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**Mental Health**  
Six ways to rewire  
your anxious brain



Diagnosing  
prostate cancer

Five ways to manage  
chronic pain

Parent choice and birth  
planning at Murdoch



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## Murdoch Emergency Department Fee Increase

To help ensure the St John of God Murdoch Emergency Department is able to see those patients who most require hospital level care we are changing our fees.

**The fee for walk in patients has increased to \$295 on 11 October.**

The fee change is intended to decrease waiting times by directing patients with minor injuries and illnesses to more appropriate facilities, such as Urgent Care Centres & GPs. This will mean we have more capacity to care for very ill patients, who are likely to require hospital care.

**We encourage non-emergency patients to attend suitable treatment via:**

- General Practitioners
- St John Ambulance Urgent Care
- or to obtain non-emergency health advice via 1800 022 222

Unfortunately over recent months our ED has regularly been over capacity, which means we have to close to ambulances; typically carrying higher acuity patients. As always, the St John of God Murdoch ED is here for you in the event of an emergency.



## Cover Story – Mental Health

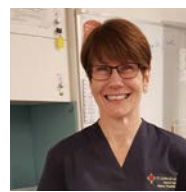
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- 04. Music therapy in Mental Health care
- 06. Mental health Services set to begin at Murdoch
- 08. Anxiety and stress: The difference
- 09. Self esteem
- 10. Six ways to rewire your anxious brain
- 12. New parents put mental wellbeing on the agenda



### Some of our special features:

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15. Advanced nursing care for patients



18. Diagnosing prostate cancer



20. Five ways to manage chronic pain



28. Parent choice and birth planning at Murdoch



Tara DelBorrello

## Music therapy in Mental Health care

There is a growing evidence base documenting the effectiveness of music therapy in the treatment of people living with mental illness.

Despite strong endorsement for the application of music therapy in the treatment of mental health conditions, a 2016 study conducted by N. Jack et al. revealed that only 37% of Registered Music Therapists (RMT's) in Australia were reported to be working in mental health. With mental health affecting approximately 20% of the Australian population, it is interesting to note that there is still a latency in the uptake and practice of music therapy in mental health care, likely attributed to a lack in understanding of the treatment modality.

One in five Australians will suffer from a mental health condition in any one year. Additionally, serious mental illness (SMI) including depression, schizophrenia, and bipolar disorder, affects approximately 2.5% of the population at any one time. The recovery model is now the vanguard of mental health treatment in Australia, with an increasing evidence base supporting a multidisciplinary approach to mental health, highlighting the importance of patients living a more meaningful existence beyond the restrictions of mental illness. Whilst pharmacological support is often necessary in this setting, its use does not teach practical knowledge or

coping skills necessary for patients' discharged back into the community. Thus, a multidisciplinary approach to mental health care is encouraged in the recovery model to provide a more holistic way of empowering individuals on their way to recovery. Music therapy mirrors many of the fundamental principles in the recovery approach. Central to this are the possibilities for growth and change within a therapeutic relationship, which music therapy can confidently deliver. However, there are limitations to how effective and accessible music therapy can be to patients if it is not comprehensively understood by members of the treatment team.

## So, what is music therapy?

Music therapy is defined by the Australian Music Therapy Association as “a research-based practice and profession in which music is used to actively support people as they strive to improve their health, functioning and wellbeing”. The effectiveness of music therapy in the treatment of people with severe mental illness (SMI) is well documented in the literature base, which gives strong foundational support to the use of music therapy in mental health support and recovery. As a psychosocial treatment in mental health care, various music interventions are employed to accomplish individual goals within a therapeutic relationship. These interventions have proven to be very effective across a range of mental health diagnoses, including mood, personality, and affective disorders, psychosis, schizophrenia and eating

disorders. Music therapy can function as a method to educate patients about their illnesses, medications, about symptom management and healthy coping skills. It can also be used to increase socialisation and communication goals, particularly relevant in hospital settings where patients are often isolated. Interventions that are used frequently in psychiatric music therapy include, but are not limited to, therapeutic song writing, lyric analysis and improvisational music therapy. In a number of studies conducted by Michael J. Silverman in psychiatric music therapy, the emphasis is on building illness management and recovery into these interventions. A breadth of studies align on the recommendation that music therapy can serve as a method to improve social functioning, global state, and mental state, improved coping skills, motivation

and willingness for treatment, as well as reduce negative symptoms associated with schizophrenia.

As the music therapy profession becomes more integrated within interdisciplinary treatment teams, it is paramount that healthcare professionals have a thorough understanding of what music therapists do and how it can benefit patients. With music therapy mirroring many of the fundamental principles in the recovery approach, a central tenet in mental health policy within Australia emphasising the inclusion of non-pharmacological interventions, it is sensible to endorse the importance of music therapy in multidisciplinary care.



# Mental health Services set to begin at Murdoch

Group mental health services for outpatients fills the need for immediate care as construction of St John of God Murdoch Hospital's inpatient facility gets underway.

St John of God Murdoch Hospital will mark a milestone in the delivery of mental health services when day programs commence for patients at the hospital in early 2022.

The new service is a step towards the new \$45m mental health facility, which is on track to deliver much needed inpatient services for Western Australia when completed in late 2023.

Structured day mental health group programs will be offered in consulting suites at the St John of God Wexford Medical Centre at Murdoch, while construction of the stand-alone 72-bed facility on the same campus progresses.

Patients can receive treatment for a range of disorders such as low self-esteem, depression, anxiety and anger management. The groups are therapeutic and all programs develop skills and effective practical strategies for people experiencing mental health disorders or harmful effects of their behaviours.

The team providing patient-facing services is led by Mental Health Lead Dr Chinar Goel, Deputy Lead Dr Stefan Schutte and Deputy Director of Nursing Monica Taylor.

St John of God Murdoch Hospital Chief Executive Officer Ben Edwards said the high calibre of mental health professionals appointed to develop the new services have the extensive experience and knowledge to meet the integral need for private mental health services in the southern Perth metropolitan area.

"There is unmet need in the youth and adolescent services and this will form half of the new facility's inpatient beds," he said.

"While mental illness can develop at any point in a person's life, about 75 per cent of people will first experience problems in late adolescence and early adulthood. Prompt access to appropriate health professionals is critical, so young people can receive the help and care they need to ensure best quality of life."

Dr Chinar Goel said the services will help meet this fundamental need in the community.

"These services will offer a dedicated contemporary specialist youth and adolescent program as well as services for adults experiencing mental health disorders," she said.

"It will be the first private mental health service offered south of the river, and eventually the largest facility in the state to provide inpatient services for WA's youth."

Being integrated as part of the wider hospital campus, means that cohesive care is offered across the continuum; ensuring that people have access to the care at the right time and in a familiar environment.

The hospital will begin recruitment for various positions to support the mental health service provision next month.

Construction of the standalone facility at St John of God Murdoch Hospital is underway and scheduled to open in 2023. Initially planned to have 48 beds, the hospital has increased that to 72 planned beds to allow for significant community need.

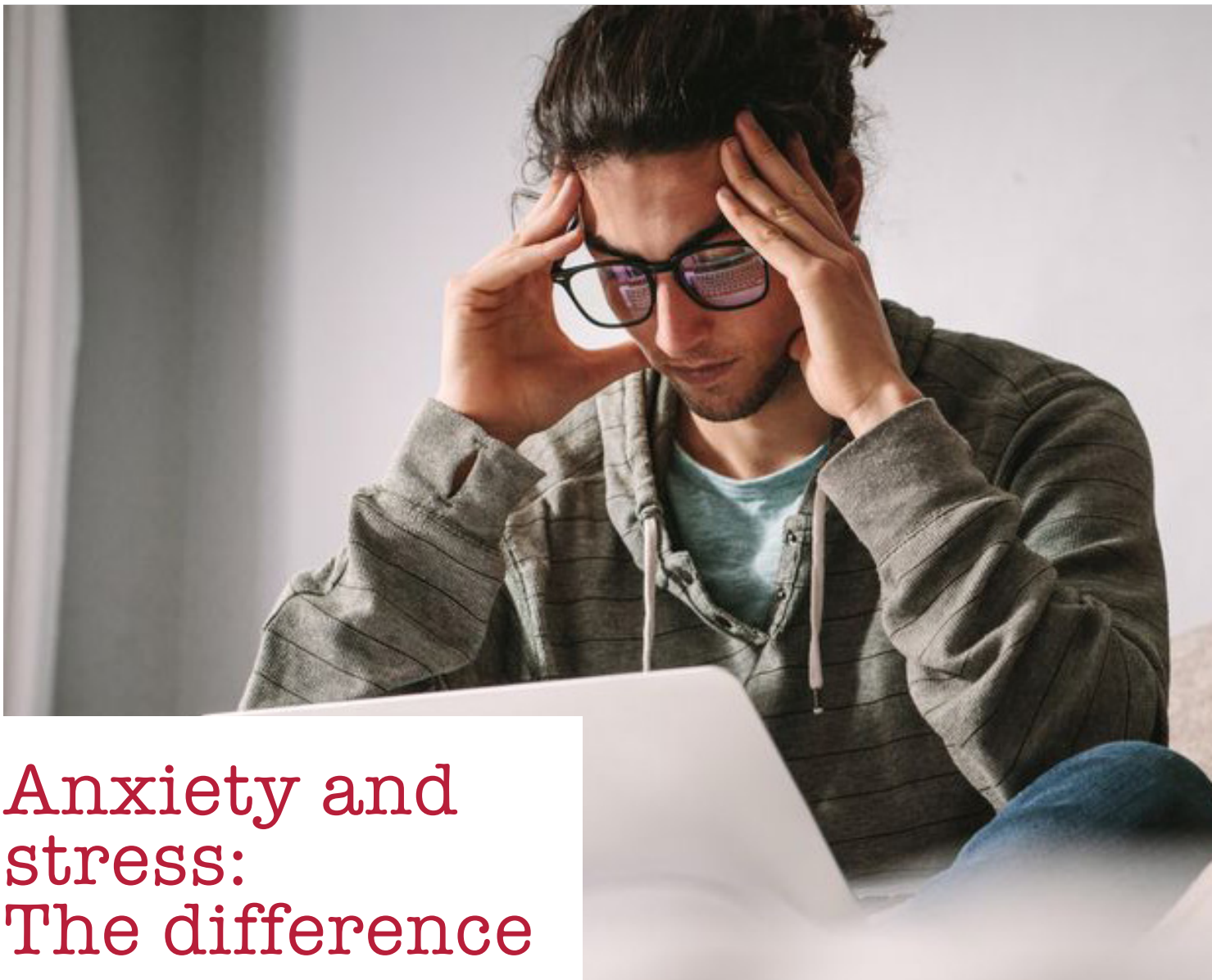
The new mental health facility is the first step in the next phase of development at St John of God Murdoch Hospital, with additional operating theatres and beds coming on line next.

St John of God Health Care is a major provider of mental health services across Western Australia, Victoria and New South Wales and plans to expand these services nationally to meet growing community need.

Left to right:  
**Monica Taylor**, DDON Mental Health;  
**Dr Chinar Goel**, Mental Health Lead;  
**Dr Stefan Schutte**, Mental Health Deputy Lead

“It will be the first private mental health service offered south of the river, and eventually the largest facility in the state to provide inpatient services for WA’s youth.”





## Anxiety and stress: The difference

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Anxiety disorders are one of the most common mental health conditions in our community. According to recent statistics, one in eight Australians between the ages of 18-65 has or is experiencing anxiety-related conditions in the past twelve months. These conditions include obsessive-compulsive disorder, generalised anxiety disorder, social phobia, post-traumatic stress disorder, panic disorder, and specific phobias such as fear of heights or spiders.

For many, the terms anxiety and stress describe the same cluster of symptoms and, in many cases, are used interchangeably in everyday language as if they describe the same thing. But are they the same? Not really.

In short, stress is anything someone perceives as threatening. Anything from a cobra waiting in your path ready to attack or an out-of-control fire signaling you to flee from your home. The term “perceives” is essential because perception can vary significantly between people. “Your body reacts to your perception of a threat – not to the reality,” says Christopher Fagundes, associate professor of Psychology at Rice University in Texas. Thus, the intensity and duration of stress-related responses on the body are different for everyone.

However, anxiety is like an internal alarm going off even without a physical threat present. For example, say you have a major exam coming up at the end of the week, and every time you think about this exam, your body taps into its immunological stress response. Even when the exam is cancelled or never required to be undertaken – meaning that there will never be a scenario where you are confronted with the source of your anxiety – your body is still worn out by the effects of stress.

Looking at the difference between stress and anxiety, it may seem strange that our bodies would react with the same systems when confronted with a far-away exam as when it protects us from physical, in-the-moment danger. But evolution and history answer this mechanism. In the past, social isolation and conflict were potentially very dangerous as they could lead to starvation if isolated from the group or death by grave insult if conflict erupted. Our brains and bodies developed a way to scan our environment. Early humans who possessed a degree of anxiety to safeguard themselves against potentially threatening situations had a higher survival rate than their counterparts who could not care less. Survival of the fittest meant that the humans with the anxiety genes lived to pass their genes to the next generations.



# Self esteem

Self esteem can ebb and flow dependent on what is happening in your life.

When those negative feelings like constant self-criticising show up in different ways like comparing yourself to other people, fearing that you may fail at things that you do or feeling unloved and unwanted; then this may be a trigger to seek some support.

There is some ways to seek support and you may try different ways prior to landing on what is best for you.

## 1. Therapists

Therapists can be an additional resource to your current health team. A trained therapist can offer support and tackle the problem that you feel is affecting you the most. You can access therapists via your GP and working with your GP on a mental health plan. You may also find it useful to access some of the online support via chat, email or forums. Beyond Blue is an example <https://www.beyondblue.org.au/get-support/get-immediate-support>

## 2. Community groups

Community groups can be located in the area where you live and most of the local councils list them on their websites, at your local shopping centres, or in your local paper. Some may be organised religious groups and many are not affiliated with religious groups.

## 3. Journaling

Journaling can be a useful way to put down your thoughts and make some goals, however big or small, and plans to achieve them. Writing your experiences down can bring clarity and also allows you to look back on whether what you are doing is helping your self esteem.

It's really hard to seek support when you aren't feeling good about yourself so try your hardest to take the next step. Make sure you let people know you are struggling a little so they can help you in the way that is best for you.

However, not all anxiety and stress are harmful or unwanted. Sometimes it can be beneficial for our survival. It helps to anticipate and react to trouble. But when stress and anxiety run riot in our bodies, healing and restorative processes are disturbed, and immunological stress responses heighten. Therefore, learning to manage our anxiety and stress responses well is key to maintaining good health. Make time for close friends and family, laughing big, joyous belly laughs, physical exercise, and meditation are proven to relax the body and the mind.



**Monica Taylor** –  
Deputy Director Nursing  
(Mental Health)





**Dr Stefan Schutte**  
Mental Health Deputy Lead

# Six ways to rewire your anxious brain

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Do you worry about everything? Do you toss and turn to fall asleep at night due to constant worry, or do you feel like every waking moment is filled with anxiety? Science has revealed that we can train our minds to live happier and calmer. Here are six ways to calm the anxious mind.

## 1. Understand your anxiety

Understanding your anxiety is crucial in taking conscious control of it, says Sarah Gray, PsyD, a psychology instructor at Harvard Medical School. “You have to be aware of your thoughts before you can change them,” she says. A good technique is when you have anxious or worried thoughts; start by writing them down. Be as detailed as you can, when did they start, what were the triggers, what happened just before or after. Start the process by approaching your worry as a scientist and try to understand everything about it. This process engages your cerebral cortex making them less distracting, but you will see them more dispassionately than before.

## 2. Grounding techniques

Use grounding techniques that interrupt the fight or flight response by activating the calming parasympathetic branch of your nervous system. One easy grounding technique is the 5-4-3-2-1 technique: sit quietly and notice five things you can see, four things you can touch, three things you can hear, two things you can taste, and one thing you can smell.

## 3. Use your imagination

Using your imagination can be a powerful weapon against recurring worrying thoughts. Visualize your worry thoughts all cropped up in a balloon. The wind is tugging at the string in your hand that you are gripping to hold on to them. Now, feel the string loosening, hear your cry as you realise you lost your grip, see how all your worries float away in the breeze in the balloon, never to be able to return to you! The more vivid and detailed your visualisation the more significant the effect.

## 4. Avoid Google-itis

When you experience new or odd health symptoms, anxious brains struggle to deal with the uncertainty. However, internet searches to confirm or dispel a diagnosis can only fuel anxiety and worry. Instead, go for a walk, try a new recipe, or listen to music to calm the urge to consult Dr. Google.

## 5. The grey area

Embrace the grey area. People plagued by worry and anxiety often struggle with black-and-white thinking. “I always embarrass myself in public situations,” for instance – doesn’t paint an accurate picture and fuel unhelpful thoughts. If you are prone to use words such as “always” and “never,” replace them with more realistic words such as “sometimes” or “once.” Our words are powerful; use them wisely.

## 6. This too shall pass

Remember that also this feeling will pass. When you are in the middle of a panic attack or trapped by worry and anxiety, it may feel like a never-ending feeling taking you deeper and deeper into the abyss of terror. Remember emotions are passing. They are ephemeral even in the most extreme situations. Was the experience terrifying? Maybe. Did you stress that the feelings will never end? Probably. Did you survive it? You did. Therefore, in a sea of worry and anxiety fuelled by uncertainty, there is one thing that you can be most certain about, and that is: This feeling will ease. Then thank your unconscious mind for doing its best to protect you, but let it know that your conscious mind is able and ready to take control.





Transition to parenting and mental health - patient seminar at Murdoch

# New parents put mental wellbeing on the agenda

St John of God Murdoch presented a special patient seminar to support the mental health of new parents and help the transition to parenting.

The transition to parenthood is not for the faint-hearted. Parents face multiple stressors simultaneously whilst trying to figure out how to keep a little human alive and happy.

The practical demands and financial pressures that accompany parenthood can also put unexpected stress on families at this crucial time, creating cycles of doubt, isolation, anxiety and depression.

We were pleased to be able to facilitate this presentation to provide an exploration of the transition to parenthood and mental health issues commonly experienced in the perinatal period, including risk factors. We discussed the importance of mental health wellbeing, the relationships and family support systems and where to get help. Common post natal presentations, some practical strategies for managing post birth and some realities from our women's perspectives were also covered.

## Presenters:



**Dr Chinar Goel**  
Mental Health Lead,  
Murdoch



**Donna Kristiantopulus**  
Manager of Raphael  
Services WA



**Emma Atkinson**  
Midwife, St Marys

# Mandatory covid vaccinations take effect for healthcare workers

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Murdoch caregivers are acutely aware of our duty of care to keep our patients, community and each other safe and we are supportive of the covid vaccination requirements.

The vaccination rate of all workers at the Murdoch campus is on track to be fully compliant with Department of Health regulations, with all staff on campus to be fully vaccinated before 1 December 2021.

## Who is required to be vaccinated?

All those who work in a healthcare facility are required to be vaccinated before 1 December, with tier 1 caregivers (those in high risk areas such as ED, ICU /CCU and respiratory wards) to be vaccinated by 1 November.

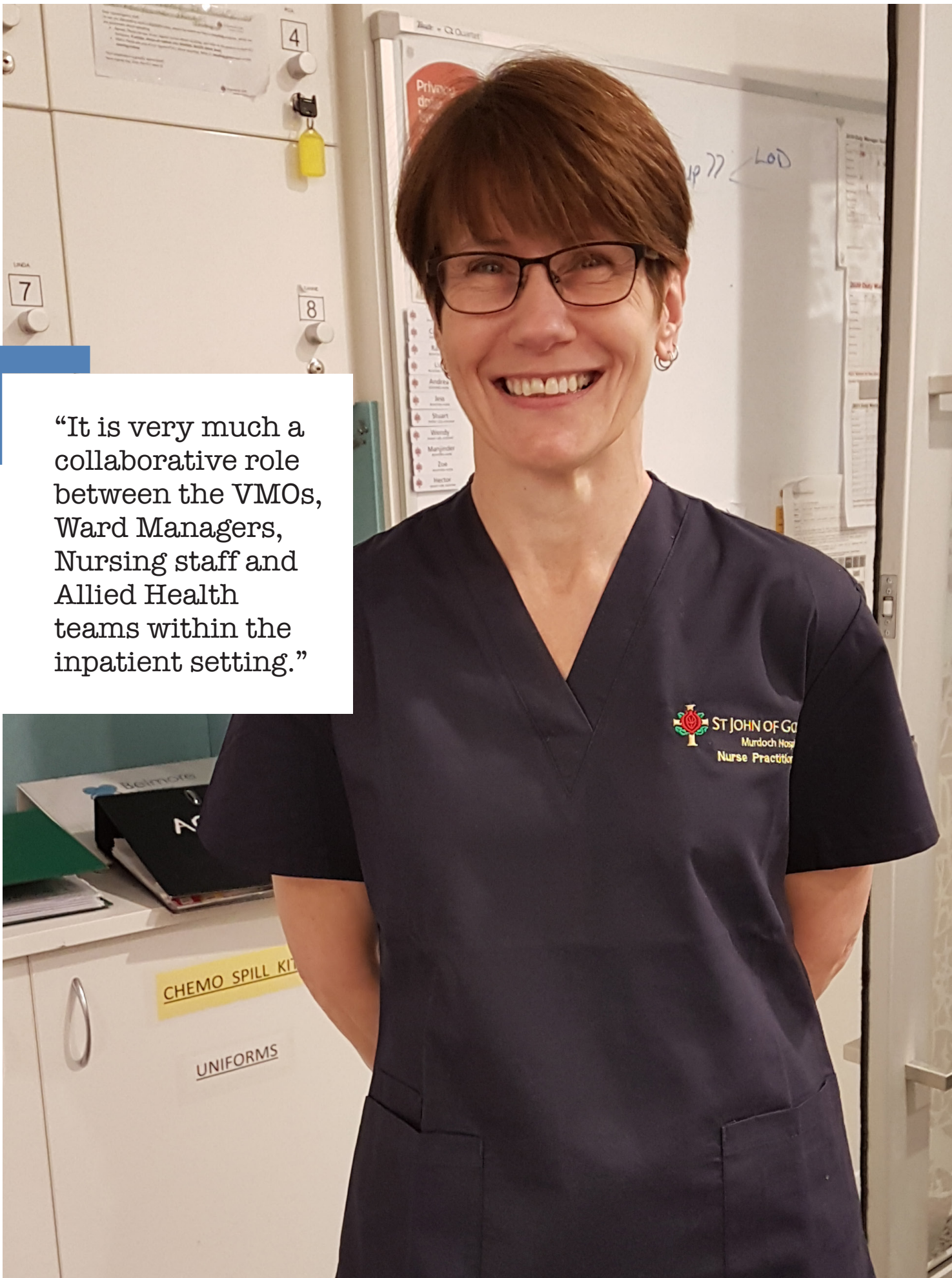
At Murdoch, this also includes doctors, contractors, third party providers, support and administrative staff.

## Where can community members be vaccinated?

Check in with your GP or local pharmacy, or visit the [rollup.wa.gov.au](https://www.rollup.wa.gov.au) website to locate your nearest vaccination clinic.



“It is very much a collaborative role between the VMOs, Ward Managers, Nursing staff and Allied Health teams within the inpatient setting.”





**Adele DuKamp** is a Nurse Practitioner specialising in Orthopaedic and Neurosurgical patient care. She has been at St John of God Murdoch Hospital for over 15 years and a Nurse Practitioner for 10 of those years. She provides comprehensive management and advanced nursing care.

## Advanced nursing care for patients

Murdoch's new Orthopaedic and Neurosurgical Nurse Practitioner, Adele DuKamp is providing comprehensive management and advanced nursing care to patients.

Adele has been at Murdoch for 15 years, starting as the After Hours Clinical Nurse Specialist and then moving into Nurse Practitioner roles for 10 of those years.

The newly established Orthopaedic and Neurosurgical Nurse Practitioner role is predominantly based on St Rose and St Francis (orthopaedic/neurosurgical) wards and after a trial of 12 months, was made substantive in August this year.

"It is a relatively new model in this setting at St John of God Murdoch and a very exciting opportunity for me. It is still evolving and will no doubt develop over time,"

"It aims to provide comprehensive management and advanced nursing care in an expanded nursing role to Orthopaedic and Neurosurgical patients. This includes surgical and non-surgical patients,"

While the fundamental core is a nursing model, there are some aspects that will overlap with the traditional medical model.

### A typical day for an Orthopaedic / Neurosurgical Nurse Practitioner:

The general daily routine of an Orthopaedic and Neurosurgical Nurse Practitioner is checking any patients who needed medical review overnight to ensure any follow-up is done. The nursing coordinators will flag any patients they may have concerns with and Adele will follow up any patients reviewed the day before.

"I have a list on the desk of each ward where the teams write up any non-urgent jobs. This includes charting medications, clinical reviews or anything else that they may need help with,"

"Throughout the day I am available to review any patient at the request of the teams, this could be due to medical deterioration, to review a wound, review medications or just generally help with anything,"

"It is very much a collaborative role between the VMOs, Ward Managers, Nursing staff and Allied Health teams within the inpatient setting."

Pain Management is an important part of all patient care. Adele's role (along with the rest of the team and the patient) is to determine what is working, what is not, and have the ability to tweak the regime in real time to better serve the patients, minimise adverse side effects and ensure patients have "ownership" of their pain management.

She is currently planning a small research project with a Murdoch Pharmacist into Opioid Stewardship which leads into the aspects of pain management in this cohort of patients.

The new Nurse Practitioner role will bring multitudes of benefit to the ward and patients by working within a cohesive team environment and having consistent access to a multidisciplinary team.





# Volunteering

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At Murdoch, we strive to deliver excellent patient care and enhance patient experience. Volunteers are a valuable and vital component to our services, patients, families, visitors and caregivers.

We currently have over 130 volunteers in our hospital that help us improve the quality of patient care by supporting the clinical staff in their day-to-day operations and assisting patients and families throughout the hospital.

Tertiary student applications are currently being accepted. Please contact our Consumer Engagement Coordinator, Matthew Hands via [murdoch.volunteers@sjog.org.au](mailto:murdoch.volunteers@sjog.org.au)

# Diagnosing prostate cancer

Urologist Dr Arvind Vasudevan discusses the risks, symptoms, diagnosis and treatments for prostate cancer.

## About the prostate

The prostate is a gland that is only found in men. It lies just below the bladder and in front of the rectum. It makes fluid that forms part of the semen. It surrounds the urethra (the tube that carries urine and semen through the penis and out of the body).

## What is prostate cancer?

Prostate cancer is when abnormal cancer cells grow in the prostate and may spread from the prostate to other parts of the body, especially lymph nodes and bones.

## Grades of prostate cancer

Most prostate cancers are slow growing. However they are divided into low, intermediate and high risk categories. High risk prostate cancer can grow and spread rapidly compared to the low and intermediate grade prostate cancers and as such need to be treated appropriately at earlier stages of the disease.

## Symptoms of prostate cancer

The early stages of prostate cancer does not exhibit any symptoms. However, in the more advanced stages it can cause:

- **Difficulty passing urine**
- **Blood in urine**
- **A non-cancerous condition of the prostate called Benign Prostatic Hyperplasia (BPH) can also cause similar symptoms.**

If the prostate cancer remains undetected and has spread to other parts of the body it is termed metastatic prostate cancer and causes pain in the pelvis and back bones. It can also block the tubes that drain urine from the kidney, leading to failure of the kidneys.

## Risk factors for prostate cancer

- **Age:** the older a man gets the greater the chance of getting prostate cancer
- **Family history:** having a first degree relative with prostate cancer increases the risk two to three fold
- **Diet:** some evidence does suggest that a diet high in processed meat, red meat or milk products can increase risk of prostate cancer.

## Diagnosis

### Examination (DRE)

This is where the urologist examines the prostate with their finger to assess size, abnormal texture or any nodularity of the prostate. While an abnormal examination may indicate prostate cancer a normal DRE does not exclude prostate cancer.

### Blood tests (PSA)

The prostate produces a protein called Prostate Specific Antigen (PSA). PSA prevents the semen from becoming too thick. While most of the PSA is in the semen, a very small amount gets into the blood. To determine the level of PSA in the blood, a blood test is done. PSA blood tests have a role in diagnosis and treatment of prostate cancer. In men with prostate cancer, PSA can leak from the prostate into the blood causing the PSA level to be higher than normal. However, a high PSA level does not automatically mean that prostate cancer is present. PSA levels in blood can also be elevated in other situations such as:

- **Prostate infection**
- **Urinary tract infection**
- **Enlargement of prostate**
- **Trauma**
- **After sexual activity**

### Imaging (MRI)

Due to the recent advent of the more powerful MRI machines (3T), scanning the prostate with an MRI machine can detect abnormal areas in the prostate more accurately. This allows more precise targeting of these areas during a biopsy.

### Prostate biopsy

To confirm a diagnosis of prostate cancer one requires a small piece of prostate tissue from the abnormal area to be assessed under a microscope. This is what a biopsy aims to do. Prostate biopsy can be done via the rectum or via the perineum using ultrasound or MRI guidance.





## Treatment

Treatment of prostate cancer depends on stage of cancer at the time of diagnosis. If detected early enough it is termed Localised prostate cancer (ie: cancer contained within the prostate).

### Localised prostate cancer

This can be treated with:

- **Active surveillance**  
If the cancer is of low volume and low grade. This requires regular surveillance of the cancer using PSA, prostate biopsy and MRI. If the cancer shows signs of progression then definitive treatment is advised.
- **Radical prostatectomy**  
This is when the whole prostate is removed. This operation can be done either via:
  - An open approach
  - Key hole (laparoscopic) approach
  - Robotic approach
- **Radiotherapy**  
This is where radiation is used to eradicate the cancer cells in the prostate. Patients who opt for this treatment will be referred to a radiation oncologist.

### Locally advanced prostate cancer

This is where the cancer has left the confines of the prostate and started to spread to nearby structures. In such situations treatment options are:

- **Combined radical prostatectomy and radiotherapy**  
This is also called multimodal therapy and provides the best chance of cure.
- **Radiotherapy alone**  
In such cases higher doses of radiotherapy are used. Also called high dose rate (HDR) brachytherapy.

### Metastatic prostate cancer

This is where the prostate cancer has spread to other organs such as lymph nodes and bone. In such cases cure as yet is not possible and attention turns to slowing the growth of prostate cancer and controlling symptoms.



**Dr Arvind Vasudevan** is a locally trained urologist with special interests including robotic surgery for prostate cancer, laproscopic surgery (dealing with all urology cancers including kidney, bladder, prostate and testis), surgery for enlarged prostates, surgery for kidney stones and all general urological conditions.

# Five ways to manage chronic pain

Chronic pain affects 3.4 million Australians where 68% of those are of working age. In fact, 40% of early retirement is due to chronic pain-related issues.

Pain management is ideally managed in a multidisciplinary approach for optimal health outcomes, however approximately 70% of all GP consultations for pain issues result in a medicine prescription. While medications are an important part of pain management, patients can experience unwanted adverse effects. There are also increasing concerns about long-term use of opioids with the potential for dependence, tolerance and other systemic effects.

It is important to realise there are other ways to manage pain including physical therapies, psychological therapies and interventional procedures (i.e. injections). In this article we will focus specifically on different types of injections that can improve pain.

## Local anaesthetic injections

Often performed as a diagnostic test to identify where the pain is coming from. An example of these are medial branch blocks for low back pain. If pain relief is experienced for the duration of the local anaesthetic (hours) then it is likely the facet joint is the cause of pain.

## Steroid injections

Injections of local anaesthetic are often combined with a corticosteroid. These work by reducing localised inflammation, which can often be a source of pain. Examples of steroid injections include:

- **Facet joint injections**
- **Nerve root sleeve injections**
- **Epidural steroid injections**
- **Suprascapular nerve block (shoulder pain)**
- **Genicular nerve block (knee pain)**
- **Greater occipital nerve block (headaches)**
- **Sacroiliac joint injections (buttock pain)**
- **and the list goes on...**

The anti-inflammatory properties of steroids can provide a longer window of pain relief. The aim is to reduce pain to a level whereby it improves function, quality of life, and ability to participate in exercise and rehabilitation.



## Radiofrequency ablation (rhizotomy)

A minimally invasive procedure that delivers a controlled radiofrequency wave to ablate the nerve responsible for causing or transmitting pain. This eliminates the transmission of pain signals reaching the brain.

This procedure is most commonly used to treat chronic pain conditions involving the neck, upper and lower back, shoulders, knees, chest, groin, pelvis and other peripheral nerves.

There are different types of rhizotomies or ways to ablate a nerve. These include:

- **Pulsed Rhizotomy** – a special needle tip is heated to 42 degrees and delivers controlled bursts of high-voltage current with periods in-between when no current is passed.
- **Thermal Rhizotomy** – a special needle tip is heated to 80-90 degrees to deliver a continuous high-voltage current to produce a heat lesion to stop further pain transmission.
- **Cryorhizotomy** – a special needle tip is cooled to very low temperatures to inhibit a nerves ability to transmit further pain signals. This often produces a larger lesion compared to a pulsed or thermal rhizotomy.



### Platelet-Rich Plasma (PRP)

PRP is plasma from your own blood in which the red and white blood cells have been removed and platelets concentrated. Platelets contain many different types of growth factors that can promote healing. PRP aims to speed up the healing process by directly injecting to the site of injury and is often used to treat tendinopathies.

### Hyaluronan

A viscous solution that is normally found in the fluid of the knee joint which acts as a lubricant and a shock absorber. It has a key role in regulating inflammation and is often used in the treatment of knee pain due to osteoarthritis who have failed to respond adequately to other therapies.



**Dr Michael Miu** is a specialist pain medicine physician and specialist anaesthetist. He is passionate in helping patients get better control of their pain and improve their quality of life.

Through collaboration with other specialists and allied health professionals, Michael works to holistically manage pain. He has high interest for teaching and research in the pain management field.



## Murdoch gets little feet dancing!

Recent paediatric patients from the St Michael's ward were treated to a very special music event during the school holidays!

A big group of children visited us during October for a concert from the WA Youth Jazz Orchestra (WAYJO) as they presented the Jazz for Juniors show in our function rooms.

The kids were treated to a 4-piece rendition of interactive Disney songs enabling them to learn about jazz instruments and styles. The kids all left with a treat bag of activities, healthy snacks and a pair of cool sunnies to fit with the cool jazz flavour of the day!

# Perth GP's prepared for emergency events

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In August, St John of God Murdoch Hospital ran a hospital-first Emergency Medicine education event for general practitioners.

The all-day session was booked out with 50 local GP's learning the latest information about chest pain, ECG interpretation, seizure diagnosis and management, shortness of breath and anaphylaxis.

With presentations by six emergency medicine professors, doctors and healthcare professionals, this category 1 event provided general practitioners with the latest innovative information to care for patients.

Education events such as this give GP's the opportunity to earn continuing professional development and required learning.

For more information on upcoming education events, please email [gpeducation.murdoch@sjog.org.au](mailto:gpeducation.murdoch@sjog.org.au)



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# VBAC

Vaginal birth after Caesarean (VBAC) is often an option when considering how to birth your baby if you have previously had a caesarean section.

The Royal Australian and NZ College of Obstetricians and Gynaecologists (RANZCOG) recommends VBAC as a safe and appropriate choice for most women, but it is a personal decision that should be made after carefully weighing up the risks and benefits.

## What are the benefits?

Elective caesareans are not without risk and a successful VBAC allows you to avoid major abdominal surgery including potential complications such as infection, haemorrhage and injury to adjacent organs. As a rule, recovery from a VBAC is quicker and easier than recovery from a caesarean. This is often important to women having their second baby who may have another active toddler at home waiting for them after the birth and many women wish to experience the process of labour and birthing their baby vaginally.

## What are the risks?

Uterine rupture is a tear in the wall of the uterus and the risk we worry about the most. Many studies have shown this risk to be low in the order of 0.5% (1 in 200). But, if this tear occurs, there is then also a risk (1 in 7 chance) of serious injury to the baby (such as cerebral palsy) or even death due to a decreased blood supply. Overall, this risk is in the range of around 1 in 1,400.

There are also risks associated with potentially prolonging the pregnancy beyond 39 weeks (compared to having an elective caesarean). And vaginal birth (whether a first birth or VBAC) can be complicated by injuries both in the short and long term. This includes perineal damage, ongoing pain and future prolapse and incontinence.

**Dr Chris Gunnell** is a Perth trained obstetrician and gynaecologist who has been in private practice since 1998 and practices at St John of God Murdoch Hospital. He has a particular interest in normal childbirth, but also has the experience and expertise to manage high-risk and complicated pregnancies and births. He provides a wide range of general gynaecological services, with a special interest in the management of menstrual issues and menopause.



## How can the risks be minimised?

There are several factors that both improve your chance of a successful VBAC and minimise the risk:

- If you have previously had a vaginal birth
- If you are younger than 35
- If you had a lower segment (horizontal) Caesarean previously
- If you had a 'non-recurring' reason for your first caesarean e.g. breech or placenta praevia
- If you have a low/normal BMI
- If there is greater than 18 months between the two births
- If you are not induced or your labour augmented with hormones
- If your baby is continuously monitored in labour to detect any evidence of distress

## When is VBAC NOT recommended?

- If you have had more than one previous caesarean
- If you have a vertical incision on your uterus (or an unknown type of incision)
- If your baby is breech, you have twins, your placenta is low lying or there is some other reason to be having a caesarean

## VBAC at St John of God Murdoch

It is firstly important to discuss VBAC with your obstetrician well in advance and have an agreed plan of management for the birth. The Birth Suite at Murdoch Hospital has highly trained midwives who will be with you during your labour. The midwife will be closely monitoring you and your baby's health. There is 24 hour a day anaesthetic and operating theatre cover in the event that you require an emergency caesarean section.

# Parent choice and birth planning at Murdoch

Selecting to birth your baby at Murdoch with an accredited Obstetrician means that you have many choices when it comes to your birthing experience and stay at hospital. We understand that giving birth is a very personal experience and we want the best outcome for both you and your baby.

## Birth plans:

Birth plans are a great way to start to think about what sort of birth you want to have and discover what options are available to you. There is no shortage of information out there, but your safety and that of your baby is our first priority.

Any birth plan must be discussed with an obstetrician first, so they can ensure your safety and help you navigate what is realistic and reasonable, including contingencies. Please don't arrive to hospital with a birth plan your doctor has not discussed with you. As you usually won't see midwives before arriving at hospital (with the exception of our parent education classes), make sure you print a couple of copies for our hospital team to refer to and discuss with you.

## About the birthing process:

Throughout your pregnancy, your baby is growing and developing and your body is feeding your baby and preparing for birth.

Your uterus maintains the pregnancy by keeping your cervix closed then as birth is imminent it contracts, and the cervix opens to enable the birth of your baby. The placenta needs to stay out of the way during birth then separate and be expelled. All this occurs in synchronised motion to ensure the baby is welcomed in a new world.

## Contingencies

Sometimes things don't go according to plan and there may be many clinical reasons why birth cannot occur vaginally. Caesarean section is the alternative birth method.

Both vaginal and C-section methods of birth have risks and complications to mother or baby which can occur. Your Obstetrician will guide you around the decision of caesarean section or vaginal birth and if there are any existing conditions which may prevent the normal birth process.

## Elective caesarean and induction

Some patients elect a caesarean birth for many reasons. This can include maternal choice, age, past birth complications, trauma or for many other clinical reasons.

At Murdoch, both our midwife team and obstetricians encourage patients to be involved in their healthcare decisions and we work with you when contingencies are required. Planned induction is another option for birth that may be discussed with your Obstetrician.

## VBAC

VBAC is the common term for 'vaginal birth after caesarean'. We have excellent data to show that many Murdoch patients have been successful at having a VBAC in our hospital. Please let your obstetrician know if a VBAC is your goal and be prepared to discuss your plans to help make this happen.

**Your birth experience is one you'll remember forever. Our Obstetricians and midwives will support you in your choices whether that may be a vaginal birth, induction or a caesarean and will work with you to ensure the best and safest outcome for your new family.**

**Sue Bradshaw** is the Midwifery Services Manager at St John of God Murdoch Hospital and has more than 30 years' experience as a nurse and midwife. She is an accredited lactation consultant and has a Post Graduate Diploma in Business Administration.





#### Fun facts!

- The age of delivering women in Australia has increased from 30.1 in 2013 to 30.8 in 2020.
- The age of delivering women at Murdoch is slightly older than average, from 32.4 in 2013 to 33.2 in 2020.

# A discussion on low intervention birthing options

Intervention: the act of interfering with the outcome or course, especially of a condition or process (as to prevent harm or improve functioning).

Just like growing a baby, birthing a baby is a normal bodily function which our amazing bodies perform usually without a problem.

Even though this is true, growing and birthing a baby used to be one of the most dangerous (and painful) things a woman could do, even up until about 30 years ago.

As medical technology developed antibiotics, sterile technique, anaesthetics and blood transfusions, these interventions lead to a radical reduction in the death of mums and babies. These were necessary interventions to help keep mums and babies safe.

This being said, in most pregnancies even today, an uncomplicated normal birth still leads to the best outcome for mums and babies. Although there are times when complications occur or risk factors exist which need intervention, there are also ways to improve your chances of having a natural birth with no or low intervention.

## Improving your chance of a low intervention birth:

Even before you fall pregnant, it is beneficial to the entire process if you are fit, healthy and have a normal BMI. Your chances of having an uncomplicated pregnancy and birth are related to your health.

Therefore it is just as important to remain fit and healthy as much as possible during pregnancy by maintaining a healthy diet, exercising regularly, and maintaining your mental health.

It is beneficial to learn as much as you can about the normal process of labour and birth and about options available for pain relief in labour.

It is also important to know what complications may arise and what can be done to assist in these circumstances to keep mum and baby safe.

Understanding this will help you to be better prepared and will make the process less stressful. Low stress levels are very beneficial to labour progress.

If someone wants to try and limit intervention as much as possible, they will normally opt to avoid induction of labour unless medically indicated or if baby is overdue by a week or more.

When spontaneous labour starts, you are usually advised to call the labour ward and may be asked to come in for a check-up. If all is normal and you are only in early labour, you can stay home for a while longer so labour can establish at home where you are more relaxed.

The hormone that causes your contractions is called Oxytocin and works better when you are not stressed.

## Non-interventional pain relief techniques:

In active labour, it is good to be as mobile as possible to help your baby's head to descend into the pelvis.

There are a number of ways to do this including walking, bouncing on a fit ball, forward leaning on all fours on the bed or yoga mat or even dancing. Moving also assists in pain relief.

Other options for pain relief that are non-interventional are hypnobirthing relaxation techniques, water (shower or bath) and the TENS (Transcutaneous electrical nerve stimulation) machine. A TENS machine is

a small battery-operated device that has leads connected to sticky pads called electrodes and relieves pain using a mild electric current.

Nitrous oxide gas (Laughing gas) or sterile water injections into the skin over your lower back which are very minimally-invasive techniques.

Another intervention that can sometimes be avoided is an episiotomy or cut in the perineum to allow the baby to pass through.

It has also been shown that by doing antenatal perineal massaging, tearing or the necessity for cutting the perineum might be reduced.

Pregnancy and birth can be an extremely exciting and scary time for the parents-to-be and it is good to remember that whether everything is uncomplicated, or you have some complications, Australia is one of the safest places in the world to have a baby.

Find out more about maternity services at [sjog.org.au/murdochmaternity](http://sjog.org.au/murdochmaternity).

**Dr Liza Fowler** is a specialist obstetrician and gynaecologist with 18+ years of experience in the private and public sectors, in both South Africa and Australia.

Liza's sub-speciality interests include high risk pregnancy and birth (including VBAC – vaginal birth after caesarean), colposcopy, polycystic ovarian syndrome and recurrent miscarriages.

Known and loved by patients for her calm and caring demeanour, Liza enjoys the extra care she can offer in private practice.



# State-first technology could reduce radiation treatments by up to 86%

The MR-Linac technology, which is the first of its kind in Western Australia, allows radiation oncologists to visualise cancerous tissue during treatment, combining MRI diagnostics with highly targeted radiation therapy.

## The MR-Linac brings a multitude of benefits including:

- **Accurate targeting** – Real-time magnetic resonance imaging (MRI) allows the MR-Linac to show the exact position and shape of the tumour during treatment, so it can target the tumour more precisely
- **Greater control and precision** - With the MR-Linac machine, if a tumour moves slightly, treatment will pause until it comes back into position
- **Likely reduced side effects** – accuracy of the technology means the radiation beam is less likely to damage healthy tissue than conventional radiation therapy. Side effects occur when healthy tissue is damaged.
- **Fewer treatments** – with conventional radiotherapy, the average number of treatments is 37, but with the MR-Linac, this can potentially decrease to just five treatments.

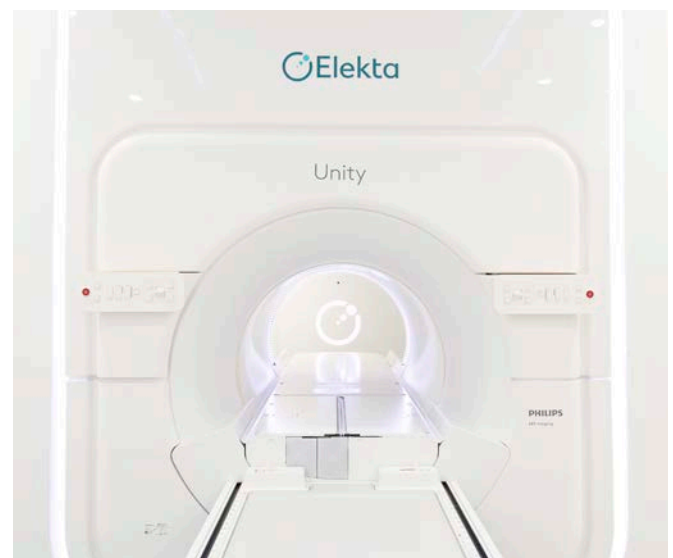
The MR-Linac is a promising treatment for tumours that are located near major organs where it is important to limit damaging healthy tissue or in organs that are susceptible to moving around frequently.

It is a suitable treatment for many cancers including cancer of the lung, liver, pancreas and prostate as it is highly accurate in targeting small tumours.

Patients who meet requirements to receive both MRI scanning and radiation therapy can receive this treatment.

The new radiation oncology facility is the result of a partnership between Centuria Healthcare, Genesis Care and St John of God Murdoch Hospital and is due to open its doors at the end of 2021.

The facility will have the capacity to treat 1000 cancer patient each year, offering an array of ground-breaking technologies, including the state-first MR-Linac machine.



The Elekta Unity MR-Linac machine at the new \$17 million radiation oncology facility at St John of God Murdoch Hospital will provide cutting-edge technology to treat cancer patients.



# 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 ongoing time of need.

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:

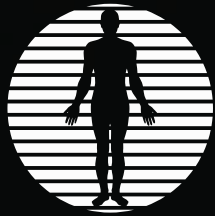
- Advise our staff if you have flu-like symptoms or are at risk of COVID-19 infection.
- Make appointments via phone or online from our website.
- Practice social distancing with a minimum of 1.5m between yourself and others.
- Practice safe hygiene.
- Are only accompanied by one other person, if required.

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](http://skg.com.au)

Stay safe,

**The team at SKG Radiology**



**SKG**  
RADIOLOGY

At SKG,  
we care  
about your  
welfare



**Now bulk billing.**

Visit [skg.com.au](http://skg.com.au) for full details, exceptions do apply.\*

\* Excludes in-patient services