

Medical matters

The Kareena Private Hospital Newsletter



Kareena Private Hospital
86 Kareena Road, Caringbah NSW 2229

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Issue 10
June 2010

KAREENA
PRIVATE HOSPITAL

CEO Message



At the time of reading this we will have just completed our second month under the new Ezi Access admission system post the closure of our Emergency Department.

Our early feedback is that we are currently admitting patients into Kareena at volumes above our initial expectation under this new system.

I appreciate that it is very early days but I am very grateful to our VMO's who have been directly admitting and or using the Ezi Access service. We have seen numbers starting to come through directly via G.P's but there is still a lot of work to do in this area as we improve our communications with you. I would certainly welcome some feedback from you as to how you and your patients are finding this. We recently sent out another Ezi Access communication to all G.P's regarding Direct Admission for patients with Intermediate Risk Chest Pain. We hope that this was helpful.

New additions to the Kareena team are our Intensivists. We are very fortunate to have acquired the skills of this group who are providing 24/7 ICU support combined with morning and afternoon rounds. Dr Amjed Aziz has been appointed as our ICU Director and supported by Dr. Grant Bennett, Dr. Anders Aneman and Dr. Deepak Bhonagiri. With Kareena now having this great team of Doctors there is no doubt that our Hospital medical support has been greatly enhanced.

Kareena's new Accreditation

On the 17th March 2010, we achieved our new Hospital Accreditation under the International Standard of ISO 9001:2008. This Accreditation was a significant achievement for the Hospital as we move away from ACHS. A key criterion for the maintenance of the ISO Accreditation is continuous quality improvement with rolling audits of systems, pathways and documentation. Underpinning this process we have our Eqstats quality control software program. I would like to acknowledge the great work that was undertaken by Richard Ryan (DCS) and Kim McNally (Risk Manager) in getting Kareena through this process with **zero** non-conformities reported.

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Ezi Access

**Doctors' Hotline
for acute medical
admissions to
Kareena Private
Hospital!**

9717 0251

*Take the hassle out of
hospital admissions.
Ring this number & speak to our
experienced Medical Officer to
arrange admission under a Physician.*

24hrs & 7 days

www.kareenaprivate.com.au

**86 Kareena Road.
CARINGBAH 2229**

KAREENA
PRIVATE HOSPITAL

Redevelopment Update

A 12m x 3 m demountable shed has been moved into place in the Doctors parking area at the back of theatres.

Once in place and set up our Biomedical and Facilities Management services will be moved to this temporary location and then we will begin the new car park in the empty lot on the South Eastern aspect of the Hospital.

There will be some Parking issues around the Hospital while this work is being undertaken but we expect it to be completed within 2 months. Once completed we will have approximately **64 new car spaces** including a dedicated Doctor parking area.

Plans have been drawn up to present to the Department of Health so that we can use the old Emergency Department space as a temporary Rehabilitation gym. Once approved the current Rehab

demountables will be decommissioned and removed so that work can begin on the new Gym and Hydrotherapy complex. We expect to be underway with this project by the end of June and completed by the end of December or a little before.

The new Day Surgical suite and Procedure room will also begin around July 2010 and we are aiming for this to be complete around October 2010. Following this the refit of Theatre 5 will begin and at this time we are expecting a completion date of 28th February 2011 for the full stage 1a re-development.

There is a great deal going on at Kareena Private and we look forward to sharing it with you and your patients. The plans will be available around the hospital in a fortnights time however, feel free to stop by my office anytime if you would like to review the plans.

Tim Daniel
Chief Executive Officer

Accreditation Approved at MAC Mtg 2 December 2009

NAME	SPECIALTY
Dr Ludmilla COLLINS	Obstetrician & Gynaecologist
Dr Mark NALLARATNAM	Cardiologist
Dr Nicholas ODDONE-BARIDON	General Surgeon

Accreditation Approved at MAC Mtg 5 May 2010

NAME	SPECIALTY
Dr Christophe BERNEY	General Surgeon
Dr Vytauras KUZINKOVAS	General Surgeon
Dr Gareth OWEN	General Surgeon
Dr Mohamad MOURAD	Orthopaedic Surgeon
Dr Zoltan SZOMOR	Orthopaedic Surgeon
Dr Patricia BASTICK	Consultant Oncologist
Dr Ronald WALLS	Physician – Clinical Immunology & Allergy
Dr Amjed AZIZ	Intensivist
Dr Erik ANEMAN	Intensivist
Dr Satyadeepak BHONAGIRI	Intensivist
Dr Grant Eruini-BENNETT	Intensivist

Upcoming GP Event

Saturday, 7 August
'Lets Limbo' - An active learning
module in Orthopaedics

For more information contact:
Mariela Chisari Ph: 9717 02225

Visiting Medical Officers at Kareena Private have been advised the following:

Completion of Patient Consent forms prior to Hospital admission:

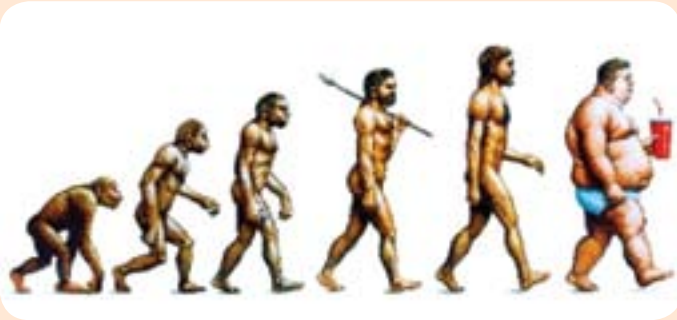
When obtaining written consent for surgical or medical procedures from patients / person responsible, Ramsay consent policy expectation is that,

- **The admitting practitioner must complete Part A and witness the patient / person responsible Part B section of the Kareena Private Hospital consent and request form (MR 1D), prior to admission.**
- **It is therefore recommended that consent is fully obtained at the time of consultation for elective procedures.**

To ensure your patients are appropriately managed during their peri operative period and minimising delays your cooperation with this practice is sought.

Obesity Surgery: When Diets & Exercise Fail

Dr Vytautas Kuzinkovas



Obesity in Australia: Most Australians have a weight problem!

Recent estimates are that 67 percent of adult men and 52 percent of women are overweight, equating to about 8 million Australians. About 1 in 5 adults are obese. The increase in our weight is showing no sign of slowing and the proportion of people in the "obese" range has increased by almost 1% per year for the last 20 years. The costs, both social and economic, associated with obesity are enormous with hospital, medication, disability and "of work" payments costing billions each year.

Obesity definitions

The word "obesity" is simply the medical diagnosis for patients in whom excess weight poses a health risk. The medical preference is to measure a person's weight in relationship to their height. This measurement, the Body Mass Index (BMI) is calculated by dividing Weight (kg) by Height (metres squared), or $BMI = \frac{kg}{m^2}$. Risk of medical problems, related to BMI:

	BMI (kg/m ²)	Obesity class	Risk of Disease
Normal	18.5 – 24.9		
Overweight	25.0 – 29.9		High risk
Obesity	30.0 – 34.9	I	Very high risk
	35.0 – 39.9	II	Very high risk
Extreme Obesity	40.0 +	III	Extremely High Risk

Treatment Options

Non-surgical methods of weight loss eventually fail, because they require daily compliance for the rest of the life. Human bodies are designed to fight weight loss, therefore while dieting the body becomes significantly

more efficient and the brain sends stronger and stronger hunger signals. This explains the intolerable discomfort associated with dieting and the rapidity with which weight returns after diet.

Non-Surgical Treatment: Summary of **average results > 2 years:**

1. Diets (1.1 -2.7kg)
2. Supervised Modified Low Calorie Diets (4.1kg)
3. Meal replacement (6.5kg)
4. Behaviour Modification (2.8kg)
5. Pills and Pharmaceuticals (<6.9kg)
6. Exercise Programs (1.3kg)

Regardless of the amount of weight lost the body will wish to return to the weight level before the diet. Surgery is **the only treatment** that has been able to reliably allow morbidly obese patients to lose enough weight to treat their obesity related medical problems.

Obesity (Bariatric) Surgery

Obesity surgery is the only treatment that can reliably provide effective long-term weight control in the majority of morbidly obese patients (>85% success).

Cosmetic and reconstructive operations such as Abdominoplasty (tummy tuck) and Liposuction are not weight loss operations and have no effect on long-term weight. Obesity surgery is recommended for morbidly obese individuals by the major health policy agencies in Australia, United States of America and United Kingdom.

What can be achieved by Obesity Surgery?

We know that a sustained 10-15% weight loss will significantly improve the long-term health on an obese person, but this is almost impossible to achieve without weight loss surgery.

Patients and their surgeons want more than this, so the definition of "success" with an operation is defined as loss of over 50% of excess weight (i.e. losing more than half of extra body weight), or maintaining the BMI under 35.

There is a realistic possibility of cure of diabetes, high blood pressure, high cholesterol and sleeping apnoea after surgery.

Types of Operations

Operations for obesity are grouped into three categories:

Restrictive (Laparoscopic Gastric Banding, Laparoscopic Sleeve Gastrectomy)

Malabsorptive (Duodenal switch, Biliopancreatic diversion)

Combined (Laparoscopic Gastric Bypass)

Most common operations in Australia are **Laparoscopic Adjustable Gastric Banding, Laparoscopic Sleeve Gastrectomy and Laparoscopic Gastric Bypass.**

Laparoscopic Adjustable gastric Banding:



The band is placed at the upper part of the stomach and that allows people to feel satisfied after eating only a small amount of food. As the size of the inlet to the stomach can be adjusted the passage of the food is slowed down, allowing the person to eat small quantities of food, achieve satiety over the same time,

as others will eat a large meal. This is the most common procedure in Australia. Most obesity surgeons in Australia are trained in this operation only.

Advantages: Excess weight loss 40-45%. Minimal vitamin deficiencies. Very low mortality risk (1:3000). Very good operation in women of childbearing age.

Disadvantages: Suited mainly to well motivated and active patients. Solid diet intolerance, leading to obstruction, reflux and vomiting. 3-5% per year (30-50% at 10 years) device failure (slippage). 1-5% band erosion into the stomach rate.

Laparoscopic Sleeve Gastrectomy



The operation involves removing the outer part of the stomach, therefore significantly reducing its capacity to store food and generate hunger signals. People who undergo this operation become "full" after a small meal and cannot overeat. The stomach is turned into a narrow tube with a volume >75% less than before.

Advantages: Excess weight loss 60%. The weight loss is quite rapid initially and greater than that obtained by Gastric Banding. Ideal for people who would like to avoid the risk of device failure or vomiting like with Gastric Band. Easy to convert to Gastric Bypass if further weight loss required.

Disadvantages: Permanent procedure. Although effective and safe to perform, the long-term outcomes are not as well known as other operations. 1:20 develop gastro-oesophageal reflux post procedure.

Laparoscopic gastric Bypass



Accounts for 65% of obesity surgery worldwide. Operation involves a restrictive element (considerably reducing the size of the stomach) and bypass element with early passage of the food into the intestine. These two elements give the strongest possible appetite suppression, which makes the process of the

weight loss relatively straightforward in the large majority of the people. The operation has a very good combination of effectiveness and durability.

Advantages: Effective, long lasting excess weight loss of 70%. 83% of Type II diabetes cure with postoperative cease of medications. Effect on diabetes is rapid and more reliable than other operations. Well suited for people whose medical problems require the strongest intervention.

Disadvantages: Vitamin B12 supplementation plus iron and calcium monitoring required. Mortality risk 1:500 (higher in inexperienced hands). 1-2% risk of ulcer developing at gastro-jejunosomy. 1-2% risk of small bowel obstruction in the years after surgery.

Why is obesity Surgery Uncommon

1. Although Medicare pays for surgery to be done on privately insured patients, there is extremely limited access to surgery in the public hospital system. As surgery is therefore not freely available, many physicians do therefore not consider it as treatment option.
2. Some people despite the significant medical illnesses it causes do not perceive obesity as a disease. The erroneous belief that morbid obesity is a lifestyle affliction, caused by a lack of willpower - may lead to treatment not being offered.
3. Some doctors are unaware of the results of surgery and who may benefit from it. There are published recommendations available that recommend appropriate surgical treatments, which can be freely obtained from Australian Government's Health Policy Advisors (NH&MRC).

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VMO Profiles

Dr Zoltan Szomor MD, PhD, FRACS, Fellow AOA Orthopaedic Surgeon



Knee Surgery – Replacement, Arthroscopy and Reconstruction
Hip Arthroplasty and Sports Surgery

Dr Szomor is an experienced Orthopaedic Surgeon with over 15 years experience. He completed his specialist orthopaedic training with the Australian Orthopaedic Training Programme in Sydney and he is a Fellow of the Royal Australasian College of Surgeons. He holds a PhD in orthopaedic research at the UNSW. He holds the position of the Medical Director of NSW Bone Bank and a Conjoint Senior Lecturer at the University of New South Wales.

Dr Szomor has affiliation with both The Sutherland and St George Public Hospitals as well as Kareena Private, St George Private and Hurstville Private Hospitals and The National Day Surgery Centre.

Dr Szomor has extensive experience and focuses his area of expertise on knee surgery, including knee arthroplasty, reconstruction and arthroscopy as well as hip replacement and sports injuries.

Dr Szomor is committed to provide patients' care at the highest standards in a friendly and caring manner.

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Dr Vytautas Kuzinkovas MBBS, MD, MRCSEd, FRCSEd, FRACS Consultant General/Upper GI/Laparoscopic Surgeon



Dr Vytautas Kuzinkovas is a Consultant General Surgeon, specializing in Upper Gastro-Intestinal, advanced Laparoscopic Surgery and Oncology Surgery.

He has VMO appointments at St George Public, St George Private, Kareena Private and Sutherland Hospitals.

After obtaining his primary medical qualifications (MBBS), he did a postgraduate doctorate research fellowship at the Department of Surgery at the University of Berne, Switzerland. Dr Kuzinkovas did research in the field of Laparoscopy and Surgical Immunology, culminating with the degree of Doctor of Medicine (MD). He went on to the United Kingdom and completed a specialist surgical training, obtaining a MRCSEd and FRCSEd. The UK surgical training and experience was accredited by the Royal Australasian College of Surgeons and he was awarded a FRACS.

During his surgical training in the UK - Dr Kuzinkovas has acquired an extensive expertise in managing

complex General and Upper Gastro Intestinal surgical cases in particular - obesity surgery and radical resections for the gastric and oesophageal malignancies.

He is fluent in English, Lithuanian, German and Russian languages – that might be beneficial and convenient for the patients with multicultural backgrounds.

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Address to the National Press Club in Canberra

APHA President Chris Rex gave his first speech at the National Press Club to an audience of around 90 industry, business and government stakeholders. Chris presented the undisputed facts about the care private hospitals provide every year including complex surgeries, hip and knee replacements, psychiatric care, chemotherapy, rehabilitation, care for Veterans, and accident and emergency services.

With an emphasis on health reform and options to address current and future pressures on Australia's health and hospital system, Chris called on the Government to work closely with the private sector and offered some examples of the role private hospitals can play in improving and sustaining Australia's hospital system.

Kareena Offers new Treatment for a Common Men's Health Problem

As men age they are increasingly being treated for vascular disease be it their hearts, brains or lower limbs. We have wonderful drugs that not only prevent strokes but prevent cardiac stent and peripheral grafts from blocking. Indeed it is the exception rather than the rule not to see a man over 60 taking one or a combination of anti platelet drugs such as aspirin, clopiderol or assasantin and warfarin.

Though this has helped improve the quality of men's lives, it has created problems for the surgeon who finds him or herself playing a juggling act with the risks of ceasing these medications and the potential of serious bleeding occasioned by surgery if they were to stay on these drugs.

Urologists are presented with this dilemma frequently when considering men for transurethral resection of the prostate. In the past there was increased risk of serious bleeding if electrocautery transurethral resection of the prostate was performed on aspirin. This procedure was unable to be performed on men taking warfarin or clopiderol, without ceasing these medications and risking strokes or acute stent thrombosis.

With the advent of the Green-Light laser which has been recently acquired by Kareena Private Hospital, patients no longer have to cease any of their anticoagulants. Surgical treatment of the prostate can now be performed without the need to stop these life saving drugs thus significantly reducing the risks of peri operative heart attack and strokes. Because the procedure causes very little blood loss, patients can often be done on a day only or overnight basis sometimes not requiring a catheter for more than a few hours postoperatively.

"This technology provides a real benefit not only in terms of patient safety but in terms of less time in hospital and a quicker overall recovery. We are able to treat men with debilitating prostate problems that would have been refused surgery before this technology was available" said Dr. Testa, MAC Representative of Urology at Kareena Private Hospital.

Kareena Urologists Accredited on the Green-Light Laser

Dr. Gerard Testa **9525 6455**

Dr. Tru Quoc Ngo **9525 0383**

Dr. Bill Papadopoulos **9588 3239**

