Winter 2014 Newsletter

Welcome to our 2014 Winter Newsletter for Liverpool Day Surgery (LDS).

FROM THE CEO

Welcome to our Winter Newsletter. It's been a busy year at LDS which has seen the introduction of a number of new initiatives.

As well as extensive upgrades to our equipment, we have had a number of new specialists join us and I would like to take this opportunity to welcome them to LDS.

We have had lots of feedback from our local GPs since we have started our lunch and learn visits. The visits are attended by our medical specialists with talks based around their areas of particular expertise. The talks can be tailored to a topic of your choice, so please feel free to contact us if you have a particular area that you would like to be the basis of an interactive learning module to be held at your practice.

In response to requests from our referrers, LDS will be holding a regular series of GP medical education seminars. The first in the series will be: "Orthopaedics: Common conditions of the hip, knee, shoulder and ankle – Adults and Paediatrics." The presenters for the evening will be Assoc Prof John Ireland, Dr Arash Nabavi, Dr Tim O'Carrigan and Dr Quang Dao. The seminar will be held in October and invitations will be issued as we get closer to the date.

It is our first priority at LDS to work with our surgical specialists and our health care team to deliver excellence in patient care and to that end I am always pleased to receive any feedback you have regarding our services.

Tony Geftakis
CEO
P: 9601 4488

Your day is important to us

Liverpool Day Surgery Leading the Way with CO2

Colonoscopy is being increasingly performed in Australia and around the world. It is the gold standard test for the early detection of bowel cancer and increasingly being used for the prevention of bowel cancer by removal of pre-cancerous colonic polyps. The National Bowel Cancer Screening program is now in full swing, providing protection from bowel cancer for the Australian public, but also resulting in many more colonoscopies being performed.

The quality of colonoscopy has improved dramatically over the years, with high definition cameras now giving doctors the sharpest view they have ever had of the inside of the colon. In order to achieve such excellent views, the colon has to be distended to aid in the visualisation of its interior. Previously this had been achieved by pumping room air into the colon. While this did the job, many patients were left with quite significant abdominal pain and cramping following the procedure, sometimes lasting for several hours and often delaying discharge from day surgery after the procedure. Occasionally pain was severe enough to warrant overnight admission.

Carbon dioxide (CO2) is a gas that is rapidly absorbed into the blood stream and does not last long within body tissues. It 'dissolves' into the blood stream and is then exhaled in the breath. This quality has made it ideal for use in laparoscopic surgery, where it is used to inflate the inside of the abdomen, but then quickly diffuses into the blood stream and is exhaled in the breath. Similar to laparoscopy, colonoscopy involves the insufflation of gas into the colon. Switching from room air to CO2 to insufflate the colon has resulted in dramatic improvements to patient comfort following the procedure. It is now extremely rare to have patients with significant pain following colonoscopy where CO2 has been used instead of room air.

Liverpool Day Surgery (LDS) switched from air to CO2 insufflation some time ago. The doctors noted a dramatic and immediate reduction in post colonoscopy patient discomfort. So much so, that the switch to CO2, long discussed at Liverpool Hospital by the same doctors, was expedited due to their experience at LDS. It is now rare for a patient to have their discharge delayed following colonoscopy and many patients who have had colonoscopy previously with air insufflation have commented on how much better it is now.

Dr David Abi-Hanna
Gastroenterologist, MBBS, FRACP, BSc(MED), PhD

Barret's Oesophagus

By Dr Milan Bassan, Gastroenterologist

Barrett's oesophagus is a condition that develops in the lower part of the oesophagus. It is a response to prolonged acid exposure from gastro-oesophageal reflux disease (GORD).

In Barrett's oesophagus the cells of the lining of the lower part of the oesophagus change to resemble those of the intestine (a process called intestinal metaplasia). These intestinal type cells are more resistant to acid injury than the normal squamous cells of the oesophagus.

Whilst the change to intestinal type cells does not cause any specific symptoms the main concern is that Barrett's oesophagus carries a small risk of progressing onto oesophageal cancer (adenocarcinoma).

Barrett's oesophagus is usually diagnosed at endoscopy to investigate symptoms of GORD (heartburn, regurgitation, difficulty swallowing). It is recognised at endoscopy by the extension of the red velvety lining seen in the stomach above the top of the stomach, replacing the pale glossy lining of the oesophagus. Biopsies are taken of the area to confirm the diagnosis.

The main risk factor for developing Barrett's oesophagus is GORD. The risk in increased with increasing age, smoking and male sex.

When Barrett's oesophagus is suspected, close inspection of the area is performed at endoscopy. This is to not only carefully define the extent of the Barrett's but also to assess for any areas where the lining has nodules or masses as these areas are most likely to contain dysplasia or cancer. The use of advanced imaging technologies (such as iScan that is available on the Pentax endoscopes at the Liverpool Day Surgery) helps better define surface and vascular patterns to help target biopsies to the areas of most concern. If there is a lot of inflammation or ulceration the procedure often needs to be repeated after treatment of reflux as the inflammation can make biopsies hard to interpret.

When biopsies of an area of Barrett's oesophagus are assessed by a Pathologist they check not only for the characteristic features to confirm the diagnosis but also closely review the samples for the presence of cancer cells or pre-cancerous changes (dysplasia) that may be early (low grade) or advanced (high grade).

The ongoing management of Barrett's oesophagus depends on the results of the biopsies and in particular if dysplasia if present. If Barrett's oesophagus is present then acid suppression therapy is usually prescribed. For patients with no dysplasia the American Society of Gastrointestinal Endoscopy (ASGE) guidelines recommend that patients discuss the role of further endoscopy with their Gastroenterologist as the risk of progression to cancer is low (about 3% over ten years). If further endoscopic surveillance is to be undertaken then repeat endoscopy in 3-5 years is recommended (however an early repeat endoscopy in 6-12 months is sometimes considered if

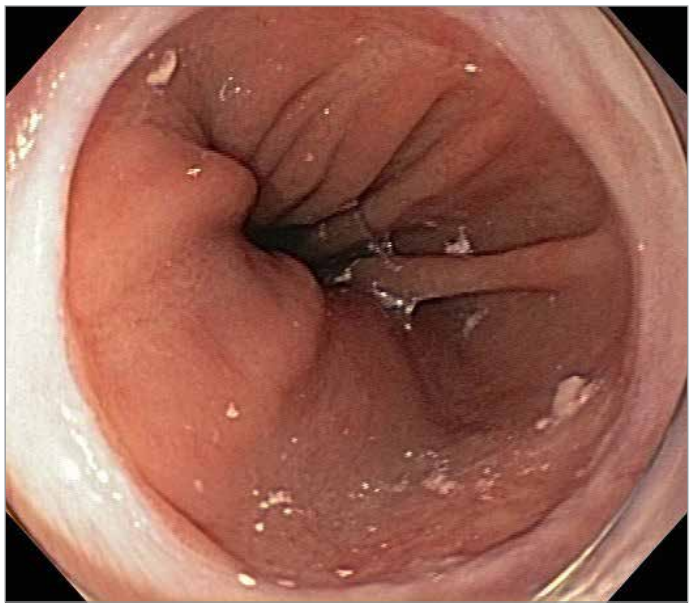

Figure 1 - Normal gastro-oesophageal junction

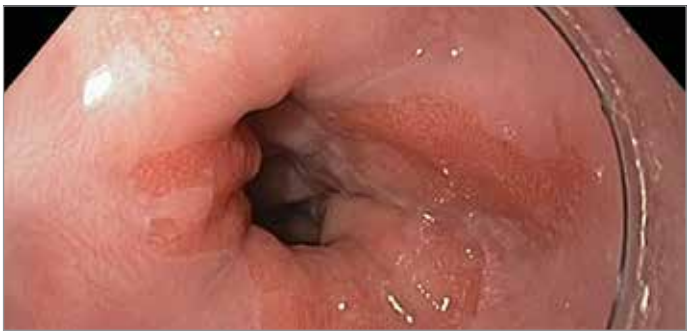

Figure 2- Barrett's oesophagus

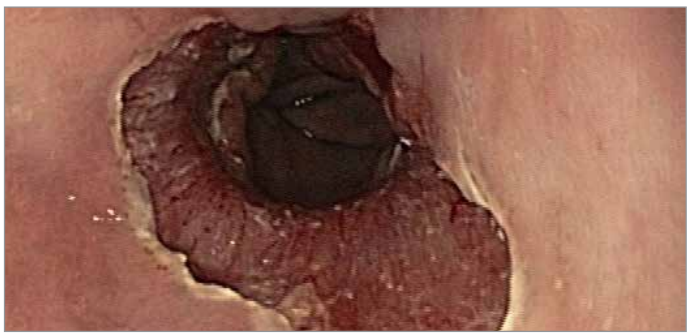

Figure 3 - The area of Barrett's seen in figure 2 following endoscopic mucosal resection

there is significant inflammation or to obtain a full set of mapping biopsies). In the setting of low grade dysplasia the endoscopy should be repeated in 6 months with extensive sampling and if low grade changes persist annual surveillance is recommended. The risk of progression from low grade dysplasia to cancer is just under 1% per year. High grade dysplasia generally should have treatment due to the high risk of progression.

High grade dysplasia and selected cases of Barrett's confined to the oesophageal lining (intramucosal carcinoma) can usually be effectively treated endoscopically. Techniques including endoscopic mucosal resection and radiofrequency ablation can be used to remove or destroy the affected tissue with an excellent safety profile, minimising the need for major surgery. All these treatments are available in the local area. After treatment regular surveillance endoscopy is still required.

Liverpool Day Surgery has an experienced team of endoscopists, anaesthetists and endoscopy nurses to undertake surveillance and diagnostic endoscopy.

Procedures are usually done under sedation so that patients are asleep for the procedure but have a rapid recovery. Image enhanced endoscopy is available to help further define and characterise any concerning areas found at endoscopic procedures.

Dr Milan Bassan
Gastroenterologist MBBS (Hons), FRACP

All appointments and enquiries can be made by calling **9601 7766**

Suite 2, Level 1, 105-119 Longstaff Avenue, Chipping Norton, NSW 2170 | Fax: 9601 7789

Medication Safety

The Australian Commission on Safety and Quality in Health Care has developed a set of National Safety and Quality Health Service Standards. Standard 4 is Medication Safety.

Medication Safety requires health service organisations to implement systems that reduce the occurrence of medication incidents and improve the safety and quality of medicines used.

LDS medication safety systems are governed by the Drugs and Therapeutics Committee (DTC) which consists of our Chief Executive Officer, Specialist Visiting Medical Officer, Specialist Anaesthetist and the Director of Nursing.

The DTC have developed a set of policies, procedures and protocols that meet legislative requirements and are based on best practice principles.

LDS has adopted to use the National Inpatient Medication Chart (NIMC). The NIMC is a suite of national standard medication charts, used to order and record the administration of medications.

Our clinical workforce have also adopted the National Recommendations for User-Applied Labelling of Injectable Medicines, Fluids and Lines to identify the contents of containers and lines used for, and with, injectable medicines and fluids and the patients for whom the medicines and fluids are intended.

Medication incidents and adverse drug reactions are a standing agenda item on the DTC. To date, LDS has had no medication incidents or adverse drug reactions.

All members of the clinical workforce at LDS are committed to ensuring that systems are in place for the safe prescribing, dispensing, supplying, administering, storing, and monitoring of the effects of medicines.

Tanya Bennett
R.N, Grad Cert HSM, DIP Applied Science (Nursing), Director of Nursing

LDS introduces Dr Georgiana Tang

MBBS, MRM, FRANZCOG | Clinical Director at City Fertility Centre

Dr Georgiana Tang graduated from the University of New South Wales (UNSW) in 1992 and trained at St George Hospital. Georgiana commenced her specialisation in Obstetrics and Gynaecology at Liverpool Hospital, in the Sydney South West Area Health Service (SSWAHS). In 2004, she completed a Master of Reproductive Medicine from the University of Western Sydney.

Dr Tang has recently joined City Fertility Centre. She has practiced reproductive medicine for the past 15 years. Her practice includes the management of all aspects of fertility (from evaluation to treatment), general gynaecology and laparoscopic surgery.

She has also been a co-founder of a number of IVF units.

Dr Tang is well known for her personalised and friendly approach with patients. She prides herself on providing the highest standard of care and strives to achieve the best outcome for her patients.

30 Seconds with Dr Tang

I grew up in… Hong Kong and moved to Australia in my teenage years to study. I have been living in Sydney for the past 30 years and I try to go to Hong Kong every 2 years to visit my family.

When I am not working… I am painting. I have been learning Chinese Painting for 3 years now and I love it.

Most people don't know that… I play the piano and really enjoy Chinese Opera (it's kind of daggy I know!).

My greatest achievement is… establishing a fertility and gynaecology practice with the help and support of GPs, colleagues, patients and my wonderful family. I couldn't have done it without them.

The best advice my parents gave me was… be kind and always try your best even if you don't succeed.

Dr Georgiana Tang strives to accommodate new patients within ten working days.

For all appointments:

Gynaecology, IVF and Fertility Care Phone: **(02) 9822 2988**

Consulting locations:

LIVERPOOL
Level 1, Suite 2, 11 Elizabeth Street,
Liverpool NSW 2170

WESTMEAD
Suite 32, 1A Ashley Lane,
Westmead NSW 2145

New Orthopaedic Imaging Tower welcomed by our Specialists

"The new tower gives us a state of the art visual display system, which gives an unparalleled view of shoulder and knee joints. The result is more precise surgery and better outcomes. It is a welcome addition to an already excellent facility."

Associate Professor John Ireland

WANT TO LEARN MORE ABOUT LIVERPOOL DAY SURGERY?

Please contact our CEO **Tony Geftakis** for more information, and to arrange a tour of our facility and details on our consulting suites: **tony@liverpooldaysurgery.com.au** or phone **T: (02) 9601 4488**

F: (02) 9821 4627 | **E**: admin@liverpooldaysurgery.com.au | **W**: www.liverpooldaysurgery.com.au