

# Connections

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# A message from the Chief Executive

Welcome to the latest edition of 'Cabrini Connections'. You will note that some articles tackle the importance of early detection of bowel and prostate cancer and I'd like to thank those patients who have shared their stories with us.

Patient satisfaction will be very much at the heart of everything we do at Cabrini Health in the coming years. We want to ensure that those who seek our help receive the best level of care and support. For that reason, during our strategic planning over the past 12 months, we have looked at the patient experience and the experience of patients' families and how we might make significant improvements.

It will not just be a matter of providing acute care, but more about enhancing health and quality of life by treating sickness and working with our patients and their families to anticipate, prevent and ease suffering.

This is just the beginning of a new direction to improve the quality of our care. We intend to make a positive impact by listening to those we serve. By understanding what you, our community expect of us, we will be able to address your health care needs in the years to come.

An all-rounded approach will include greater involvement in health promotion, illness prevention and supporting people living in their own homes.

In short, we will aim to deliver outstanding care to become our community's 'first choice for care'.

**Dr Michael Walsh,**  
Chief Executive.

COVER: CABRINI NURSE TS TAN SERVES LUNCH AT THE SACRED HEART MISSION.

RIGHT: ON THE JOB AT THE SACRED HEART MISSION, KATE BARKER (LEFT) WITH NURSE LEONIE DAVY.



## It's about giving back

Apart from the delivery of clinical care, a culture of contributing to the community permeates the Cabrini Health organisation. Staff are involved in many ways, whether sponsoring HIV/Aids orphans in Swaziland, providing assistance at Intjartnama aboriginal outstation or ensuring Melbourne's homeless get at least one good meal a day.

The Sacred Heart Mission in St Kilda typifies that culture of contribution. The Mission provides the homeless with a hostel, dining hall, medical and dental care and also a women's day refuge.

Cabrini's association began many years ago with the kitchen staff contacting the Mission with the offer of leftover food. From such small but welcome beginnings grew a solid bond that has lasted.

Meals are served to more than 500 socially disadvantaged people a day – people without anywhere to live, or without work or the prospect of work and sometimes with dependents. Predominantly they are men, but sometimes women and children.

Over the years Cabrini has negotiated with its own suppliers to obtain a discount on all foodstuffs for the Sacred Heart Mission. We provide free laundering of the towels and

sheets used at the hostel and once a month Cabrini staff prepare and serve lunch in the Mission's dining hall.

During the Festive Season, a number of Cabrini staff spend their Christmas Day serving Christmas Dinner at the Mission. Every single person receives a gift that has been happily donated by the staff, patients and visitors of Cabrini Health.

*“Sadly we see more and more parents with children coming through the doors at Christmas time,” said Kate Barker of Cabrini's Social Outreach Program.*

In a further recent development of our association Cabrini has joined with a range of other sponsors to support the Sacred Heart Mission's 'Journey to Social Inclusion' (J2SI) project. This very special project is aimed at assisting people to break the cycle of homelessness. It will address past traumas, identify the cause of their homelessness, provide counselling and treatment, build skills and generally help people to connect with the community.

# A second chance

While travelling on London's Underground in 2001 during a long awaited holiday, Linda Hambleton had a massive haemorrhage. This happy, energetic and, she thought, healthy woman was rushed to Guys Hospital where she was told by the emergency doctor that she had a "mass in the rectum".

Realising she had cancer she was shocked by the absence of symptoms – sickness, pain ... any obvious sign of disease. But there were none. Her holiday in shambles, she spent a week being stabilised in hospital and then flew home to Melbourne to begin treatment.

Linda was referred to General and Upper Gastrointestinal Surgeon, A/Prof Simon Woods, who confirmed bowel cancer and told her that the location of the cancerous tumour meant she would have a permanent colostomy, or bag. That upset Linda more than the cancer diagnosis, although she freely admits she knew little about the subject.

Her treatment involved surgery, chemotherapy and radiation over several months. How did she handle it? "For a time it's really overwhelming

coming to terms with cancer. But I found it was more manageable if I thought about the tumour being an isolated part of me, instead of an all-pervasive illness," said Linda.

She also believes what she calls the 'Triple F Factor' – Faith, Family and Friends—to be of the utmost importance.

Surgery went well, but as the bowel becomes almost paralysed in response, it took nine days before it functioned normally and as she says "we had to get reacquainted!" Linda found the colostomy abhorrent. "In hindsight I'm ashamed of that initial reaction because it's wonderful to be given a second chance. Apart from being lifesaving, the colostomy is really easy to manage, convenient and discrete."

Months of chemotherapy and radiation followed with mouth ulcers being the most painful side effect.

Linda has nothing but praise for A/Prof Simon Woods, Oncologist, Dr Ian Haines and her Stomal Therapy Nurse, Helen Nodrum. "All of them were absolutely wonderful ... they gave me the strength to get through a pretty rough time in my life," she says.

She has remained well, aside from a few surgical repairs for parastomal hernias. Linda believes her first hernia taught her a valuable lesson: To learn to live with the consequences of bowel surgery. That included not gaining weight or putting too much strain on her abdominal area. And it meant changes to her lifestyle. She gave up downhill skiing, opting instead for cross-country, but as she fell just as much, Linda eventually hung up her skis and instead bought a pair of walking shoes.

Having been retired for a few years, she ended up using her patient knowledge to become a Health Project Officer with the National Bowel Cancer Screening Program. It was something she just had to do.

The Program is an initiative of the Australian Government, in partnership with state and territory governments, to detect bowel cancer early to reduce the number of preventable deaths each year.

People turning 50, 55 and 65 years of age between December 2008 and December 2010 are receiving letters of invitation to screen. If a participant receives a positive result from their Faecal Occult Blood Test (FOBT) they and their nominated doctor are notified of the result.

As part of the Program team, Linda contacts those people who have received a positive result and not visited their general practitioner or who have seen their GP, but not booked a colonoscopy. And records show it's proving successful.

LINDA HAMBLETON WITH HER SURGEON, A/PROF SIMON WOODS



*"If only the Program had been running when I turned 50," said Linda.*

*"My story may have been very different."*

For further information visit [www.letsbeatbowelcancer.com](http://www.letsbeatbowelcancer.com)



CLIVE ELLIOTT WITH  
DAY ONCOLOGY  
NURSE, SHELLY KAY

## Senior care ... a patient's perspective

*We often take our senior citizens for granted, but they have a story to tell of what it's like to live in their world as they age and as their dependence on health care grows.*

Clive Elliott, 89, has been involved in the Malvern community for most of his life. Over the last two years he has been battling myeloma, a type of cancer of the plasma cells in the bone marrow, and has been receiving out-patient treatment at Cabrini Hospital.

Before his diagnosis he was active and full of life. Then, suddenly, he found it difficult to climb stairs or to stand for any length of time. While he chided himself that age was slowing him down, realistically he knew that what he was suffering was more than just old age. Growing increasingly frustrated by his limited capacity and aching bones, he visited his general practitioner who

referred him to Cabrini Haematologist, Dr Patrick Elliott (no relation). A bone marrow biopsy revealed myeloma and treatment began immediately. By this stage, Clive could no longer raise his arms or drive a car.

"To be told you have cancer is like a death sentence ... a real sense of loss, grief, anger and so many other feelings. But these feelings didn't last very long and I decided to get on with life," said Clive.

Not a bad attitude for someone of Clive's years, and perhaps a lesson for us all. He began by reviewing his life, making changes to his day-to-day living and agreeing to receive practical help on the homefront.

"I've never minded growing old, my age didn't matter. If you are lucky enough to be well, you just keep going. It was when I was diagnosed with myeloma that everything changed. For the first time in 70 years I couldn't drive a car and now have to ask people for help. Family and friends are wonderful and they give me all the help I need, but

I can no longer just jump into a car and go for a haircut or buy something for my computer," said Clive.

That loss of independence, he believes, was the hardest to accept. He had reached a point where he needed carers to help with showering, meals and housecleaning. Having been intensely independent all his life, he initially railed against what he considered an intrusion, but now realises these people are a godsend. And he admits he is fortunate to have so much help when others are not so lucky.

But then people of Clive's generation are a resilient lot. Maybe because they were toughened by world events in their youth they learned to shoulder responsibility from a young age and, as Clive says, "just get on with it".

Naturally creative, Clive's first job at the age of 16 had been to paint stained glass windows and some examples of his work can still be seen at St. John's church in Toorak. When war was declared, Clive served in the army for five years and developed some life-long friendships. After the war he continued with his passion for photography, opening a camera shop in Glenferrie Road where he worked until well into his 70s.

His photographic skills have been put to use by the Rotary Club of Malvern where Clive is a Charter Member. He has been instrumental in setting up many of the Club's projects and has kept a photographic record of every one for the last 50 years. Last year he was honoured with their Double Sapphire Award.

When asked what he thinks of the care he receives at Cabrini, Clive doesn't hesitate: "I think everyone goes out of their way to help. The nurses and staff are wonderful to seniors, especially the Day Oncology nurses who greet the elderly and frail like old friends," said Clive.

# New surgical option for heart patients

Minimally invasive mitral valve surgery is a new technique that allows surgeons to repair or replace the mitral valve through a small incision between the ribs. Traditionally mitral valve surgery has required a large incision down the front of the chest and through the breastbone.

The benefits of minimally invasive mitral valve surgery are great and include less pain after the operation, quicker recovery, shorter hospital stay, earlier return to work, less scarring, lower risk of infection, and a lower need for blood transfusion.

The mitral valve is one of the four valves in the heart. It has two leaflets that perform an important job in regulating blood flow in a forward direction through the heart, ensuring there is no backward leakage. Should the mitral valve become narrowed or leak, it needs to be repaired or replaced. In the past, this required a large incision through the breastbone. With new instrumentation, mitral valves can be repaired or replaced through a small incision on the right hand side of the chest, overcoming the need to fully open it. It is a well-established procedure

performed in a large number of centres around the world.

Cabrini's cardiothoracic surgeons, Michael Rowland, Justin Negri and Randall Moshinsky have trained overseas in this procedure and have established a minimally invasive mitral valve surgery program at Cabrini. The program has been made possible by a \$50,000 donation from Heartbeat Cabrini for a full set of specific instruments – 15 in total.

The treatment of heart disease is a major focus of work at Cabrini with 500 cardiac surgery cases and 2,300 cardiac procedures performed every year. Heart disease is the reason for 35% of all hospital admissions to Cabrini.

"Heartbeat Cabrini has been actively supporting Cardiac Services at Cabrini for more than 20 years, raising more than \$1.7 million. Our members believe the minimally invasive mitral valve surgery program will add an essential element to what Cabrini can offer cardiac patients and we're thrilled to be the Program sponsor," said Jim Farmer, President of Heartbeat Cabrini.

## A Psychologist or a Psychiatrist ... what's the difference?

As a Psychologist, this is a question I'm often asked. While both professions work with people who have mental health problems, Psychiatrists have a medical degree followed by further study specialising in the diagnosis and treatment of mental illness. This training equips Psychiatrists to prescribe medications, and integrate their understanding of the body and its functioning into the treatment of mental illness. Because Psychiatry is a medical specialty, a referral from a general practitioner is required.

*A common point of confusion for the community is that Psychologists who have undertaken doctoral studies (D.Psych or PhD) are also doctors. However unlike Psychiatrists, they are not medical doctors.*

While Psychologists also work with people with mental health problems, they rely on a range of psychological therapies rather than medication.

Importantly, Psychologists assist people with everyday concerns that can be debilitating and negatively impact wellbeing. Stress, relationship difficulties, coping with illness, and self-defeating patterns of behaviour such as over-eating, respond well to psychological interventions.

DR LISA ENGEL, HEALTH PSYCHOLOGIST, CABRINI MEDICAL CENTRE

LEFT: SIGNED, SEALED AND DELIVERED ... CABRINI HEARTBEAT PRESIDENT, JIM FARMER (LEFT) CONGRATULATES SURGEONS (L TO R) RANDALL MOSHINSKY, MICHAEL ROWLAND AND JUSTIN NEGRI



# HIFU

## the alternative treatment for prostate cancer

Lawrie De La Rue never had any indications that he was about to face a health battle, but a routine PSA (Prostate Specific Antigen) blood test showed the presence of cancer.

Placed in the hands of Cabrini Urologist, Dr Peter Royce, the next step was a prostate biopsy ... its pathology, using the standard Gleason Score, indicated fairly aggressive prostate cancer.

*Prostate cancer affects more than 18,000 men in Australia every year. If diagnosed in its early stages, before it has spread, it can be favourably treated.*

More common in men over 50, younger men can't be complacent if there is a family history of prostate cancer.

Part of the male reproductive system, the prostate is located below the bladder and in front of the bowel. If there is a problem, men usually notice several things: Difficulty or pain while urinating, a constant and urgent need to urinate, blood in the urine or sexual dysfunction.

For men, a prostate check should always form part of an annual medical examination.

Encouraged to be actively involved in selecting his treatment, Lawrie discussed a range of options with Dr Royce including surgery and



UROLOGIST,  
DR PETER  
ROYCE

Brachytherapy where radioactive seeds are inserted into the prostate to kill the tumour. In the end, Lawrie opted for HIFU (High Intensity Focused Ultrasound).

"I believe it is the least intrusive with less risk of further complications that may have affected my lifestyle and quality of life. During my recovery everything went according to plan except, in some instances, I expected a little worse than I actually experienced. I thought I would have a lot more discomfort and, as it turned out, I didn't need to take any painkillers. I feel great and my friends tell me how well I look," said an elated Lawrie.

Cabrini's Dr Peter Royce was the first Urologist in Melbourne to use HIFU for the treatment of prostate cancer, although it has been extensively used overseas for some years.

HIFU is fast, effective and requires only an overnight stay in hospital. The robotic technology is multi-functional and minimally invasive. While under general anaesthesia, a probe is inserted into the rectum to provide images of the prostate, the seminal vesicles, bladder, rectum

and urethra. HIFU treatment then begins with high intensity ultrasound beams precisely focused to destroy the cancerous tissue.

"The precision of HIFU without damage to surrounding organs and tissue is an important feature of the technology. It means that there is faster recovery and less risk of other long-term complications for patients such as incontinence. That's got to be a huge bonus," said Dr. Royce.

He can support his faith in the use of HIFU for prostate cancer, having recorded clinical data to assess cancer outcomes and quality of life since he began using the technology four years ago. Of the 80 patients Dr Royce has treated, 83% have excellent cancer control, 96% are continent and don't have to use pads, and 60% have retained normal sexual function.

HIFU is a viable alternative to robotic surgery or radiation therapy. In fact, it can be used to treat patients who have undergone unsuccessful external radiation, even if the cancer has recurred some years later. And, should HIFU treatment prove unsuccessful, it does not present a barrier to surgery.



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## Study finds Vertebroplasty ineffective

A world-first study has found the injection of bone cement into osteoporotic spinal fractures is not effective.

Vertebroplasty is a procedure that involves an X-ray guided needle insertion into the bone fracture followed by the injection of medical grade cement with the aim being to stabilise the fracture and help the spine heal more quickly with less pain.

The treatment is regularly recommended by doctors and specialists around the world with more than 600 Australians undergoing the procedure every year. Previous scientifically weaker studies led to an interim listing on the Medicare Benefits Scheme.

Professor Rachelle Buchbinder of the Monash Department of Clinical Epidemiology at Cabrini Hospital who led the study, published the results in the prestigious *New England Journal of Medicine* in August. In the same edition, the results were published of a study by an independent research team at the Mayo Clinic in the US which also found the procedure inadequate.

The research trial comprised 78 people with one or two spinal fractures due to

thin bones or osteoporosis. They were divided into two groups with one group undergoing vertebroplasty while the other went through a simulated or sham procedure without the cement injections.

Both groups were assessed one week after the procedure and again one, three and six months later. During the recovery period both groups – treated and untreated – showed improvement in pain, function and quality of life with no discernable difference between the two groups.

“Our results indicate that there are no benefits of vertebroplasty over six months, but there are some potential risks. These include infection and leakage of bone cement outside of the broken vertebrae,” said Professor Buchbinder.

She believes those risks should not be ignored. “The cement is a permanent medical implant. The procedure might also increase the already high risk of having more spinal fractures, particularly in vertebrae adjacent to the treated area.” Based on these results, Professor Buchbinder also said “I don’t think there’s any place for vertebroplasty in routine care,”

Ideally, Professor Buchbinder would like all new treatments to undergo rigorous study before they become part of clinical practice.

“The sort of testing that is applied to drugs should also be applied to treatments. It’s much harder to investigate a treatment once it’s been promoted and people think it works,” she said.

The study was supported by grants from the National Health and Medical Research Council of Australia (NH&MRC), Arthritis Australia, Cook Australia and the Cabrini Institute.

## Health outcomes in elderly patients following cardiac surgery

Australians are now living longer and a large number of people over the age of 80 years are having cardiac surgery. At Cabrini, 25% of our patients undergoing cardiac surgery are over 80 years of age.

Whilst the outcomes of cardiac surgery are usually excellent, there are costs and risks associated with these procedures. Patients expect that surgery will automatically restore them to full health. However this is not always the case. Elderly people have less physical reserve and tend to have concurrent illnesses.

Recently the Collier Charitable Fund awarded a grant to A/Prof Michele Levinson and Dr John Oldroyd of the Cabrini-Monash Department of Medicine to investigate ‘Health outcomes in elderly patients following cardiac surgery’. This study – the first in Australia – will assess what quality of life elderly patients have after cardiac surgery and explore our patients’ journey to recovery.

Two hundred patients over the age of 80 will be recruited for the study over 12 months and followed up for two years. 30 patients have been enrolled in the study so far.

The study continues Cabrini Health’s commitment to ensuring best possible patient outcomes. Cabrini was recently part of a pilot study to ascertain whether a National Data Registry for cardiac interventions is feasible. Cabrini has for some time been part of the Australasian Society of Cardiac and Thoracic Surgeons Surgical Outcomes Data Base. In 2008 the Cabrini Cardiology Research Foundation was established, with initial support from Joseph and Helena Fröhlich West.



PROFESSOR  
RACHELLE  
BUCHBINDER



JUSTIN EASTCOTT AND RANA KFOURY (LEFT) OF THE BLUEY DAY FOUNDATION PRESENT THE PAEDIATRIC EMERGENCY CART TO INA PRIEDE, CABRINI'S DONOR DEVELOPMENT MANAGER.

# 'Team Bluey'

## backs Cabrini's kids

'It's for the kids' is the catchcry of the Bluey Day Foundation, a wonderful organisation that raises money – and so far, a whopping \$20 million – for disadvantaged and sick children.

For the first time, the Foundation has got behind Cabrini's paediatric services by donating an emergency crash cart to the Cabrini Children's Centre.

Immediate medical intervention is vital when a child needs resuscitation

and the emergency cart plays a crucial role, improving a child's chance for complete recovery. Fully stocked with essential equipment, the cart is tailored to paediatric emergencies which have different requirements to those of an adult.

The cart is a system of drawers with each draw containing vital life-saving equipment colour-coded by weight range. Doctors and nurses have instant access to the right size of

equipment which helps streamline the complexities of resuscitation.

"The crash cart has made a huge difference to our emergency response. Everything we need is stored in the cart and that means we can start life support very quickly. So we're very grateful to the Bluey Day Foundation," said Jill Wood, Nurse Manager of Cabrini's Children's Centre.

Australia's Police and Emergency Services support the Bluey Day Foundation. It began in a small way 15 years ago in Horsham, Victoria, and quickly spread across the country, now taking in America and Canada.

"The core focus of Team Bluey's fundraising is to provide support that directly benefits the kids. None of us like to think about children needing to be resuscitated however to know that we have helped Cabrini purchase the latest equipment is very motivating in terms of what we do.

"Cabrini's dedicated teams of doctors, nurses and health professionals do a wonderful job for the kids and the small team at the Bluey Day Foundation is pleased to know that we too have helped to make a difference," said Justin Eastcott, Chief Executive Officer of the Bluey Day Foundation.

## Help support our work

If you would like to contribute to the work of Cabrini Health, please contact the Cabrini Foundation on Tel: (03) 9508 1408 or donate on-line at [www.cabrini.com.au](http://www.cabrini.com.au) or simply send your donation to Cabrini Foundation, 183 Wattletree Road, Malvern, Vic., 3144. Cheques should be made payable to 'Cabrini Health'.

All donations over \$2 are tax deductible.



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