



ST JOHN OF GOD
Murdoch Hospital

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VOLUME 6 ISSUE 13 insidehealth.net.au

Hotel-style room
service arrives at
Murdoch:

The impact of food on
health and healing
in hospital

See inside for more
special features!



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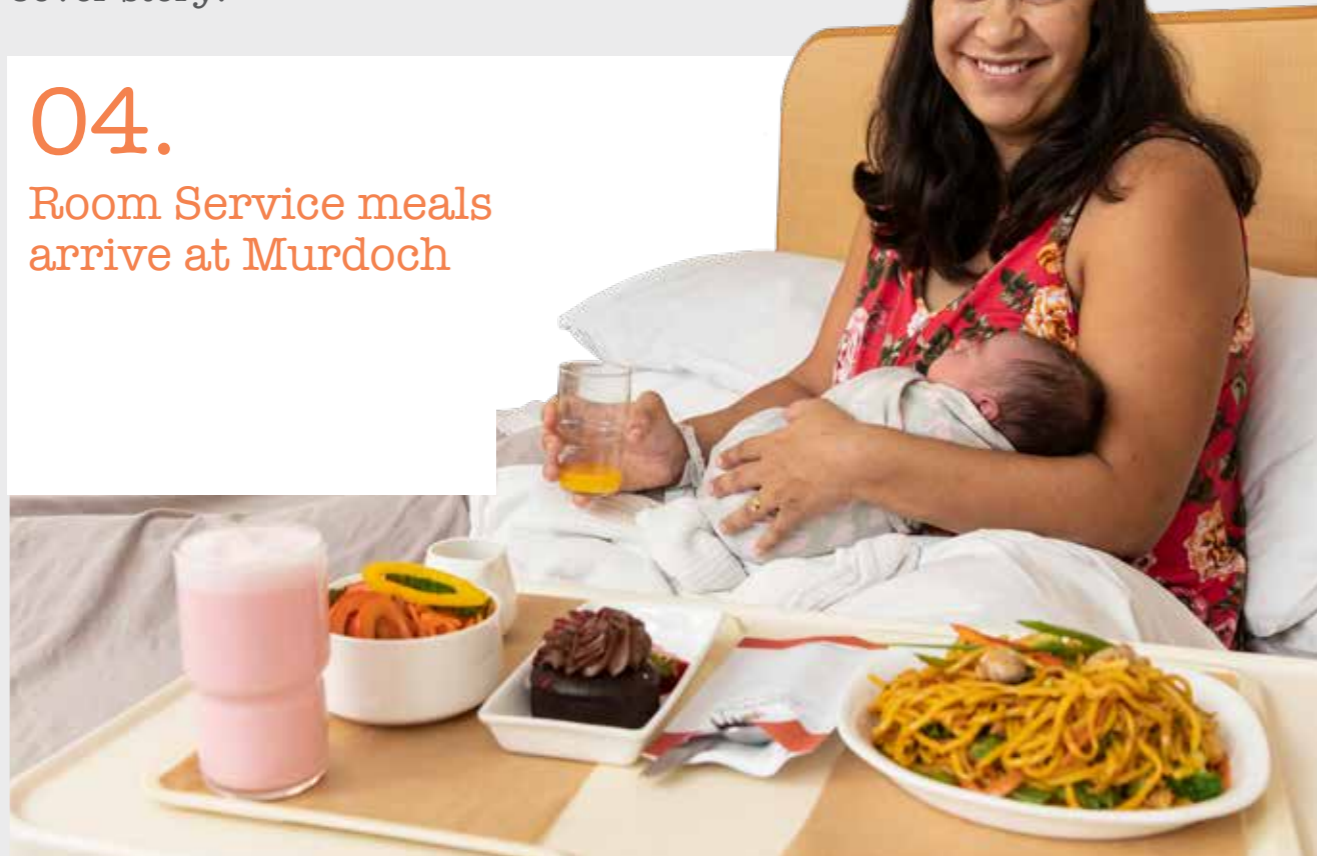
Inside Health

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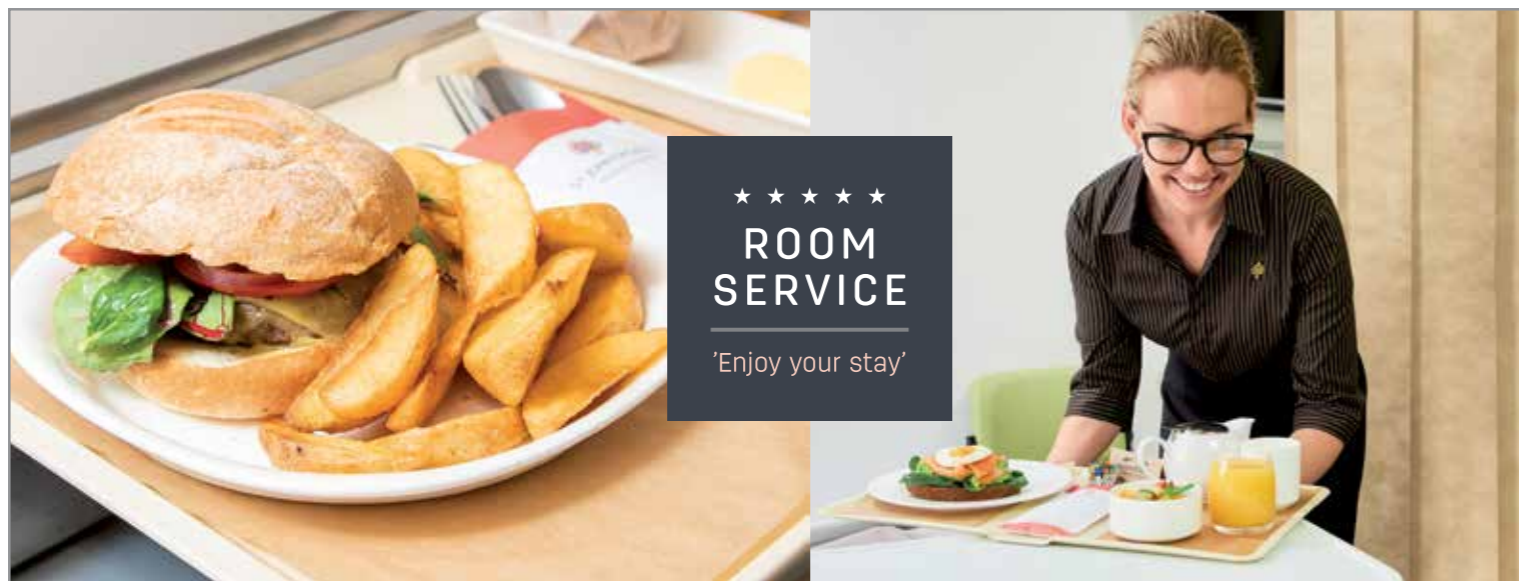
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★★★★★
ROOM SERVICE
‘Enjoy your stay’

Room service now on the menu.
Hospital food that's nothing like hospital food.



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Room Service meals arrive at Murdoch

Room Service is now a normal part of being an inpatient at St John of God Murdoch. Each patient can now order from a wide menu over the phone anytime between 6.30am and 8pm.

Best of all, all meals, snacks and drinks are included in your hospital fee!



Just some of the delicious menu options available:

- French Toast
- Eggs Hollandaise
- Grilled Barramundi
- Tofu Stirfry
- Steak Burger
- Pasta Ratatouille
- Create your own rolls
- Scones
- Wedges
- Smoothies

Food and beverage is an integral part of healing and core to the overall patient experience.

The Room Service menu now offered only at St John of God Murdoch has been designed with you in mind, ensuring you not only receive the best nutrition during your stay with us, but that you truly enjoy your meals.

Adhering to national nutritional standards and working closely with our chefs, this menu has been personally designed by our senior dietitians.

Taste, texture, nutritional profile, allergens and ease of supply were all considered before food items were added to this menu.

Our chefs and dietitians have ensured that dishes can be easily modified to suit multiple diet types and allergy requirements without compromising on taste and presentation. It was important to the team that we were able to provide a menu to patients on therapeutic or modified diets that was as close as possible to the main menu.

From healthy salads, stirfrys and sandwiches, to in-between treats and a sneaky burger and fries, the caregiver at Murdoch room service are here to help you enjoy your stay.

Learn more and view our menus at www.sjog.org.au/murdochroomservice

Tag us at #murdochroomservice

How does it work?

When you admit as an inpatient at Murdoch, you'll find a special Room Service menu in your room. Depending on your nutrition requirements, this might be a special dietary option menu. You can browse the list of main meal, snacks and drinks options and when you're ready to eat, call the number from your bedside or mobile phone and place your order.

Your food will be delivered to your room shortly after. Don't forget to order your barista coffee at any time using the same system! Yum!

If you need assistance to order or select your food, our Menu Monitors are available to help you in person or on the phone. If you have not ordered meals for a duration of time, our caregivers will be alerted and can assist you.





FUN FACT

Our Menu Monitors are located on the lower ground floor of the Hospital in a purpose-built call centre.

Role of a Menu Monitor

Caregivers working in our dedicated call centre will answer your call and assist you with any questions you may have about your meal choices.

These menu choices are entered the order into the menu system so that the docket is printed in the kitchen ready for our chefs, cooks and food service assistants to prepare your meal. If a family member or loved one wants to order on your behalf, they are able to phone the call centre too.

If you require any assistance with ordering, or have not placed an order for two consecutive meals Menu Monitors will also be visiting wards throughout the day.

To contact our menu monitors, call 88897 from your bedside phone.

Role of a Ward Host

The Ward Hosts are responsible for delivering your meal from the kitchen right to your bed. They will collect all the meals ready to be delivered to your ward in a special trolley.

Meals are then distributed to patients on the ward, making sure that the correct meal has been delivered to you. You should be asked to confirm your name and any dietary requirements on delivery. Ward Hosts are usually assigned to a particular ward, as each area caters for different patients with various requirements. Your Ward Host will be familiar with the protocols of your ward, such as special dietary requirements for particular surgeries.

Ward Hosts are able to answer any questions you have about your meals.

FUN FACT

The trolleys used to deliver your meals are called Burlodge trolleys. These are designed so that one side of the trolley keeps food warm, and the other keeps food cold.



FUN FACT

It takes more than 16,000 loaves of bread per year to feed the patients at St John of God Murdoch Hospital – that's a lot of bread!

Shining the spotlight on breast cancer

In 2020, the Australian Institute of Health and Welfare estimates that a total of 19,998 Australian women and 170 Australian men will be diagnosed with breast cancer.

That's roughly 55 Australians who will receive a new diagnosis each day.

The positive news is that most people survive breast cancer and go on to live long, happy lives.

The five-year survival rate for women diagnosed with breast cancer is 90.1%. Improvements in survival are attributed to earlier detection of breast cancer through regular mammograms, regular self-examinations and improved treatment outcomes for breast cancer. The chance of surviving at least 10 years is now 83%.

While many people have heard of breast cancer, because it is one of the most common cancers in women, let's dive a little deeper into what it is, risk factors and treatment options.

What is breast cancer?

Breast cancer is the abnormal growth of cells lining the breast lobules (milk-producing glands) and breast ducts (passages that drain milk from the lobules towards the nipple). Sometimes it can also begin in the fatty and fibrous tissue of the breast. The breast cancer cells grow uncontrollably and over time can spread into surrounding breast tissue. This is called 'invasive breast cancer' and has the potential to spread to other parts of the body.

Breast cancer is not one disease. There are different types and subtypes of disease that are referred to as breast cancer.

There are non-invasive breast cancers where the abnormal cells haven't left the ducts or lobules of the breast and invasive where they have spread outside of these. There are different types of both forms of breast cancer and also sub types of these.

The main sub types are hormone receptor positive, HER2 positive, and triple negative breast cancer. These sub types are what guide the treatment that is recommended to you.

There are different stages of breast cancer according to how far the cancer has spread, 0 being non invasive and stage 4 is where the cancer has left the breast and spread around the body and is called metastatic breast cancer. Breast cancers are also graded as to how fast the cells replicate 1 being slow- 3 (high grade) being more aggressive. All these factors dictate the treatment and the risk of the cancer coming back again.

What are some of the risk factors for breast cancer?

There are certain risk factors for developing breast cancer, which include;

- Being a woman
- Getting older
- Inheriting a faulty gene
- Having a strong family history of breast cancer.

Are there any ways to prevent breast cancer?

Keeping fit, maintaining a healthy weight, minimising alcohol intake, having children before the age of 30 and breast-feeding for at least 12 months are things that may help protect you from developing breast cancer.

What are some warning signs?

Everyone's breasts look and feel different. You may have lumpy breasts, one breast larger than the other, breasts that are different shapes, or one or both nipples that are inverted, which can be there from birth or happen when the breasts are developing.

Become familiar with the normal look and feel of your breasts. There's no right or wrong way to check your breasts for any changes. Try to get used to looking at and feeling your breasts regularly. You can do this in the bath or shower, when you use body lotion, or when you get dressed. Just decide what you are comfortable with and what suits you best.

Remember to check all parts of your breast, your armpits and up to your collarbone.

When you check your breasts, try to be aware of any changes that are different for you.

Things to look for:

- a new lump in your breast or armpit
- thickening or swelling of part of your breast
- irritation or dimpling of your breast skin
- redness or flaky skin in your nipple area or your breast
- pulling in of your nipple or pain in your nipple area
- nipple discharge other than breast milk
- any change in the size or the shape of your breast
- pain in any area of your breast.

If you have any concerns, contact your GP.

Screening and breast awareness

Breast screening, otherwise known as a mammogram, is a low dose x-ray examination of the breasts. It can sometimes detect breast cancer before there are any signs or symptoms.

Women aged 40 and over are entitled to a free mammogram every two years. From age 50 to 74 years women are sent letters inviting them to have screening.

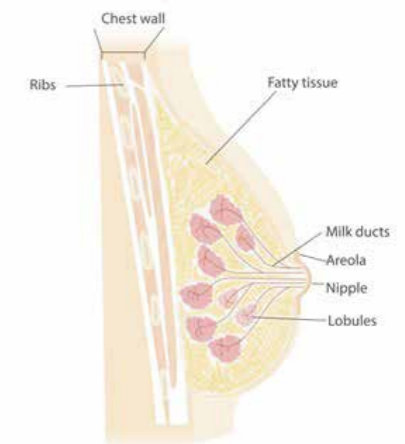
For those at increased risk, yearly mammography may be offered and for those

at very high risk breast MRI may be available outside of the Breast Screen WA program.

Even with regular mammograms, any changes in the breasts should be reported to your doctor, as breast cancers can develop between mammograms.

Mammographic screening is less effective in the detection of breast cancer for women under 40 years of age however women of any age can get breast cancer – if you are in this age brackets and have you have any concerns, suspicious lumps or breast changes see your GP immediately.

Understanding female breast



Diagnosis and surgical options

Your GP will examine your breasts and refer you for a mammogram.

If any abnormality is detected you will be recalled to have another diagnostic mammogram and other screening if required, such as an ultra sound or MRI. The lesion may also be biopsied, this is known as the "triple test".

Should you receive a positive diagnosis for breast cancer, you will be referred to a breast surgeon who will discuss your treatment options.

Breast cancer is treated in different ways. Your specialists will talk to you about which options are best suited to your individual needs.

The preferred option is breast conserving surgery which also involves sampling the sentinel node (the node closest to the lesion) which is also usually followed up with a course of radiotherapy, or a mastectomy. If you have a mastectomy you may be offered a reconstruction, which is usually performed at a later stage if you are requiring other treatments such as chemotherapy.

It may be that your case is discussed in a multi-disciplinary meeting where a team of specialists discuss the best course of treatment for you.

The members of your medical team that you may see could include:

- surgeon
- medical oncologist
- radiation oncologist
- breast care nurse
- oncology nurse.





Breast care pillow donation

Women who have to undergo breast surgery for cancer have been gifted breast care pillows to make their recovery slightly easier.

These cushions were donated by WAQA members including Gwen (pictured) who have sewn in love and best wishes with each stitch. What a beautiful gift!

Breast Care Nurse Tania Norman and Gwen with the donated pillows



Tania Norman
Breast Care Nurse
St John of God Murdoch Hospital

The role of the Breast Care Nurse

A diagnosis of breast cancer can be very frightening and many will have concerns about body image, self-esteem, sexuality and the impact on relationships. There can be significant financial impacts on the woman and her family and uncertainty over the future. Many women who have breast cancer, feel helpless and powerless.

The psychological impact of breast cancer may last long after the diagnosis is made.

Women in particular are more vulnerable to adverse outcomes, including anxiety and depression, being economically disadvantaged or have poor social support.

While some patients receive all of the support that they require from family and friends, others greatly benefit from the support that breast care nurses provide.

Timely access to a breast care nurse (BCN) can greatly assist women going through treatment for breast cancer. Breast care nurses improve the continuity of care for women, collaborating with the treatment team acting as the woman's advocate providing important information, emotional support and referral to other services for a wide range of needs experienced by women.

As the Breast Care Nurse at Murdoch I will have been notified of a woman/man who is to come into hospital for her breast cancer surgery by the surgeon's practise manager and will have been given a background on her type of cancer, and if necessary her social circumstances. I will then contact her over the phone to establish a repour and hopefully friendship so that she feels she can confide in me and share her feelings and worries.

There are many resources and services available to the woman and one of my roles is to ensure she has access to them.

Breast Cancer Network Australia provides an invaluable resource titled *The Guide to Early Breast Cancer* which is particularly useful if someone is needing immediate information.

I can assist the woman to get access to this online and order a hard copy if needed.

Every lady who has surgery for breast cancer is entitled to a free postoperative bra which I arrange.

At St John of God Murdoch Hospital we are supported by some wonderful craft groups who make special cushions to provide comfort for those ladies who have auxiliary surgery and or a mastectomy. Some groups also make bags to ensure carrying any drains around is much easier.

Breast Cancer Care WA is an organisation based in Cottesloe that has Breast Care Nurses, counsellors, support groups, pamper days and can also provide assistance with cleaning and financial concerns.

Other services that I can refer people to include a wig library, counselling, legal aid, social programs, prosthesis providers, regional services and allied health professionals.

These services assist in meeting the woman's psychological, social, physical and spiritual needs.

I will meet the woman face-to-face either on the day of surgery or the morning after. Here I can provide her with extra written resources, discuss specific post-operative care and continue to grow our friendship and therefore support.

The woman will receive her pathology results within 7-10 days which dictates what other treatment may be required to prevent her cancer coming back. This could be a mix of hormone treatment, radiotherapy, chemotherapy or all three.

I will phone again following these results to check that she has understood what she has been told to discuss and address any concerns she may have.

I will stay in touch as long as my service is required, with some women needing ongoing support for longer than others.

How can you help a newly diagnosed cancer patient?

Hearing a friend or family member has been dealt a cancer diagnosis can mean you are struggling with your own emotional response, as well as wondering how you can effectively communicate and help that person.

Both emotional and practical support can be a huge help for anyone newly diagnosed with cancer but sometimes it's hard to know the right thing to say and how to help.

Here are a few tips:

- be available to listen. Let your friend know that you're available to come over when needed but also respecting their need for space
- be yourself. You don't need to worry about not knowing what to say and sometimes, not saying anything is the best support

- let them know you care. Many people find it difficult to ask for help. Helping may be in the form of cooking a homemade meal or offering to do the grocery shopping. Some other ideas include helping with pets or kids, light cleaning and driving them to medical appointments. You might even be able to work out a roster of family and friends to cover each medical visit
- call or visit as normal, but be respectful of times. Make sure you don't turn up unannounced and please stay away if you are unwell yourself
- ask what else they would like you to do and listen for clues.

Things that won't help:

- telling your friend about the latest cure or treatment you've heard about
- telling them horror stories about other people with cancer
- stopping regular contact such as ringing or visiting
- telling them to change their lifestyle or diet
- reminding them it could be worse
- tell them to 'be positive' - it may make it hard for them to talk to you about how they really feel.



(one for women) Tracey Simmons-Garbin with bub Aldous James was the first mum to access the One For Women program at St John of God Murdoch Hospital.



One For Women provides a new birthing option at Murdoch

A new offering is helping expectant mums access private maternity care for a low fixed price.

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One For Women is a one-stop maternity care option which includes specialist obstetricians, GPs, expert midwives, and health professionals with expertise in breastfeeding, unsettled babies, nutrition, psychology, and physiotherapy.

The full antenatal service is less than \$990 out of pocket and women can give birth at St John of God Murdoch Hospital or St John of God Mt Lawley Hospital.

Parmelia resident Tracey Simmons-Garbin was the first woman to give birth at St John of God Murdoch Hospital through One For Women, when she had son Aldous James (AJ), on 13 March.

"I found the program online quite late in my pregnancy and found it to be a brilliant service," Tracey said.

"I received good care at Murdoch and overall it was a great experience."

Tracey stayed at St John of God Murdoch Hospital for four nights, a standard stay for our maternity patients.

St Mary Ward Nurse Manager Sue Bradshaw said the One For Women model was an alternative to the traditional obstetrician-led model.

"Women have a greater choice of how they can come to St John of God Murdoch Hospital to enjoy our facilities and excellent care," she said.

"The service offers allied health care in addition to their obstetric care so the service really is all about supporting women through the journey of childbirth and beyond.

"We welcome all patients to St John of God Murdoch Hospital whichever journey they take."

One For Women Medical Director and Co-founder Dr Stuart Prosser said he was pleased to see the different model of maternity care expand to St John of God Murdoch Hospital.

"Tracey did a wonderful job with Aldous and we're so pleased that they are our first Murdoch birth. We couldn't be prouder of them and our team," he said.

For more information, please call One For Women on 9328 0500 or visit www.oneforwomen.com.au

Details on hospital charges can be discussed with St John of God Murdoch Hospital on 9428 8838.



Podcasts now live at Murdoch

St John of God Murdoch recently introduced podcasts as part of cohesive and comprehensive patient care. In the first podcast, we discussed all things breastfeeding with lactation consultant and midwife, Jodi Albuquerque.

St Mary ward Nurse Manager Sue Bradshaw said the breastfeeding podcast was designed to give an overview of a commonly asked topic.

"We know that new mums have lots of questions about breastfeeding, both while staying with us after birth and also once they are home," she said.

"We wanted to provide mums with some general information, tips and also who to reach out to if they feel they need further professional guidance.

"Podcasts are a great platform to communicate with young women and something they can listen to any time of day or night while they might be up with bub."

In the first podcast, Midwife and Lactation Consultant Jodi Albuquerque discusses common breastfeeding problems. She also discusses the role Murdoch's maternity ward St Mary ward and caregivers play in helping a new mum on their breastfeeding journey.

"Breastfeeding difficulties are something that most mums will experience," Jodi said.

"The degree of difficulty will depend on the support she receives, her understanding of how breastfeeding works, her willingness to adapt to baby's needs and genetics.

"Every mother and baby is different and they may require various alternatives in order to manage particular feeding problems and this might include things like positioning and attachment difficulties, painful breastfeeding or mums might have flat or inverted nipples.

"These are the practical side of breastfeeding that can be difficult but it is really important to look at those other social issues. In different cultures breastfeeding isn't the ideal way to feed their babies, mum might have some close family or friends who have had negative breastfeeding journey and that can be quite unsupportive for a mum when she is starting her breastfeeding journey.

"There are also social circumstances where mum might have to go back to work early and breastfeeding in the workplace can be difficult."

Jodi also discusses common problems such as mastitis in the podcast and some helpful tips to identify this early.

Listen to the podcast via sjog.org.au/murdoch and go to the blog section.

Maternity virtual tour

Check out our virtual tour of the St Mary's ward, birthing unit, nursery and patient room now available.

The tour also includes links to our doctors, facility information, parent education classes and to book an in-person tour.

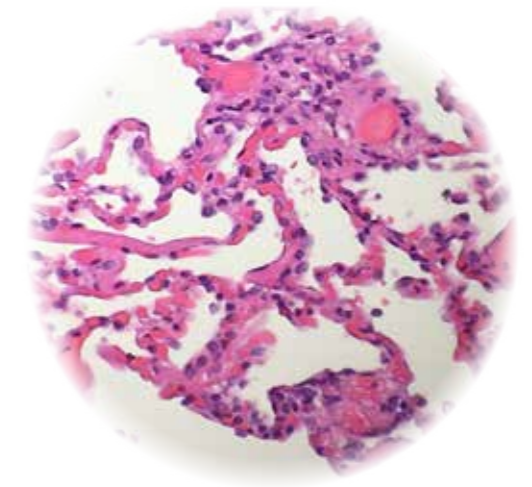
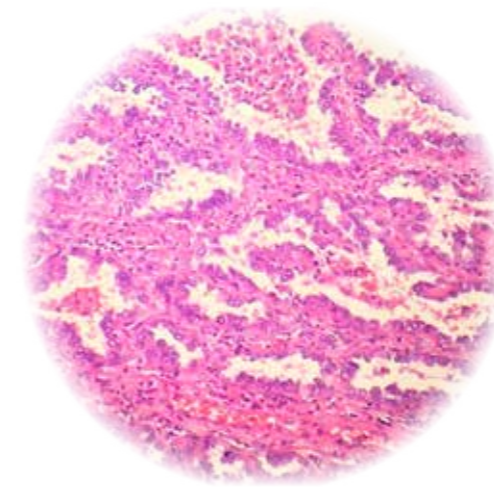
For more information visit <https://sjog.org.au/murdochmaternity>

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including more than
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more than
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Insight: Murdoch's Junior Medical Officers learning on the job

With a state-of-the-art medical training facility and a focus on wellbeing and professional development, Murdoch Hospital is a workplace of choice for upcoming doctors.

Murdoch offers junior medical doctors, otherwise known as JMO's, a place to start and expand their careers across a range of fields.

Deputy Director of Medical Services Dr Emily Kuzich said our reputation for excellence in clinical care and first class tertiary level services made Murdoch a hospital of choice for medical professionals.

"What sets Murdoch apart is our high tech simulation and learning centre and our tailored career support," she said.

"We seek to support each and every individual junior doctor's wellbeing, professional development, and career progression."

"At Murdoch we are very fortunate to have an incredible cohort of doctors who are not only hardworking, but also compassionate, caring individuals."

"Our partnerships with other SJOG sites means we can offer experience ranging from emergency, surgery, and medicine, through to obstetrics, oncology and palliative care."

Junior doctors also have a chance to gain experience in general and respiratory medicine, as well as coronary care, general surgery, gynaecology and geriatrics through rotations in these areas.

Dr Kuzich said junior doctors are supported with professional development and one-on-one direct consultant supervision. They receive weekly tutorials and also have access to a brand new JMO lounge to unwind.

"We aim to create a positive work environment for our doctors and we have a strong focus on culture here," Dr Kuzich said.

"We also provide rostering for a comfortable work-life balance to ensure our doctors are well-rested and best able to care for our patients."

MURTEC

The acronym stands for Murdoch Training and Education Centre and MURTEC is part of our ongoing delivery of quality care to the patients of Perth's southern region. The centre is located at St John of God Murdoch Hospital.

Each year, hundreds of our nursing and medical caregivers undergo clinical competency training from our in-house Learning and Development team to keep their skills fresh and consistent with best practice techniques.



JMO's training on manikin

Deputy Director of Medical Services,
Dr Emily Kuzich with Junior Medical Officers (JMO's)

Art break with Brad Rimmer

Works from Brad Rimmer's Series titled 'Forever & ever' featured in Murdoch's linking corridor gallery from February. This exhibition brings together works from the series Silence, Nature Boy and Don't Look Down by this artist.

Brad Rimmer is interested in how our history, our experiences and our emotions shape us, how we arrive at a time in our lives when we can find a comfortable balance between looking back and looking ahead. How our sensory archive collects sounds, music, smells, colours, shapes and the tiniest details to trigger memories almost cinematically.

The works are based on his wheat bin art in the early 1980's before he moved to Perth and also his return trips to the country. In 2010 after numerous trips to the Wheatbelt, the exhibition of a major body of work and the publication of the monograph Silence, Brad still felt that the project was not complete.

In 2019 Nature Boy originated – a photographic book project based around a collection of short stories set in Brad's late teenage years, the last few years that he spent in the wheatbelt, before moving to Perth in 1982. Nature Boy continued his search into the ambiguous experience of collecting memory.

The artwork is on display in the Hospital gallery near main reception.



L-R: Ben Edwards CEO,
Connie Petrillo (SJGHC Art Curator)
with Brad Rimmer, artist.



Ricki Tammin, Spring 2014. Artwork by Brad Rimmer.



Nungarin Mukinbudin Road, Summer 2014. Artwork by Brad Rimmer.



CrowsNest Booramamin, Autumn 2017. Artwork by Brad Rimmer.

Shana's four-year battle with pain comes to an end with successful operation

A young woman from across the ditch has finally been able to resume her active lifestyle, thanks to treatment from a specialist at St John of God Murdoch Hospital.

In 2016, then 18-year-old New Zealand woman Shana McManus began experiencing crippling stomach pain. Despite countless scans, tests and medications, nothing was bringing her any relief.

"Over the next four years and countless medical appointment, the pain was still unexplained and I was gradually participating less in running, ballet and social activities with my friends. I was taking a lot of pain medication and sometimes couldn't get out of bed," the now 22-year-old said.

"While I was searching online for other cases like mine, I saw a YouTube clip about Perth teenager Skye Shaw, who suffered the same symptoms."

A specialist in the fields of Anaesthesiology and Pain Medicine, Professor Krishna Boddu had diagnosed Skye with 'Abdominal Cutaneous Nerve entrapment'.

Alongside her GP in Auckland, she underwent a physical exam with Prof Boddu via FaceTime, with Shana's GP acting as his hands and eyes until he was able to confirm that she too was suffering with the same nerve entrapment

Following the diagnosis, Shana travelled to Perth with her mum for surgery on Saturday 29 February. Her recovery was swift and while she was in Perth she made the most of visiting tourist sites in Perth and the southwest.



She describes her trip to Perth as an adventure.

"I wasn't sure how I was going to feel after the surgery or if the treatment would even work for me, I was anxious to say the least," Shana said.

"I woke up Sunday morning and felt no pain in my abdomen, aside from bruising like pain at each injection site, and thus began my holiday. I was told to keep active but I had no idea how active I really would be!"

"I have been able to start looking ahead and get back into activities I previously enjoyed doing prior to my pain. These activities include playing on a sports team, hiking, and other physical pursuits.

"It has been an incredible feeling waking up each morning without abdominal pain, and I have continuously been pressing down on my abdomen just to make sure it's real and that the treatment has completely worked.

"I am incredibly grateful to the team at St John of God Murdoch for their support, compassion and professionalism during my battle with nerve entrapment and I thank each and every staff member that has been part of my journey."

Prof Krishna Boddu, who has been operating at Murdoch since 2013, said that nerve entrapment was rare but can be a result of exercise, stretching or tearing of muscles and sometimes after surgical procedures.

"In searching for the cause of pain, many health professionals will focus inside the abdomen, whereas the abdominal wall, which is full of nerve endings, is often ignored," he said.

"In these rare cases, the nerve entrapment can be identified by careful physical examination, mapping of pain and the use of various imaging techniques and correlating the findings with clinical picture and the location of pain.

"Without diagnosis, Shana's pain would have gotten worse over time and this type of nerve entrapment doesn't respond well to pain medications."

Shana is continuing a strict six-week regime of exercise and stretching to avoid re-entrapment of the nerve.

Shana's story was featured on Channel Nine news.



St John of God Murdoch Hospital
CEO Ben Edwards, Deputy Director of Nursing
Procedural Services Oliver Brennan and Murdoch
Surgicentre General Manager Kelli Dawson.

Day Hospitals: what's the difference?

Smaller day hospitals, sometime known as such as day surgeries, are an alternative for patients undergoing simple, low risk procedures that do not require an overnight stay.

People who might be overwhelmed by a trip to a large hospital, can feel that a day surgery provides a less intimidating experience and provides personalised, cohesive care. Often, the same group of caregivers will see the patient throughout their procedure from admission to discharge and this can provide a closer sense of care and compassion.

A day hospital usually has a smaller physical footprint that major hospital, meaning that finding your way around is easy and the location is often all-inclusive in terms of parking, admission and facilities.

It's important to remember that day hospitals are held to the same standard of care and safety as that of a large hospital. Accreditation with the Australian Council of Healthcare Standard (ACHS) must be maintained and the quality of care cannot be compromised.

St John of God Murdoch acquires day hospital

The team at St John of God Murdoch Hospital recently announced its full acquisition of the standalone day hospital, the Murdoch Surgicentre.

The Surgicentre is located alongside Wexford Medical Centre at the Murdoch Hospital campus and holds two operating suites and recovery facilities. Procedures performed at the centre include orthopaedic, oral, ophthalmic and plastic surgeries.

While the hospital has held shares the in the centre for some time, Ben Edwards, CEO of Murdoch Hospital said that the acquisition was a benefit for both caregivers and patients at the Surgicentre.

"St John of God Murdoch has enjoyed a successful partnership with the operating group, Dencross, who are to be commended for their growth and management of the Surgicentre to date," he said.

"Our agreement to purchase the remaining shares from the other shareholders means that the centre can benefit from the resources and support available within St John of God Healthcare and new opportunities may be available in the future."

Mr Edwards also said there would be no change to the Surgicentre operations in the short term, but looked forward to building on the current services.

For more information visit
sjog.org.au/murdochsurigicentre



Kavita Sharma
Continence and Stoma Therapy Nurse

Kavita nominated for WANMEA award for Neobladder Support Group

St John of God Murdoch Hospital Continence and Stoma Therapy Nurse Kavita Sharma has been nominated for a coveted nursing award after she created a support group in mid-2018 to provide positivity and hope for neo bladder patients.

Neo-bladder procedure is a major procedure and requires a two-week stay in hospital. Patients often experience weakness of the bladder and leakage, which will likely last a lifetime.

Kavita founded the neo-bladder support group when she saw a gap in the ongoing support of patients. While stoma groups were well-established, neo bladder patients did not have the same level of services and often suffered their condition alone.

She approached her patient John, who supported her idea of creating a 'living with neo bladder' group. With his coordination and support, Kavita was able to grow the attendee numbers to 20 in just over one year. The peer to peer group meets quarterly and the attendees are all male.

Meetings feature a guest speaker or educational topic. Recent speakers include Oncologist Dr Sanjay Mukhedkar, physiotherapists and a sexual health specialist.

Some of the benefits of the support group that Kavita recognises are a sense of comradery amongst members, a more clearly defined sense of hope and changing the sense of loss to that of positivity around successfully overcoming their cancer diagnosis.

Having education and meeting previous neo bladder patients that are living well 10 or 15 years beyond their procedure gives the men encouragement to move forwards.

"Patients often don't retain much of the information from their clinical appointments so having opportunity to ask questions in an informal setting is critical," Kavita said.

She provides assessment, treatment and advice for any patient that is having continence issues, whether they are pre-existing or newly identified issues. Kavita also works with Perth Urology Clinic, which is a private clinic at the Murdoch campus.

She is a partner and advocate for her patients and acknowledges the holistic journey of those in her care.

New orthopaedic surgeon at home in the red dirt



Dr Dror Maor
Orthopaedic Surgeon
Coastal Orthopaedic Group
St John of God Murdoch Hospital

An orthopaedic surgeon who has worked with hundreds of elite athletes is now consulting in Kalgoorlie.

With a special connection to the Goldfields region, he's no stranger to the red dirt.

Dr Dror Maor is a WA-trained orthopaedic surgeon who is part of Coastal Orthopaedic Group and operates at St John of God Murdoch Hospital.

His career has taken him to all corners of the globe, working with elite athletes from the English Premier League, French National Football Team, English cricket and rugby union teams as well as elite tennis players, professional dancers and Olympic snowboarders.

"In 2018 I was the consulting orthopaedic surgeon for Chelsea Football Club when they toured Australia," he said.

"I've been a match day doctor for the Western Force Rugby Team, the Ironman and World Triathlon Championship."

While that all might sound pretty high-flying, Dr Maor has his feet firmly planted on the ground.

His wife Meghan is a fifth-generation Kalgoorlite, bearing the Liddicoat name.

Dr Maor said consulting in Kalgoorlie was a way to give back to a community the whole family cares so much about.

"All too often I see patients, families and friends having to fly to Perth to receive specialist care," he said.

"Many times they have to travel two or three times. If I can stop people having to make even just one extra trip to Perth, that not only saves them time and money but allows them to stay with their family in Kalgoorlie.

"I believe that the goldfields residents deserve healthcare as good as in Perth and this is just one way I can contribute to making that a reality.

"This is a special place with genuine people. That is why I am coming to work with the community to try and make a difference."

Dr Maor specialises in knee, foot and ankle surgery. He also has a special interest in paediatric orthopaedic surgery and surgery for athletes.

Growing up with a love of sports, he knows the impact on the body competing at an elite level.

"I've previously played tennis at a national and international level as well as competing in triathlon and the Ironman events," he said.

"I also have a special connection to the West Coast Eagles. The Eagles first year in the AFL was the year my family arrived in Australia. We have been loyal supporters ever since."

Dr Maor is consulting in Kalgoorlie on a regular basis. Procedures for privately insured patients will be undertaken at St John of God Murdoch Hospital.

For more information visit
www.drormaor.com.au

We're here for you in urgent times.

Our emergency, Cancer Care, Maternity, Surgery and other services are **safe and available right now.** Orthopaedic trauma specialists are available 24/7.

Colonoscopies: are they really that bad?

Colonoscopy. It's the dreaded procedure that most over 50's should be having on a regular basis but it can be uncomfortable to talk about and even worse to schedule into your diary.



Dr Vanoo Jayasekeran
Gastroenterologist
St John of God Murdoch Hospital

What is a colonoscopy?

It is a direct internal examination of the large bowel. It requires a specialist doctor insert a flexible instrument through the back passage under anaesthesia. This allows high definition visualization of the inside of the colon. A certain degree of preparation is required to carry out a good quality colonoscopy. This entails several days of adjustment to one's diet followed by drinking of bowel cleaning solution on the day before the procedure. Good compliance to these instructions allows your specialist the best chance possible in detecting any abnormalities of the bowel lining, in particular polyps and cancer.

What is the role of colonoscopy in bowel cancer detection?

Bowel cancer is the second most common cancer in Australia in both men and women. It is the cancer that also accounts for the second highest cancer related deaths in both sexes' and the risk increases with age.

The survival rate in Australia for bowel cancer has improved significantly in the last two decades. Amongst other contributing factors; colonoscopy has played a significant role in the detection of polyps and therefore play a crucial role in early detection of colon cancer. All bowel cancer begins as a polyp, which is an abnormal growth of cells lining the inner bowel.

When should I get one?

A colonoscopy is usually requested by your General Practitioner (GP) after a medical assessment. 'Red flag' symptoms often signal a need for a urgent referral for colonoscopy. These include, passage of blood when opening the bowels, new changes to toileting habits (e.g. diarrhoea or constipation), recurrent need to rush to the toilet and incomplete sensation of opening the bowels.

A family history of bowel cancer is also an important indication for a colonoscopy.

A personal history of previous polyps in the colon is also a strong indication for repeat colonoscopy. The interval between

procedures will depend on factors such as the size, type and the number of polyps previously detected.

Another important and frequent indication for colonoscopy is when the National Bowel Cancer Screening Test returns positive. This screening test is a simple yet highly effective test in detecting cancer and large bowel polyps. It involves returning small faeces samples to a testing facility. It is a highly sensitive test designed to detect the smallest of traces of blood in the faeces. Importantly, it is designed to detect bowel cancer in people who do not yet have symptoms. It is offered every other year to all Australians between 50-74 years of age.

A low iron level or anaemia (low blood count) or indeed diarrhoea are a common indication for colonoscopy to exclude blood loss from the colon.

Who should I speak to?

You should speak to your GP or your medical specialist to discuss your health concerns. If a colonoscopy is required, a referral will be made to a specialist who has expertise in undertaking a colonoscopy.

What happens during one?

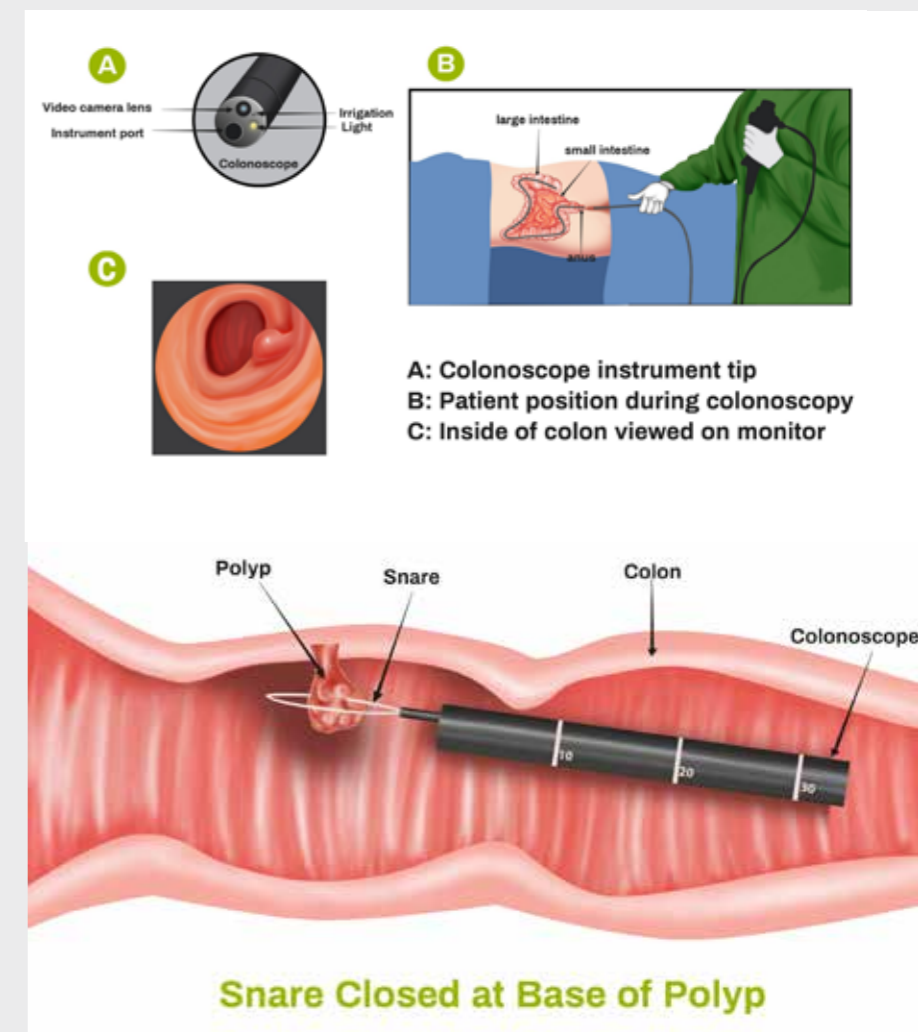
You will be sedated and closely monitored. When you are comfortably sedated, you will have the colonoscope inserted through the rectum. Your specialist will examine the relevant segments of the bowel, allowing for the taking of biopsies (tissue samples for laboratory analysis) or removal of polyps.

The procedure is undertaken in a hospital setting and usually takes about 30 minutes. Recovery is usually prompt and is usually carried out as a day case procedure.

What are the risks/rewards?

The major reward of a colonoscopy is the detection of polyps for the prevention of colon cancer. Other benefits include detection of all forms of colitis as causes of diarrhoea.

There are generally minimal risks associated with undertaking a colonoscopy. Bleeding as a result of removal of a polyp may occur but it is easy to manage. Bowel wall injury (perforation) is a very rare complication.



**June is Bowel Cancer
Awareness Month.**

**We're here in
your time of need.**

Our emergency, Cancer Care, Maternity, Surgery and other services are **safe and available right now.**

Your endometriosis questions answered

Gynaecological specialist Dr Simon Clarke from Cove Medical answers our questions about endometriosis.



Dr Simon Clarke
Gynaecological Specialist

What is endometriosis and why does it cause pain?

Endometriosis is a progressive, chronic, oestrogen-dependent condition, in which cells similar to those that line the inner cavity [endometrium] of the uterus grow in locations outside the uterus. Most commonly this occurs in the pelvis and abdominal peritoneum, but it can occur in abdominal scars, and occasionally outside the abdominal cavity.

Endometrial cells in endometriosis multiply to form patches / plaques on other organs, sometimes infiltrating deeply. As with all endometrial cells, those in deposits of endometriosis respond to the stimulation of cyclical ovarian hormones, but the tissue and blood produced, which cannot be expelled from the body, can result in intense localized inflammation, causing pain and scarring [which can progress to the development of adhesions]. Deposits of endometriosis can enlarge and form cysts called endometriomas.

What are the symptoms of endo and how can I get tested if I think I have it?

Symptoms vary from woman to woman – there is a spectrum from very few symptoms to incapacitating effects. When symptoms are seemingly minimal, there may be a delay in diagnosis.

Pain is the most frequent symptom. It may occur into the days prior to and during a period, during or after intercourse, during ovulation, or a combination of all of these. The pain can be felt in the abdomen generally, pelvis, lower back, when having a bowel movement, and when passing wind or urine, dependent on the location of the endometriosis. The amount of pain doesn't necessarily depend on the extent of the disease.

Bladder and bowel problems may occur. Symptoms might be constipation or diarrhoea, the need to urinate more frequently at different times of the menstrual cycle, or bloating.

Laparoscopy is the only way to confirm clinical suspicions and diagnose of endometriosis. This operation allows the abdominal cavity to be assessed and treatment is often able to be performed during the procedure.

Does it worsen over time?

Endometriosis has been found to spontaneously resolve in 1/3 of women who are not actively treated. However it is generally considered a progressive disease, which can be unpredictable. With no known cure, the goals of treatment are to control the symptoms.

What makes a person susceptible to it?

The underlying cause for the development of endometriosis can be uncertain. The more likely causes include:

A family history, with a close relative with the condition, increases the likelihood of developing the condition.

Some feel that the condition may result from retrograde menstruation, where menstrual blood flows back through the fallopian tubes and into the pelvis, rather than being released in a period. There are, however, many cases where this is unlikely to be the cause.

Spontaneous conversion of peritoneal cells into endometrial cells seems to be a more plausible explanation in the majority of cases.

Are endo sufferers infertile?

Between 30 – 50% of women with endometriosis may experience infertility. Overall endometriosis is the third most common cause of infertility, being diagnosed in 20 – 50% of infertile women, but it can be as high as 71 – 87% in women with chronic pelvic pain. It has been calculated that the spontaneous pregnancy rate for infertile patients with untreated mild endometriosis is 2 – 4.5% per month, and those with moderate to severe endometriosis less than 2% per month. This is compared with 15 – 20% per month in couples not affected by fertility concerns.

Is it a permanent condition?

As indicated earlier, endometriosis has been found to spontaneously resolve in a third of women who are not actively treated. However it is generally considered a progressive disease, which can be unpredictable. With no known cure, the goals of treatment are to control the symptoms.

Is it genetic? Will I pass it onto my daughters?

Yes, the condition is thought to have genetic component. A family history, with a close relative with the condition, increases the likelihood of developing the condition.

There is a 10 times increased incidence in women with an affected first degree relative (mother, sister, or children). With monozygotic identical twins the incidence is very high.

How can I reduce my symptoms?

The best treatment will depend on individual needs, severity of symptoms and extent of the endometriosis. Decisions will often involve your desire to have children in the future.

There is no direct evidence that lifestyle affects endometriosis; however it is important to remain as healthy as possible:

- Gentle physical activity may help to ease the pain
- Quality sleep every night and stress management can assist.
- Pain management may involve the use of anti-inflammatory or pain medications, and some women may even benefit from complementary medicine.

How many women have it?

Studies suggest that endometriosis affects 6 - 10% (1 in 10) women of reproductive age 15 -49. The exact incidence is dependent on laparoscopic diagnosis. There seems to be no obvious racial or social differences in its incidence. The incidence seems to increase with age.

Does it increase my chances of getting cancer?

Studies have shown that women with endometriosis do have a small increased risk of developing ovarian cancer compared to the general population. 1.3% of the general female population will develop ovarian cancer, compared to less than 2% of women who have endometriosis.

Should I tell my boss / co-workers that I have it?

This will depend on how much you wish to divulge your personal health information and need to have leave from work. In an analysis of worldwide studies, 82% of women with endometriosis are at times unable carry out day-to-day activities due to endometriosis.

What is the long-term prognosis for endo sufferers? Will we ever eradicate it?

Endometriosis is generally considered a progressive disease, which can be unpredictable. With no known cure, the goals of treatment are to control the symptoms.

Hormonal medications, which will usually control the menstrual cycle (by suppressing the growth of endometrial cells), can help to reduce the pain of endometriosis. These medications include the COCP (combined oral contraceptive pill) or progestins, either by tablet or intrauterine device. Up to 95% of patients respond to suppression of ovulation medical therapy for a reduction in pelvic pain. This therapy will be inappropriate for treatment of endometriosis-associated infertility. Unfortunately, as many as 50% of women will have their symptoms return within five years with medical management.

Surgery, through the use of diathermy and excision, aims to locate and remove as many patches of endometriosis, cysts, nodules, endometriomas (chocolate cysts) and adhesions as possible, to repair any damage and improve fertility. At its worst, the condition may involve consideration of hysterectomy and removal of both ovaries, and even bowel and bladder surgery.

Where can I get more information or a referral to a specialist?

From your GP or via endometriosisaustralia.org

Volunteers help maintain health-giving gardens

Volunteer caregivers at St John of God Murdoch Hospital have helped bring a smile to the faces of our patients and caregivers through their efforts in the gardens.

Over the years, volunteers have helped makeover several gardens on the grounds, including those near the ponds and rotunda.

The effort to reinvigorate the gardens was sparked by the 25th anniversary of volunteers here at the Hospital in 2018.

A special effort was made by the volunteers to prepare the gardens surrounding the newly-erected volunteer statue ahead of the special anniversary ceremony.

Volunteers generously gave their time with all cuttings donated or cultivated by volunteers to use on multiple gardens.

Volunteer caregiver Suzanne Cooper said she enjoyed chatting to visitors while working in the gardens, particularly the native garden outside Murdoch's Training and Education Centre (MURTEC).

"People come passed and often stop to admire on the gardens or ask questions," she said.

"And children love to see the fish in the ponds too so it's a lovely focal point and conversation starter.

"Occasionally we will have blitz days where we gather and work together.

It's lovely because gardening is something that really brings people together."

Can gardens help patients heal faster?

According to several studies, patients who have access to a scenic view are likely to require less medication, lower stress levels and may heal faster.

Studies conducted in the United States and Sweden over the past three decades have evaluated healing gardens in rehabilitation and children's hospitals, with positive results for patients.

A 1995 study in northern Californian hospitals found users mostly visited gardens seeking relaxation and restoration from mental and emotional fatigue. Tree-bordered vistas of fountains or other water features, along with lush, multilayered greenery of mature trees and flowering plants, appealed most.

A more recent study in 2016 at The Lady Cilento Children's Hospital in Queensland found that their onsite gardens (a lush rooftop tropical getaway) provided significant value to patients, parents and visitors by creating a safe and peaceful environment.

In a unique approach to understanding user experience, a series of visitors' books were left on bench seats in the gardens over several weeks when the hospital first opened. The notes, poetry, letters and drawings clearly showed the space provided people a sense of peace

and helped them to be positive during difficult times, assisting them to find new perspectives and things to be grateful for.

At Murdoch Hospital, the gardens include water features, waterfalls and lush greenery, along with several benches and chairs to stop and enjoy the view. With the Hospital opened in 1994, the gardens were specifically designed to be visible from every patient room. For those who are not afforded a view due to new development, there are scenic murals visible from each room.



Empowering your treatment decisions

Free Patient Information Seminar Series



Learn about a procedure or hospital service that is of interest to you from a specialist, without a referral and in a friendly, welcoming environment.



Joint replacement

Could a knee or hip replacement be right for you?

Make the right decision about treatment and surgical options.

DATES Saturday 5 September & Saturday 17 October (Doctor: Rhys Clark)
Saturday 7 November (Doctor: Piers Yates)

TIME 10.00 – 11.30am



Bariatric surgery

Are you struggling to lose weight?

Discover the reality of surgical options to help maintain health and wellbeing.

DATES Saturday 15 August (Doctor: Harsha Chandraratna)
Saturday 12 September (Doctor: Alan Thomas)

TIME 10.00 – 11.30am



Pregnancy

Are you thinking about becoming pregnant?

Maybe Baby at Murdoch brings you the best specialists to discuss all things pregnancy and birth.

DATE Saturday 21 November (Presentations by maternity specialists and obstetricians)

TIME 9.00 – 11.00am



Patient Welfare is Our Priority

At SKG Radiology, we care about your welfare and are now Bulk Billing Medicare rebateable services for Out-patients during this COVID-19 pandemic.

As healthcare professionals we are working to protect and care for our community and we would like to reiterate the commitment of SKG Radiology to continue to provide the highest quality service, in a safe environment.

We understand that whilst COVID-19 is a significant health concern for our patients, there are many conditions where a timely diagnosis or monitoring should not be delayed.



We have implemented measures in line with those being recommended by the State Government and WA Department of Health including;

- Social distancing measures have been introduced throughout our practice.
- Pre-screening patients for COVID-19 risks prior to making a booking.
- Contactless payment options are provided.
- Online access to images and reports for both patients and treating clinicians.
- Tele-health referrals from treating clinicians are being accepted.
- Cleaning and disinfecting protocols have been reinforced.

To help our patients and staff, we ask all our patients to:

- Advise our staff if you have flu-like symptoms or are at risk of COVID-19 infection.
- Make appointments via phone or online from our website.
- Practice social distancing with a minimum of 1.5m between yourself and others.
- Practice safe hygiene.
- Are only accompanied by one other person, if required.

We thank you for your cooperation during this time and feel free to contact us if you have any questions or concerns.

Visit skg.com.au

Stay safe,

The team at SKG Radiology



All sessions held at Murdoch Function Centre



All sessions are free of charge
Light refreshments included in all sessions
Presentations by the doctor and allied health professionals
Question and discussion after the presentations

Registration essential via murdoch.events@sjog.org.au

More info at www.sjog.org.au/murdochseminar





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At SKG Radiology, we know your patient's welfare, as well as your own, is very important to you. We recognise the continuing need to provide the same great quality service across our practice, **so we are bulk-billing all Medicare rebateable services*, during this time of crisis.**



Telehealth Referrals are accepted now.

Visit www.skg.com.au/referrers/skg-radiology-telehealth/ to find out more.

**When you depend on the right result,
the choice is clear, SKG Radiology.**

* Valid for current green Commonwealth Government Medicare Card holders.

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