the GI tract.

Pindara Private Hospital's held its first TOP DOCs! GP education weekend at Peppers Salt Resort and Spa, Kingscliffe, on 23rd/24th August with a plethora of interactive education topics from abnormal paps, deafness, fits, faints and funny turns to a session with pigs trotters! It was a resounding success with great feedback received from the attending GPs.



Should you require any further information or our Diary Dates for 2008, please contact Kerrin Groves, Hospital Liaison/Marketing Co-Ordinator, Pindara Private Hospital on 55889144 or email grovesk@ramsayhealth.com.au.

Chicken Pox in Pregnancy

It is important to reflect the significant impact Chicken Pox can have on pregnancy outcome. Although varicella infection was once seen as a childhood norm, primary infection in pregnancy can have adverse consequences in both mother and baby. In utero infection is mostly seen within the first 20 weeks of pregnancy and risks of varicella syndrome after maternal infection are 0.5-2%. The period of organogenesis (until 16 weeks gestation) is critical and insults like varicella infection at this time can have dermatomal scarring (70%), limb anomalies and low birth weight.

Maternal varicella infection late in pregnancy may result in neonatal infection. If maternal infection is between five days pre delivery and two days post delivery the neonatal consequences can be severe.

Some evidence suggests maternal varicella infection is more complicated when pregnant if compared to the non-pregnant state. Maternal morbidity is greatest if infection occurs in the third trimester with pneumonitis being the major complication.

The optimum treatment includes:

1. The vaccination of all women preparing for pregnancy who are non-immune
2. Including varicella in the antenatal screening tests so immediate reference to immune status can be made if exposure to varicella occurs
3. If exposure in pregnancy and non immune patients should be offered Varicella Zoster Immunoglobulin (ZIG) within 96 hours of exposure.

While not of the same significances as chicken pox, there is a recommendation for all pregnant women to have the flu vaccine in the high risk season. All the Obstetricians at Fertility Gold Coast would be happy to answer any questions on pregnancy matters.

Dr Michael Flynn

Obstetrics & Gynaecology

A.C.A.T. Assessment

If you have a patient admitted it is important to be aware of people caring for a spouse, friend or relative maintaining a current A.C.A.T. approval. This would enable respite to be accessed (if available) if a crisis should arise and the carer requires hospitalisation.

The old days of admission for respite is no longer an option and not profitable. If admitted without an adequate diagnosis the daily bed fee can then be charged to the patient. Also after an A.C.A.T assessment a patient is expected to take the first bed available, even if it is not one of their choices. Should they decline they are reclassified as a Nursing Home Type Patient (N.H.T.P.) and must pay the difference in the daily bed fee.



◀ New Specialists ▶



**Dr Jacobus
(Jorrie) Jordaan**
General Surgeon

Jorrie grew up in Pretoria, South Africa, migrated to Australia in 2001 and became an Australian Citizen in 2005. He has been living and working on the Gold Coast since 2003.

Jorrie's speciality interests are

- Laparoscopic Surgery
- Gastrointestinal Surgery – Upper and Lower GI
- Endocrine Surgery
- Endoscopy – Upper and Lower GI
- Bariatric Surgery

Contact details:

Suite 9, Pindara Place, 13 Carrara Street,
BENOWA QLD

Tel: (07) 5597 5344

Fax: (07) 5597 5376

Mob: 0404 834 269



Dr John Meulet
Cardiologist and
Electrophysiologist

John is returning home to the Gold Coast to join Drs Guy Wright-Smith, Shailesh Khatri and Geoff Trim at The Cardiac Centre consulting at Pacific Private Clinic and John Flynn Hospital providing procedures at Pindara Hospital and John Flynn Hospital.

He gained his FRACP in Cardiology at the Royal Brisbane, Princess Alexandra and The Prince Charles Hospitals and has just completed a two year Fellowship in Clinical Cardiac Electrophysiology at The Cleveland Clinic, voted the number one cardiac hospital in the USA for the last 13 years.

John's special interests include all rhythm disturbances and their management, including curative ablation of SVT's including Atrial Fibrillation, Cardiac Re-synchronization therapy (CRT) for heart failure, Pacemaker and ICD implantation and extraction.

Contact Details

Pacific Private Clinic, Suite 5, Level 4, 123 Nerang Street
SOUTHPORT QLD 4215

Tel: (07) 5591 6774

Fax: (07) 5591 6775



Dr Steven Stylian
Medical Oncologist and
Clinical Haematologist

Steven is a Medical Oncologist and Clinical Haematologist who consults and admits to the following hospitals - Pindara Private, John Flynn Private and Allamanda Private and utilises the Day Oncology Units at Pindara, John Flynn and Pacific Private.

Steven's speciality interests are

- Stem Cell Transplantation
- Apheresis
- Palliative Care

Contact Details

AHC House, Suite 6, Level 1, 14 Carrara Street
BENOWA QLD 4217

Tel: (07) 5597 1305

Fax: (07) 5597 1205

Pindara day Oncology Service

Pindara has commenced a Day Oncology Service as of the 17th June 2008.

The service offers 6 recliner chairs with highly trained and efficient RN's managing the administration of Day Chemotherapy/ Remicade infusions/ Blood transfusions/Aredia Infusions/Iron Transfusions and the like.

The service is currently operating Tuesday, Wednesday and Friday with the potential to expand to 5 days per week as demand allows.

Pindara is very proud of this Unit, offering a homely and personal touch and feedback received from our patient's experience in the Unit has been very positive. Cancer Council volunteers visit to offer support to our patients whilst in the Unit.

Below: Leah Egan and Monica Reay



21 years of Emergency Care

The Pindara Emergency Centre opened its doors and treated its first patient almost 21 years ago this year. With an ever expanding medical community it has evolved to become an integral part of the gold coast community's medical infrastructure. The first Private Emergency centre in Australia now servicing a community demanding access to a higher grade and choice of medical care.

For patients with private health cover Pindara is supported by an extensive list of quality specialist surgeons and physicians providing a significant alternative to our burdened public hospital system.

The Pindara success is the result of the willingness and motivation of its supporting specialist medical practitioners to provide their expertise and services to patients in the co-operation environment of the hospital.

The depth of specialist services available means more comprehensive medical care and greater satisfaction for patients and staff.

The Pindara Emergency Centre treats over 20,000 emergencies per annum and strives to cultivate this co-operation. Over the last decade we have endeavored to improve communication and forge relationships with the local practitioners providing 24 /7 emergency care to their patients with an understanding of their individual preferences for their patients.

We look forward to working closer with our referrers and service providers to improve the Pindara Experience.

Ramsay Health Wins Largest Corporate Team Award

Pindara & John Flynn Private Hospitals entered over 150 staff, doctors, family and cardiac rehab patients taking out the Largest Corporate Team Award in the 2008 Gold Coast Marathon. The Gold Coast Marathon had over 20,000 participants this year, awarding it the largest marathon event in Australia.

The Ramsay Health team entered various events from the 42km marathon, 21km ½ marathon, 10km fun run, and a large contingent completing the 7.5 km walk.

Some impressive times were recorded with one Ramsay walker coming in 10th position in front of the thousands of entrants on the day.



Dealing with obesity

Dr Jorrie Jordaan, General Surgeon

Eating habits & diets

One of the reasons that diets do not achieve successful weight loss is that people get bored with food choice and dislike the repetitious nature of a diet

For significant weight loss a diet needs to consist of a daily calorie intake of approximately 1000 for women and 1200 for men, making it difficult to sustain for longer periods.

Hunger is the overriding factor for people losing motivation.

Most diets are unsustainable and over the long term may actually lead to weight gain.

Exercise

Exercise improves vascular health, increase metabolic rates and promote weight loss but is only marginally effective in weight reduction.

Weight loss medications

Weight loss medications promote fast, short term weight loss. Once it is stopped the "switch off" mechanism is taken away and old eating habits are quickly picked up again.

Laparoscopic adjustable gastric banding

The most important mechanism of its action is inducing a feeling of satiety. Even if patients have not eaten they do not feel hungry. Patients can miss a meal or eat late and not have the perpetual focus on food that they have had for years. When the patient eats the second mechanism of action comes into play, namely a rapid sense of fullness

New Look Website

The current VMO directory has been sent out to all General Practitioner's rooms. You can also view this on the Pindara website pindaraprivate.com.au or you can request a hard copy by emailing Kerrin Groves grovesk@ramsayhealth.com.au or telephone 5588 9144.

Searching for a specialist or speciality – go to www.pindaraprivate.com.au

click on 'our doctors' and there you will find a profile on Pindara's specialists.



Role of PCI in 2008

Percutaneous coronary intervention (PCI) has revolutionized the treatment of coronary artery disease for the last couple of decades. It has not replaced medical therapy or coronary artery bypass surgery (CABG) but certainly complements these forms of therapy.

The COURAGE trial showed that optimal medical therapy is essential but despite the best medical therapy, about 30% of the patients needed percutaneous coronary intervention for symptom relief.

A recent meta-analysis (JACC Sept 9, 2008) of 17 trials showed that PCI resulted in 20% reduction in mortality over medical therapy in patients with stable coronary artery disease.

The SYNTAX and CARDia studies presented at this month's European Society of Cardiology conference in Munich showed that PCI with drug-eluting stents for multivessel disease resulted in similar primary endpoints (death and myocardial infarction). Although there was a small increase in need for repeat procedures in the PCI group, this was offset by reduced strokes compared to the CABG group.

With so much favourable evidence for PCI, patients now have an option for treatment of complex coronary artery disease. There is no single therapy that is best suited for all patients but with careful consultation with the treating cardiologist, majority of the patients can be treated percutaneously, thereby reducing the recovery time from weeks to days and also reduce other potential complications associated with surgery.

Dr Shailesh Khatri

Interventional cardiologist