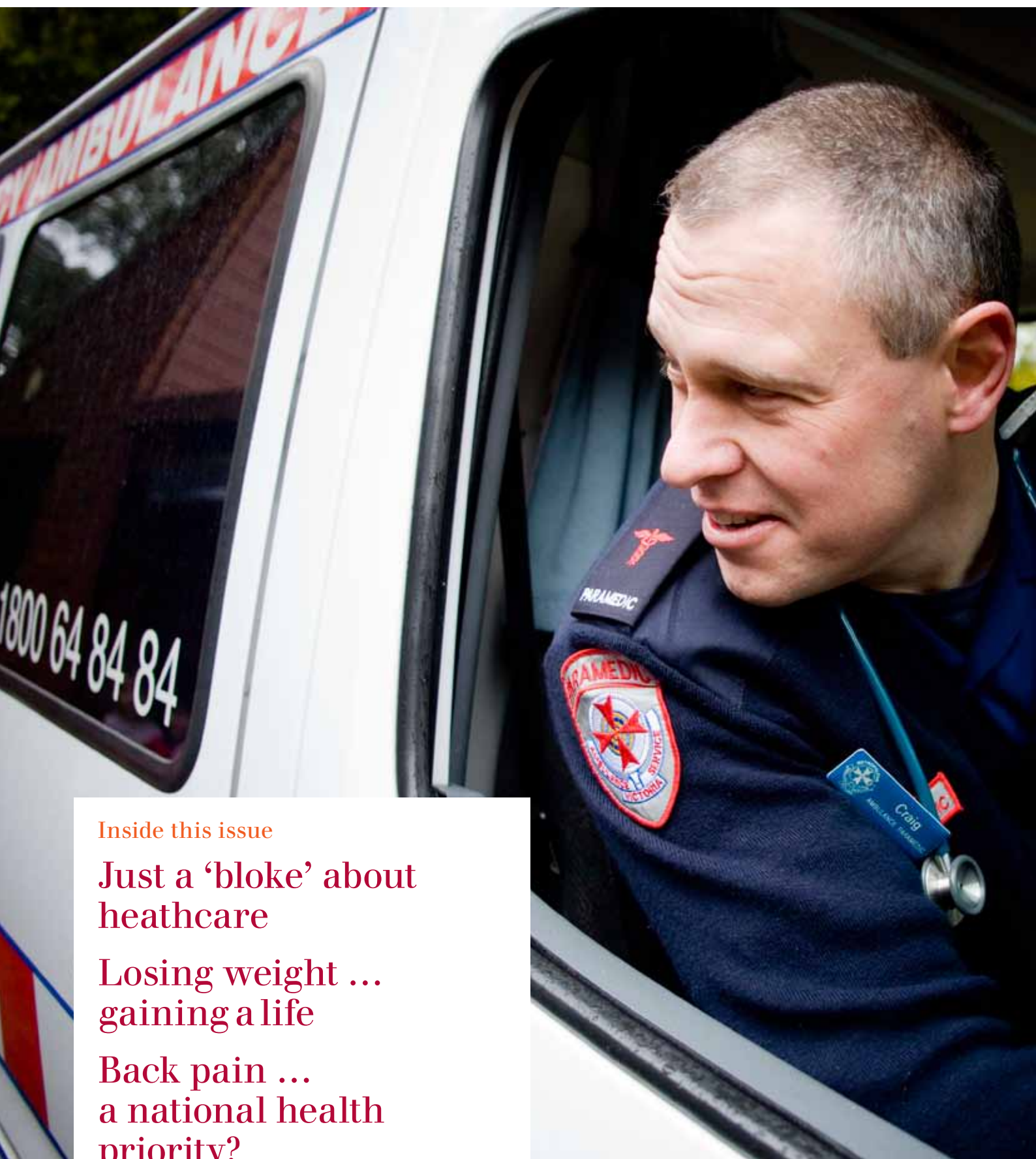


Connections

THE CABRINI HEALTH MAGAZINE Issue 02 September 2009



Cabrini
Health



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A message from the Chief Executive

Welcome to this issue of 'Connections', the Cabrini Health newsletter. You will see that a number of the articles focus on various aspects of men's health, a topic close to my heart as a male on the wrong side of 50 years! Cabrini Health is involved in an impressive range of projects aiming to prevent illness in men, or at least to detect it early so that it can be successfully treated. The Commonwealth Government's recent National Health and Hospital Reform Commission report has stressed the importance of health promotion and illness prevention in extending our life expectancy and ensuring that Australia maintains a high quality, affordable health care system. Cabrini Health realises the importance of such initiatives, and we are fortunate to have a number of excellent and committed clinical leaders such as Associate Professor Adrian Polglase and Associate Professor Gary Richardson leading the way in this regard. I urge you to support their efforts, because early detection and proper treatment can save years of poor health and premature death.

I have now been with Cabrini Health for 8 months. I continue to be impressed by the commitment of our staff and our consultant medical staff, and also by the loyalty and support of our patients and their families. Over recent months much of my time has been spent working with staff and other interested organisations in planning for the future. Over the last year global challenges such as the economic downturn and doctor and nurse shortages have forced us to reconsider the way we do things.

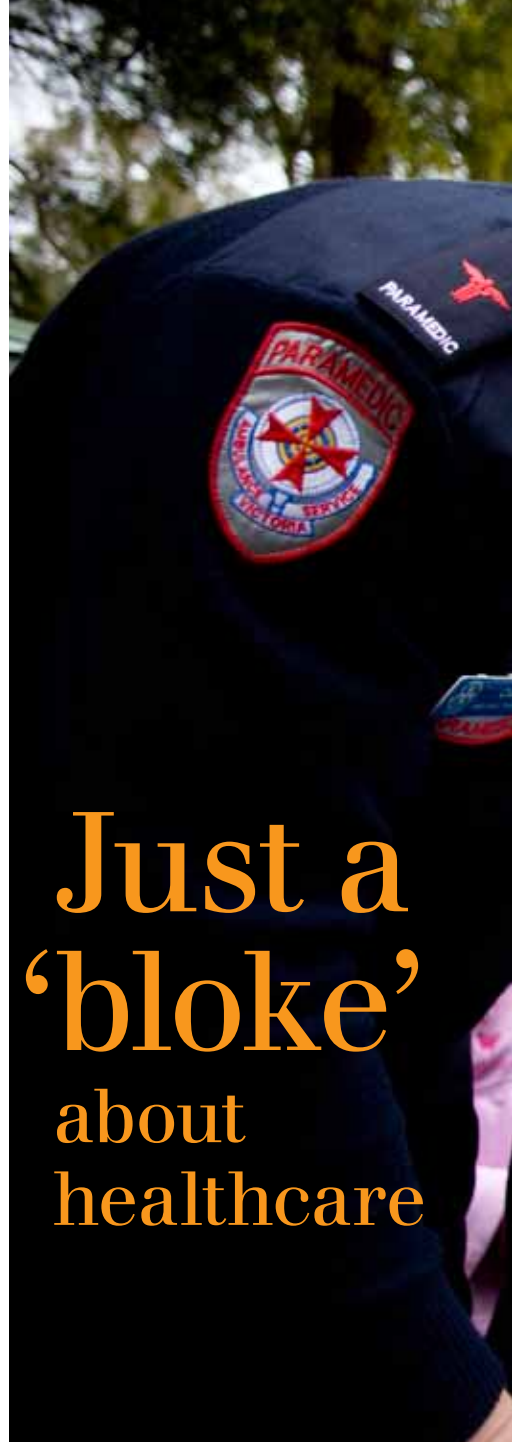
In addition, the Missionary Sisters of the Sacred Heart of Jesus, the founders of Cabrini Health, have encouraged us to be bold and innovative in developing new ways to meet unmet needs in the communities we serve. On the face of it you may think that the communities served by Cabrini Health in inner south-east Melbourne are relatively well off compared to many, but these communities also face hardships. Cabrini Health is committed to working with partners to identify these needs and to finding new and more effective ways to serve out communities. One example is our joint program with Centacare Catholic Family Services to support the medium to long term needs of victims of the summer bushfires. I hope that for the next Cabrini Newsletter I will be able to outline for you the main elements of our new strategic plan, and our initiatives for improving the patient experience and supporting our communities.

Finally, I have just finished writing an email to a man who has been an inpatient at Cabrini Malvern more than fifty times! With experience like that there is much that he can tell me about opportunities to improve. We have been discussing ways of improving the menu. Such suggestions are very valuable in helping me and other Cabrini Health staff to do better in meeting your needs. If you have any suggestions please do not hesitate to send me an email at mwalsh@cabrini.com.au or write me a letter. I assure you that we take notice.

I hope you enjoy the contributions to this newsletter, and thank you all for your continuing support.

Best wishes,

Dr Michael Walsh,
Chief Executive.



ABOVE: PARAMEDIC, CRAIG MUNNS, AT AN AMBULANCE DEMONSTRATION AT A KINDERGARTEN

Just a 'bloke' about healthcare

'It's a sobering thought. Yes, Craig was lucky... a lot of other men are not. But if Foundation 49 has anything to do with it, all Australian men will live long and well.'



You would think being an ambulance paramedic that Craig Munns, would be the first person to heed any warning signs. Not so. Craig, 39, was too busy caring about other people and put his own healthcare on the back burner.

But, in 2007, things changed. A devoted husband and father of two young children, Craig was serving as vice-president of the children's kindergarten when the local township's committee held a 'healthy breakfast' for the kinder dads, funded by Cabrini's Foundation 49. As one of the guest speakers he told the assembled fathers that he "would not be

here today if I hadn't attended this breakfast last year."

He recounted that at the event, a doctor had taken his blood pressure and the reading had been very high. But "being a bloke, I just didn't get around to going to the doctor," said Craig.

Sure enough, a few months later he noticed a "strange feeling like a hot rod running through my elbow." Days later he was in hospital having a coronary angioplasty to unblock an almost completely blocked artery. Craig was extremely lucky to have avoided a heart attack.

"I left hospital on Melbourne Cup Day. When I got home I saw my 6 year old's birthday cards all lined up and realised I might not have made it," said a thankful Craig.

It's a sobering thought. Yes, Craig was lucky ... a lot of other men are not. But if Foundation 49 has anything to do with it, all Australian men will live long and well.

Foundation 49, Cabrini's men's health promotion unit, is working hard to change men's attitudes about their healthcare. Australian

men of all ages—our husbands, fathers, brothers and sons—are faced with some daunting facts. Every hour, every single hour, five men in this country prematurely die from preventable conditions such as heart disease, cancer, suicide, alcoholism and obesity. That's a staggering 43,680 men every year!

So, what can be done about it?

"We know that many men are reluctant to visit a doctor because they think it may lead to a hospital stay, and they also don't want to discuss what they consider 'trivial' or 'embarrassing' problems," said Kate Temby, Foundation 49s Executive Officer. "These are just a few of the barriers we need to break down. Through our workplace programs and health checks at events like the Grand Prix, we are going to the men, reaching those who are avoiding, delaying, ignoring or who are just unaware of the risks to their health."

The message is reaching some men, but financial resources are needed to extend that reach. As Craig Munns says: "I want to be around to see my kids grow up."



‘Just go and have a check. If I had taken the test a lot earlier I might not have put my life at risk.’

Many people think that bowel cancer testing is embarrassing, but Geoff is quick to point out that the home screening test – the Faecal Occult Blood (FOB) Test – is simple, easy to use and not at all embarrassing.

As Coxy says: “Just go and have a check. If I had taken the test a lot earlier I might not have put my life at risk.”

Colorectal workshop advances patient care

Laparoscopic colorectal resections have become commonplace in the management of benign and malignant colorectal disease. There are multiple benefits to the patient in terms of short to medium term recovery, and reduced complication rates. This is achieved without any alteration in oncologic principles or measureable cancer outcomes. Numerous large randomised, multi-centre trials have supported the use of this technique in the management of colon cancer. The current challenge is to translate the good results from these trials into broader clinical practice.

The Colorectal Surgical Society of Australia and New Zealand (CSSANZ) have provided guidelines for the accreditation of surgeons to perform laparoscopic colorectal surgery at different levels of complexity. Currently most young colorectal surgeons learn the majority of their laparoscopic skills during the two-year training programme, often augmented with additional training in a centre of excellence overseas. There are local and international workshops and courses that can be attended to observe experienced

Coxy spreads the word

The first warning that something was not ‘right’ was one morning in October 2008 Geoff Cox sat on the bed and noticed there was a bloody discharge. He thought it was haemorrhoids although his wife, Vivien, was not convinced and encouraged him to see his doctor.

That’s when the much-loved ‘Coxy’ began his battle with bowel cancer. Tests showed he had a bowel tumour the size of a cricket ball – a major shock for Geoff and his family. He underwent surgery and chemotherapy at Cabrini Hospital.

The TV personality and veteran musician – he was a drummer with groups including the Little River Band – now wants to help others by spreading the word about the importance of bowel cancer testing, especially for the over 50s.

Bowel cancer is a sinister disease without any warning signs or symptoms ... its risk increases with age and it kills 5,000 Australians every year.

Family history is also a risk factor and Coxy now believes that both his

parents may have had bowel cancer. As a child, he remembers that his mother had undergone surgery and a small piece of bowel had been removed. In hindsight he thinks that perhaps, like him, his mother had a tumour. However, 40 years ago people did not discuss personal issues or what they considered to be embarrassing topics.

In light of his own illness, Coxy has become an advocate of bowel cancer testing. “My wife’s friends are always astounded when I tell them to get tested. They think it’s a man’s disease, but it’s not, it’s everyone’s disease. I’ve had women virtually call me a liar because they just don’t believe women can get it!

Now well on the road to recovery, and feeling “fantastic”, Coxy receives letters from people thanking him for speaking out. And he intends to keep a close eye on his own family. “Both my sons have made a commitment to be checked regularly and I’ll make sure I hold them to that,” he said.

Back on the bike

laparoscopic surgeons to assist in training, however there is little to support the progression of learning of the established laparoscopic colorectal surgeon to highly advanced procedures.

During May an advanced laparoscopic colorectal workshop was held at Cabrini. Professor Russell Stitz from Queensland is a recognised world expert in laparoscopic colorectal surgery with more than 15 years experience in this particular field. He was invited to Cabrini, with the support of Ethicon endosurgery, to observe and critique a number of colorectal surgeons performing operations themselves. This group of surgeons have established themselves as very competent and experienced laparoscopic surgeons, but wanted to progress their skills further. A wide range of procedures were performed, including right hemicolectomy, high anterior resection, rectopexy and ultralow anterior resection, with each surgeon having the opportunity to perform and observe all cases.

The process of having a world expert and highly experienced colleague is one of the few methods of advancing clinical and operative skills for the experienced and established surgeon, and all involved felt that they benefitted from the experience. It was agreed that similar workshops would be planned for the future so as to continue this process.

For further information visit www.letsbeatbowelcancer.com.au

Bernie Handley, Gary Waite and Peter Short are three men who share more than a passion for cycling. They are also survivors of treatment for oesophageal cancer. Cancer of the oesophagus (gullet) is a condition, which in the past mainly affected older people, particularly those who smoke and drank to excess. In recent years there has been a sharp increase in a different form of the cancer mainly affecting middle-aged males.

The reason for the increase is not clear, but is related to oesophageal reflux (heartburn) in many, and obesity is also thought to increase the risk. None of these men were obese and in fact all of them had a strong commitment to fitness and physical health. Oesophageal cancer remains a devastating and often fatal disease for many. However, earlier detection and advances in treatment mean that outcomes are steadily improving. Bernie, Gary and Peter all had chemotherapy followed by radical surgery at Cabrini Malvern. All of them are now back on their bikes and getting on with their lives.

Peter, who had his surgery only recently, is still not back to full fitness, but determined to get there.

“Surgery for oesophageal cancer is one of the biggest operations there is. The oesophagus is removed from the chest and the stomach is then transposed from the abdomen to the chest to allow them to resume eating. These three men were able to cope with the trauma of this major surgery so much better because of their high level of fitness prior to the operation,” says their surgeon Associate Professor Simon Woods – himself a keen cyclist.

“Furthermore, there is increasing evidence with various cancers that physical fitness and maintaining a healthy weight improve the chances of long term survival and cure. Anyone with persistent heartburn or difficulty swallowing should have their symptoms investigated,” he said.

Whilst most people will be found to simply have reflux, the chances of curing an oesophageal cancer are so much better when it is detected early.

Cabrini Malvern is one of the major cancer treatment centres in Australia and treats more cancers of the gastrointestinal tract than any other hospital in Victoria. Major surgery like oesophagectomy is only possible in tertiary level hospitals with intensive care units and specialist nursing and allied health staff, familiar with the complex care that these patients need during chemotherapy and in the early period after their surgery.

‘There is increasing evidence with various cancers that physical fitness and maintaining a healthy weight improve the chances of long term survival and cure.’



IMAGE: MARTIN REDDY
LEADER NEWSPAPERS

LEFT TO RIGHT:
GARY WAITE,
PETER SHORT,
BERNIE HANDLEY
& A/PROF SIMON
WOODS



Losing weight... gaining a life

John Smith (his real name!) a bariatric patient at Cabrini, has shed a massive 43kg "and still going" following lapband surgery late last year.

Weighing in at 148kg, this outgoing, well-travelled man found that he was losing interest in life and unwilling to socialise with friends. Always a keen cricketer, John found that playing the game caused him terrible physical pain, a feeling that his "heart was about to explode".

That began a remarkable life-changing transformation.

"Last year I saw a TV program on the LAPBAND® and it intrigued me. Like many people I had tried diets and exercise, but with little effect so I did some research and finally plucked up the courage to see a doctor," said John.

Mr Roger Berry, his laparoscopic and obesity surgeon, involved his whole team at Complete Weight Loss Surgery (CWLS), to fully evaluate his suitability for bariatric surgery. During his workup, it was found that John had early stage Type 2 diabetes, often a consequence of morbid obesity.

Obesity is a growing worldwide problem, and Australia is no exception. The World Health Organisation estimates that globally

by 2015, more than 700 million people will be obese. In Australia over 2 million people are obese, and over 1 million have Type 2 Diabetes. A new term 'diabesity' is being used with increasing frequency to describe the current worldwide twin epidemic.

Obesity has a huge impact on quality of life and premature death as well as markedly increasing the chance of developing many disease states. Being obese is hazardous to your health and not only is the single most important risk factor in the development of Type 2 diabetes, it also increases the chance of developing hypertension, sleep apnoea, reflux as well as osteoarthritis, stroke and some cancers.

Sustained surgical weight loss is one of the most effective therapies available to doctors today in the treatment of morbidly obese patients, particularly those with Type 2 Diabetes.

Many obese patients, as well as an increasing number of doctors, are realising that diet and exercise alone can't solve the problem and are turning to bariatric surgery. The most common bariatric operation performed in Australia is the placement of a laparoscopic adjustable gastric band. This

operation involves placing a special hollow band around the upper end of the stomach, creating a small pouch and a narrow passage into the larger remainder of the stomach. The band may be filled with saline solution and can be tightened or loosened simply by increasing or decreasing the amount of fluid that is held in the band. Once the band is in place, patients find that a smaller amount of food satisfies their hunger.

For John, while not a magic cure, the LAPBAND® combined with a healthy diet and regular exercise, offered him a long term and effective solution. He says the most difficult part was the two weeks leading up to surgery as it meant a very strict diet and no "gorging food or comfort eating". However, once he made the commitment, there was no turning back. He started losing weight quickly and gained a lot of energy. And because his diabetes was very early stage, it has been easily controlled by diet.

Was it worth it? "Absolutely!" said John. "This year I've actually completed a Fun Run, something I could never have done in the past. I've become 'gym junkie', I play cricket, and I go out a lot. I really think the lapband surgery saved my life."

Mr Roger Berry and his team at CWLS, give free monthly seminars in the Bayside area. Seminars will be held at the Brighton International on

Tuesday, 1 September at 7.30 pm
Tuesday, 27 October at 7.30 pm

The one hour seminars include a question and answer session with laparoscopic and obesity surgeon, Roger Berry, as well as an opportunity to meet patients like John Smith.

For further information, visit www.cwls.com.au or call 1300 00 CWLS.



Professor Buchbinder is the head of the Monash University Department of Clinical Epidemiology at Cabrini.

Back pain... a national health priority?

Cabrini Institute researcher, Professor Rachelle Buchbinder, recently called for back pain to be designated a new National Health Priority Area in an article in the Medical Journal of Australia (4 May 2009).

There are seven existing National Health Priority Areas (cancer control, injury prevention and control, cardiovascular health, mental health, diabetes mellitus, asthma and musculoskeletal conditions) which were selected on the basis of their profound burden on the health of Australians.

In the article Professor Buchbinder, who is an internationally recognised expert on the impact of back pain on the community, identified the burden of back pain which affects 80% of Australians at some stage of their lives and which causes significant disability in at least 10% of people. This results in an enormous economic and personal cost to Australians.

"Back pain disrupts individual's quality of life and accounts for an enormous cost to the community," Professor Buchbinder said.

"It is associated with significant workforce absenteeism and 'presenteeism' (being at work but being unproductive). Back pain is second only to mental health as a contributor to lost productivity."

Professor Buchbinder identified that back pain is experienced by a broad cross section of the population.

Professor Buchbinder's article reported that whilst the prevalence of back pain is evident in only 1% to 6% of children, it rises sharply in adolescence ranging from 18% to 50% to approach the prevalence in adults.

"In Australia back pain is one of the most common long-term health conditions reported by teenagers and young adults. It is experienced by children and adolescents and is associated with disability in up to 94% of cases," she said.

With her co-author Dr Andrew Briggs, Professor Buchbinder identified the advantages of back pain becoming a priority area, including improvement to national approaches to the management of back pain, as well as limiting the personal disability arising from back pain.

PROFESSOR RACHELLE BUCHBINDER

Stop Press!

A common treatment for spinal fractures has been found not to work.

In a groundbreaking, multicentre, double-randomised trial, Professor Rachelle Buchbinder, head of the Monash University Department of Clinical Epidemiology at Cabrini, and a team of researchers have found that potential harm of having Vertebroplasty, outweighs any benefits.

Vertebroplasty is the injection of bone cement directly into painful fractures in the spine in people with osteoporosis.

The trial consisted of two groups of patients – those who had vertebroplasty for unhealed spinal fractures for less than 12 months and those given a placebo.

Vertebroplasty did not result in significant reductions in pain, but both groups experienced significant pain reduction over time.

Professor Buchbinder will publish the findings in the August edition of The New England Journal of Medicine.





From Ireland to Cabrini

IRISH VISITOR,
EMMET ANDREWS.

Emmet Andrews has commenced as Colorectal Surgical Fellow in the Cabrini Monash University Department of Surgery. This position is a new initiative of the Department, which was developed by Emeritus Professor Adrian Polglase.

Originally from Dublin, Emmet has just finished his surgical training in Ireland, having completed the Intercollegiate Specialty Board Examination in General and Colorectal Surgery and his Higher Surgical Training Programme.

After completion of surgical training in Ireland it is typical to undertake a Fellowship in an area of specialty interest, usually in North America or the UK. This is a period of training during which the participant gains experience in a subject of interest, or an area of medicine in which they wish to specialise. Emmet was attracted to Australia, not only for the renowned high quality lifestyle, but because of the high quality of medicine, particularly in colorectal surgery under the direction of the Colorectal Surgical Society of Australasia and New Zealand (CSSANZ).

The Department of Colorectal Surgery at Cabrini has six dedicated and accredited CSSANZ colorectal surgeons. They provide the complete range of benign and malignant colorectal procedures. According to the regional cancer database, Cabrini performs more operations for colon and rectal cancers than any other hospital in Victoria, making it an ideal location for a Fellowship. As well as experience in advanced laparoscopic surgery for cancer, Emmet has an interest in pelvic floor function and is gaining excellent exposure to the complete range of examinations performed in the Melbourne Gastrointestinal Investigation Unit based at Cabrini.

The composed working environment at Cabrini has allowed Emmet to become involved with several research projects in the Cabrini Institute. He has also commenced a study in conjunction with the Monash Institute of Medical Research, establishing a link that will lead to further collaborative projects.

Accompanying Emmet is his wife, Siobhan Carroll, a Breast Cancer Clinical Nurse Specialist, and their three young children, Daniel, Luke and Oscar. Attending local school, the boys are all Auskick regulars and aim to add skiing and surfing to their skills before returning to Ireland. "Taking in all the sights, activities and attractions of Melbourne and Victoria requires a lot of commitment, but it's been a tremendous experience," said Emmet.

Emmet will be returning to Ireland as Consultant Surgeon and Senior Lecturer at Cork University Hospital and University College Cork commencing 1 July 2010, replacing Professor Liam Kirwan. Cork University Hospital is the largest hospital in Ireland and the only Level 1 trauma centre in the country. It is also one of the four hospitals nominated to perform rectal cancer surgery under the National Cancer Control Programme. Certainly the experience in all his activities at Cabrini will greatly assist him in this exciting and challenging post.

Events

HEALTH & WELLBEING ... BEYOND BREAST CANCER

28 October 2009
11.00 am to 4.30 pm

St Andrews Church Hall
– St Andrews Street, Brighton

FREE public seminar. Topics include menopause, lymphoedema management, nutrition, psychology and exercise – including Tai Chi demonstration.

Bookings – Tel: 9508 5800

CABRINI RESEARCH DAY

12 November 2009 – 12.00 noon

Auditorium – Cabrini Hospital
Malvern

An event showcasing the clinical research conducted at Cabrini Health.

In addition to highlighting the research performed, the seminar will explore new and exciting elements of collaborative and translational research in areas such as tissue banking, cancer research and cardiology.

Bookings – Tel: 9508 1375

Help support our work

If you would like to contribute to the work of Cabrini Health, please contact the Cabrini Foundation on Tel: 9508 1757 or donate on-line at www.cabrini.com.au or simply send your donation to Cabrini Foundation, 183 Wattleree Road, Malvern, Vic., 3144. Cheques should be made payable to 'Cabrini Health'.

**All donations over \$2 are
tax deductible.**



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