



BURNSIDE
HOSPITAL

burnsidebulletin

THE OFFICIAL NEWSLETTER OF THE BURNSIDE WAR MEMORIAL HOSPITAL

WINTER | SPRING 2016

CELEBRATING

60 YEARS

1956 - 2016

Multi-million dollar redevelopment for Burnside Hospital's day surgery



Artist's impression of the new pre-operative area for day surgery patients

After months of meticulous planning, consultation and engagement with its community, Burnside Hospital is thrilled to announce that works on the highly anticipated redevelopment of its Short Stay Procedure Unit (SSPU) or day surgery have begun.

Chief Executive Officer Heather Messenger said the commencement of the project by local builder, Mossop Construction and Interiors, in late July was an exciting milestone in the hospital's rich history.

"We are thrilled that our vision to offer a leading edge day surgery environment for the South Australian community is ever closer, with Stage I work of the redevelopment well and truly underway," Ms Messenger said.

"This is an exciting project that will enable the hospital to provide premier pre and post operative day surgery facilities to more patients, and an improved working environment for staff and our visiting specialists. It will be the largest redevelopment at the hospital since a significant redevelopment in 2002," said Ms Messenger.

The new day surgery environment will provide:

- A large pre-operative waiting area, providing improved patient privacy and comfort
- A larger contemporary post operative environment in the patient recovery area
- Four pre-anaesthetic consulting rooms located within the suite
- A post operative consulting room enabling private conversations to be held with patients
- The ability to better meet the special health needs of patients
- Wireless technology (wifi) enabling patients to use their smart devices or laptops while waiting for surgery

In short, an improved ambience in a spacious waiting area, with natural light and views over heritage-listed

Attunga Gardens that meets the needs and expectations of privately insured patients now and into the future.

In welcoming the announcement, Burnside Hospital's Chairman Mr Frank Kite said investment in the day surgery benefits the community served by the hospital.

"Burnside Hospital is a not for profit community hospital which reinvests surplus funds into essential infrastructure, facilities, services and staff. This redevelopment is a strategic investment in built facilities and complements recent significant acquisitions of leading edge operating theatre technologies demonstrating our commitment to sustainably serve current and future generations of the Burnside and broader South Australian communities," said Mr Kite.

The hospital developed the new concept plan for its day surgery, which performs around 4000 day procedures annually, in collaboration with Cheesman Architects in 2015.

Significant effort went into consultation and plans were updated to reflect much of the feedback received from patients, staff and doctors.

The project is expected to be completed early in the new year.

For more information, visit burnsidehospital.asn.au

Chief Executive Officer's message



We've already passed the midpoint of 2016, and what an innovative and exciting time we have had since the last Burnside Bulletin.

This year celebrating its 60th anniversary, Burnside Hospital continues its unwavering commitment to providing our patients, Visiting Medical Officers and our community with comprehensive, compassionate and personalised healthcare and treatment options.

Since its inception as an acute care hospital on 26 October 1956, Burnside Hospital has honoured the intent of Otto von Rieben's gift of his property Attunga, to the City of Burnside, through the delivery of excellent care for generations of the Burnside and broader South Australian community.

In July, the hospital commenced a multi-million dollar renovation within the Short Stay Procedure Unit (SSPU). This important project will see the hospital deliver premier pre and post operative day surgery facilities that meets the needs and expectations of patients and our VMOs, now and into the future.

This redevelopment underscores the hospital's mission to provide safe, contemporary care to every patient every time, in well-equipped facilities, particularly so for the many thousands of patients who choose to have their day surgery with us annually. We look forward to the completion of the new SSPU in early 2017.

Our team is continually striving for innovative ways to improve the patient experience from robotic assisted hip surgery now offered at the hospital; to a new phacoemulsification and image guided system for cataract surgery.

We launched our new, interactive and patient-centred website, which has enhanced the hospital's digital presence and ability to engage with patients, specialists, GPs and the wider community. You can view the new website at burnsidehospital.asn.au

While the land and adjoining Attunga Gardens, donated by Mr von Rieben, remain the property of the City of Burnside, the hospital has a 21 year Memorandum of Lease with Council. It was pleasing that after a period of negotiations with Council, and public consultation in accordance with the *Local Government Act 1999*, a new 21 year lease was signed in July 2016. We believe the new lease aligns with the spirit and intent of the Deed of Gift, whilst ensuring our not-for-profit hospital has available a sustainable future that continues to allow us to invest in the facilities and services on offer to the community.

In May, we celebrated International Midwives and Nurses Days, respectively, as well as National Volunteer Week.

It was wonderful to celebrate the amazing contribution of each of these important groups at the hospital. I also want to thank the administrative and support services staff for their hard work in the first half of the year.

We worked towards Periodic Review in August, at which the hospital was surveyed against Standards 1, 2 and 3 of the National Safety & Quality Health Service Standards (NSQHSS) and all the mandatory actions from the EQUiP-content Standards. Progress on the recommendations from the Organisation-Wide Survey was also assessed. I look forward to providing an update in the next issue of the Burnside Bulletin.

Lastly, the Burnside War Memorial Hospital's 2015 Annual Review has been published. The report documents our progress against the six strategic pillars set out in the 2015 – 2018 Strategic Plan, and I invite you to view the document electronically on our new website.

I hope you enjoy this issue of the Burnside Bulletin.

HEATHER MESSENGER
Chief Executive Officer

Significant retirement from private practice – Associate Professor Peter Devitt

Renowned general surgeon, Associate Professor Peter Devitt, whose association as a Visiting Medical Officer at Burnside Hospital spanned almost 30 years, retired from private practice in June this year.

Among his many decades of accomplishments, A/Prof Devitt was involved in a number of studies in the management of oesophageal cancer and the evaluation of different laparoscopic procedures in the treatment of gastro-oesophageal reflux disease. With a major interest in clinical education, he also wrote a number of popular resources for both undergraduate and postgraduate medical students and has mentored many new doctors.

His long association with Burnside began in 1988. Over that time, he not only saw a great deal of change at the hospital but played an important role in supporting the hospital through the provision of specialist clinical advice, guidance and knowledge sharing, participating on the Clinical Review Committee and the Clinical Trials and Research Review Panel.

Although A/Prof Devitt has retired from private practice, he continues his public appointment at the Royal Adelaide Hospital, and will no doubt continue to contribute to the development of the medical community. He has kindly agreed to continue to be a member of both hospital groups for the time being, for which we are grateful.

We recently had a small function in the theatre tea room to thank Associate Professor Devitt sincerely for his contribution to our organisation, our patients, our staff and the wider community during his time at Burnside Hospital. We wish him well in his future endeavours.

Burnside Hospital first in SA to provide the MAKOplasty® robotic assisted total hip replacement

The introduction of MakoPlasty Robotic Assisted Partial Knee Replacement Surgery at Burnside Hospital has been a great success. The Hospital, together with the specialists from AOTS-OrthoRobotics, are excited to be able offer the same innovative technology to patients undergoing total hip replacement surgery.

AOTS-OrthoRobotics surgeons, Dr Robert Baird, Dr Robert Fassina and Dr Justin Munt, have told us they have been able to produce precise results in hip surgery, just as they have been able to achieve with Robotic Assisted Partial Knee Replacement Surgery.

According to Dr Baird, "The pre operative planning begins with a CT scan of the pelvis and diseased hip. This is used to create a 3D model, which then allows for a patient specific pre-operative plan to be created. The plan enables us to reliably predict the size, orientation and center of rotation of the acetabular cup and femoral stem. In effect allowing us to perform virtual surgery before the patient even enters the operating room."

Intra-operatively, the robotic software provides real time information to allow for accurate implant positioning. The robotic arm initially guides the femoral neck resection and orientation (or version) of the femoral stem. The robotic arm

then assists with acetabular reaming and cup implantation. The system provides intraoperative confirmation of component version, real leg length and combined offset," he added.

The surgeon controlled robotic arm is designed to provide tactile (haptic) feedback, 3D visualization and auditory guidance to facilitate minimal bone removal while optimising fixation of the components. Once all components have been implanted, a summary screen allows the surgeon to confirm the results are accurate and as planned.

Dr Fassina explained that total hip replacement surgery is already associated with excellent clinical outcomes and high patient satisfaction scores. "Sometimes, however, complications such as leg length discrepancy, pain from impingement of the prosthesis or dislocation of the joint can occur. The MakoPlasty Total Hip Replacement application helps us minimise the possibility of such complications," he said.

"The use of the robotic arm allows for the acetabular component to be reliably implanted with within 2mm and 5 degrees of the patient specific pre operative plan. It also allows for accurate leg length restoration to within 3mm," he added.

Dr Munt said, "Studies that have been performed in the United States have shown that robotic total hip replacement aids in a patient's rapid return of function.

Compared with traditional manual procedures, these studies have demonstrated reduced impingement, wear and dislocation as well as accurate leg length restoration. All of these are known to improve patient outcome and satisfaction."^{3,6,7}

A further major benefit, according to our surgeons, is that the procedure utilizes current Stryker prostheses, which have been demonstrated to have excellent outcomes in both the Australian and International Joint Replacement Registries.¹⁴ Additionally, the procedure can be preformed through either muscle sparing direct anterior, posterior or lateral approaches to the hip.

Burnside Hospital is pleased to be one of only a few hospital in Australia, and the only in South Australia, to offer patients the benefit of the Stryker MakoPlasty Robotic Arm Assisted Total Hip Replacement. We encourage those interested in the procedure to contact one of our surgeons at AOTS-OrthoRobotics to determine their suitability for the surgery.

For more information please visit either: burnsidehospital.asn.au or orthorobotics.com.au

Upcoming information sessions

Saturday 3 September 2016
10.00am – 11.30am

Thursday 6 October 2016
6.00pm – 7.30pm

Saturday 12 November 2016
10.00am – 11.30am

VENUE: Burnside Hospital Lecture Room, 120 Kensington Road, Toorak Gardens SA
Includes light refreshments

Register your interest: Please email your name and preferred session to events@burnsidehospital.asn.au



SUPPORTING REFERENCES

- 1 Leg-Length Discrepancy After Total Hip Arthroplasty: Comparison of Robot-Assisted Posterior, Fluoroscopy-Guided Anterior, and Conventional Posterior Approaches. El Bitar YF, Stone JC, Jackson TJ, Lindner D, Stake CE, Domb BG. *AM J Orthop (Belle Mead NJ)*. 2015 Jun; 44(6):265-9.
- 2 Does Robotic-Assisted Computer Navigation Affect Acetabular Cup Positioning in Total Hip Arthroplasty in the Obese Patient? A Comparison Study. Gupta A, Redmond JM, Hammarstedt JE, Petrakos AE, Vemula SP, Domb BG. *J Arthroplasty*. 2015 Dec; 30(12):2204-7
- 3 Accuracy of Component Positioning in 1980 Total Hip Arthroplasties: A Comparative Analysis by Surgical Technique and Mode of Guidance. Domb BG, Redmond JM, Louis SS, Alden KJ, Daley RJ, LaReau JM, Petrakos AE, Gui C, Suarez-Ahedo C. *J Arthroplasty*. 2015 Dec; 30(12):2208-18.
- 4 Predictive value of robotic-assisted total hip arthroplasty. El Bitar YF, Jackson TJ, Lindner D, Botser IB, Stake CE, Domb BG. *Orthopedics*. 2015 Jan; 38(1):e31-7.
- 5 The learning curve associated with robotic-assisted total hip arthroplasty. Redmond JM, Gupta A, Hammarstedt JE, Petrakos AE, Finch NA, Domb BG. *J Arthroplasty*. 2015 Jan; 30(1):50-4.
- 6 Precision of robotic guided instrumentation for acetabular component positioning. Kanawade V, Dorr LD, Banks SA, Zhang Z, Wan Z. *J Arthroplasty*. 2015 Mar; 30(3):392-7.
- 7 Precision of acetabular cup placement in robotic integrated total hip arthroplasty. Elson L, Douchis J, Illgen R, Marchand RC, Padgett DE, Bragdon CR, Malchau H. *Hip Int*. 2015 Nov 25; 25(6):531-6.
- 8 Robot-assisted total hip arthroplasty. Banerjee S, Cherian JJ, Elmallah RK, Pierce TP, Jauregui JJ, Mont MA. *Expert Rev Med Devices*. 2015 Dec 21:1-10.
- 9 Robotic-Arm Assisted Surgery in Total Hip Arthroplasty. Elmallah RK, Cherian JJ, Jauregui JJ, Padden DA, Harwin SF, Mont MA. *Surg Technol Int*. 2015 May; 26:283-8.
- 10 Comparison of Robotic-Assisted Posterior Approach and Fluoroscopic-Guided Anterior Approach Acetabular Cup Placement in THA. Kamara E, Robinson J, Hepinstall M, Rodriguez J. *Bone Joint J*. Jan 2016; 98-B (SUPP 2) 86.
- 11 Does haptic robot-assisted total hip arthroplasty better restore native acetabular and femoral anatomy? Tsai TY, Dimitriou D, Li JS, Kwon YM. *Int J Med Robot*. 2015, April 23.
- 12 The Learning Curve Associated with Robotic-Assisted Total Hip Arthroplasty. Domb B, Redmond J, Hammarstedt J, Petrakos A, Stake C, Gupta A, Condit MA. *Bone Joint J*. Jan 2016; 98-B (SUPP 1) 95.
- 13 Correlation Between CT-Based Intra-Operative Radiographs for Robotic-Assisted Total Hip Arthroplasty. Domb B, Redmond J, Gupta A, Hammarstedt J, Petrakos A, Stake C, Condit MA. *Bone Joint J*. Jan 2016; 98-B (SUPP 1) 96.
14. <https://aoanjr.sahmri.com/documents/10180/217745/Hip%20and%20Knee%20Arthroplasty>



Theatre nurse, Monica, prepares the Centurion Vision System

Innovative new cataract surgery system for eye patients

Burnside Hospital continues to embrace innovation with the recent acquisition of a new technology that has the potential to improve the accuracy and efficiency of cataract surgery, one of the world's most commonly performed procedures.

A cataract is a clouding of the normally clear lens in the eye and is one of the leading causes of vision impairment, which is treated by removing the cloudy lens of the eye with surgery. Through extensive development and technological advances, cataract surgery has become one of the safest and most successful operations in modern medicine.

The purchase of the Centurion Vision System, in conjunction with the Verion Image Guided System to Burnside Hospital's Ophthalmology program are the newest pieces of equipment being used by ophthalmologists for cataract surgery.

"Due to demographic changes, the number of cataract procedures is

growing rapidly. The standards for cataract surgery are advancing worldwide, and Burnside Hospital is pleased to offer these technologies to patients" said Heather Messenger, CEO.

Ophthalmologist Dr Arthur Karagiannis has been using this equipment since its introduction at Burnside Hospital, and says that it has many benefits.

"A common and widely applied surgical procedure for the removal of cataracts is phacoemulsification (phaco), which includes a small incision made in the eye, followed by the insertion of a tiny probe where ultrasonic energy is used to help fragment and remove the cataract from the eye," explains Dr Karagiannis.

"The latest phacoemulsification and image guided system, from Alcon, delivers an intelligent system designed to optimise the cataract surgical procedure. It provides excellent control and efficiency during phacoemulsification and provides a comprehensive set of tools that support the surgeon throughout every step of the pre-surgical and surgical process, with the ultimate aim of improved visual outcomes," he says.

Prior to surgery, the surgeon uses the Verion Reference Unit to capture a high-resolution image of the eye, essentially registering the eye's 'fingerprint' for tracking and registration. The surgical planner component uses this preoperative information to assist with surgical planning. The data

is then transferred to a unit in the operating theatre and connected to the operating microscope. Computer generated overlays are viewed through the eyepieces of the microscope providing a guide for incisions, lens positioning as well as orientation of the intraocular lens.

"What I also really like is the ability to control both the phaco unit as well as overlay images through the microscope with the same foot pedal. I was extremely happy that Burnside Hospital committed to purchasing this expensive equipment and continues to invest in new technologies," says Dr Karagiannis.

For more information, please visit burnsidehospital.asn.au



HDU nurse Rosanna with Clinical Manager Wendy Gray

Intensivist Dr Mark Finnis talks about Burnside’s High Dependency Unit

Our intensivist group celebrated our 10th anniversary of association with the High Dependency Unit (HDU) at Burnside Hospital on St Patrick’s Day this year. Over this time we have worked closely with the visiting medical specialists, nursing staff and with hospital administration, with the common goal of providing a high standard of patient care.

During this period there has been considerable focus on the models of care provided at smaller private hospitals, largely in response to a number of high-profile cases dealt with through the SA Coroner’s Court. Whilst Burnside remains one of the few private hospitals without a dedicated Intensive Care Unit and hospital resident medical officers, we believe the standard of care provided and system processes in place are sound.

Indeed, multiple expert witnesses and the Coroner himself

acknowledged that establishing an ICU in all hospitals was neither a contemporary care requirement nor logistically viable – an opinion with which we would agree.

This view stated, the Coroner was clear that “small private hospitals ... which have no on-site medical practitioners overnight ... develop robust pre-admission processes in which higher risk patients are screened to ensure that they are not accepted for overnight admission unless they have been assessed as suitable for that facility by a medical

specialist or anaesthetist, well in advance of the planned admission date”.

In essence, the ongoing provision of high quality care can only be built upon a foundation of appropriate patient selection. While the hospital has undertaken extensive work in this area, the ultimate responsibility rests with the respective VMO and here, we believe, Burnside has been very fortunate. The hospital has attracted VMOs who prefer to take direct responsibility for the care of their patients and who recognise

that, where some question may exist with respect to a given patient, wider consultation and planning is the accepted model. To this end, our group is always happy to become involved and assist where possible.

We look forward to many more years in association with Burnside.

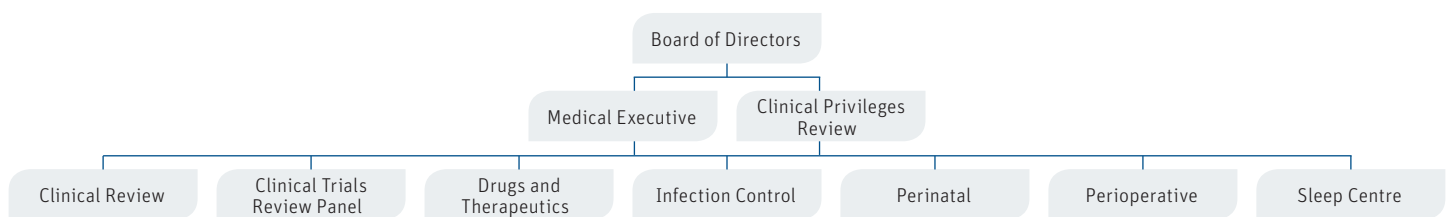
Dr Mark Finnis, on behalf of our group, Dr’s David Evans, Brett Sampson and Rod Mitchell.

From the Clinical Advisory Committees

As part of our clinical governance framework, Burnside's Clinical Advisory Committees support the delivery of high-performing, evidence based healthcare centred on contemporary, safe, efficient and effective policies, processes and practice.

The committees guide the development and continuous review of relevant policies, protocols and procedures, monitor the performance of patient care systems and advise on clinical governance and risk management.

We acknowledge the visiting specialists who freely give their time and expertise to support the hospital through their committee work. Senior nursing and midwifery staff also serve on several committees, together with the Director Clinical Operations, and in some instances, the hospital's Quality and Risk Coordinator and CEO.



SUMMARY OF RECENT KEY OUTCOMES FROM THE COMMITTEES

Medical Executive and Clinical Privileges Review

Medical members

Chairman, Dr Andrew Lord

Dr Karen Chandler, Dr Dien Dang, Dr Peter Hartley, Dr P C Lee, Dr Geoff Martin, Professor Martin Oehler

- Reviewed opportunities to invest in innovative technology, with several new technologies introduced at the hospital
- Endorsed a new policy on Clinical Photography
- Reviewed the gap analysis against the draft Australian Commission on Safety and Quality in Healthcare (ACSQHC) Guidance document, "Credentialing health practitioners and defining scope of clinical practice"
- Reviewed new and renewal applications for VMO clinical privileges

Clinical Review

Medical members

Chairman, Dr Geoff Martin

Dr Robert Culver, A/Prof Peter Devitt, Dr Robert Fassina, Dr Mark Finnis, Dr Paul McAleer, Dr Chris Sexton

- Burnside's Exclusion Criteria was reviewed and changes endorsed and incorporated into one policy document
- Completed and reviewed a gap analysis pertaining to the Coroner's inquest report into the death of two adults in another private hospital – gap analysis demonstrated that Burnside Hospital's existing systems are robust with specific reference being made to the preadmission processes as well as associated policies, procedures, education of nursing staff and management of the deteriorating patient.
- Involved in the development of the Bariatric Patient Management Policy in response to the ongoing evaluation of the special requirements of these patients, which reflects contemporary best practice care.

Clinical Trials and Research Review Panel

Medical members

Chairman, Dr Geoff Martin

A/Professor Peter Devitt

- The panel which reports to the Medical Executive Committee reviewed applications which had already obtained Human Research and Ethics approval for the following:
- Recommended Burnside Hospital's participation in the Australian Breast Device Registry (ABDR)
 - Recommended approving a study relating to the use of Glubran 2 to prevent seroma formation after mastectomy and /or axillary lymphadenectomy
 - Reviewed and recommended the introduction of a Stryker MAKO Registry
 - Recommended involvement in a study involving an external oblique flap used in expander implant breast reconstruction post breast cancer surgery
 - Endorsed an international observational study regarding prosthetic joint infection in Aust and NZ.
 - Oversaw and monitored all activities concerning the conduct of clinical trials currently approved at the hospital.

Drug and Therapeutics

Medical members

Chairman, Dr Peter Hartley

Dr Meena Okera

- Involvement in the development and strengthening of medication management plans and processes, with strategies including ongoing staff education, incorporating medication management into clinical handover and improved identification of high risk patients preadmission, and referred for Clinical Pharmacist review and counselling
- Endorsement of the hospital's participation in the University of Adelaide's research project into cytotoxic drugs and WHS regulations – results were presented to the committee with no contamination identified within the unit



Infection Prevention and Control

Medical members

- Monitored healthcare associated infections (HIAs), which remain well below established national benchmarks
- Oversaw (in relation to a small number of salmonella cases) the development of an action plan and implementation of corrective actions, including monitoring of implementation processes in regard to the Food Safety Plan and audits within the Catering Department
- Completion of Hand Hygiene Audits, which exceeded national benchmarks over 12 months, the most recent result being 90% in March 2016
- Strategies developed in collaboration with the Australian Pharmaceutical Healthcare Services (APHS) to standardise data collection in accordance with the Antimicrobial Stewardship in Australian Hospitals 2013 guidelines.

Perinatal

Medical members

- Completed a gap analysis pertaining to the Coroner's inquest report into the death of a neonate aged 8 days in another private hospital – gap analysis demonstrated that Burnside Hospital's existing systems are robust with specific reference being made to the Ob TraceVue Information Surveillance Management System, as well as associated policies, procedures, education of midwifery staff and equipment.
- Completed a retrospective review of obstetric patients with a BMI >40 and requirement for those with a BMI >40 to undertake a preadmission anaesthetic review
- Reviewed and updated the Oxytocins administration guidelines, and circulated to all visiting obstetricians in March
- Reviewed and developed guidelines in relation to the management of Placenta Previa presentations, resulting in a clearer definition retaining to exclusion criteria.

Chairman, Dr P C Lee

Dr Jane Woolcock

Chairman, Dr Karen Chandler

*Dr Tracey Bradbury, Dr Brian Conway,
Dr Rick Power, Dr Nick Ricci,
Dr Chris Sexton, Dr Tom Vaughan*

Perioperative

Medical members

- Involved in the work pertaining to the clinical handover from theatre to recovery and from recovery to the wards process to improve communication, medication management and patient outcomes
- Committee reviewed policies and some procedures relevant to the perioperative service including the bariatric policy, patient fasting guidelines and management of multimedia imaging of patients with recommendation for formal adoption by the Medical Executive Committee
- Improvements to the information technology infrastructure within the perioperative suite and improved integration with the hospital's Patient Information Management System (PIMS)
- Participated in the review, trial and tender process for a general camera system replacement with the new system introduced earlier in 2016
- Reviewed the revised Consent to Medical Treatment form and the development of an Anaesthetic Consent form.

Sleep Centre

Medical members

- Revision to hospital's admission form for use by Sleep Centre patients.

Chairman, Professor Martin Oehler

*Dr Mark Boesch, Dr Tarsha Basheer,
Dr George Dracopoulos, Dr Andrew Fah
Dr Debbie Knight, Dr Peter Shin*

Chairman, Dr Dien Dang

*Professor Mark Holmes,
Professor Hubertus Jersmann,
Dr Jonathan Polasek,
Dr Chien-Li Holmes-Liew,
Professor Hugh Greville,
Dr Sutapa Mukherjee,
Professor Paul Reynolds, Dr Aeneas Yeo*

The importance of diagnosing sleep disorders



At just 33 years old, Mathew did not think his snoring was adversely affecting his life.

Considering he was fit and generally in good shape, he put his chronic tiredness down to a busy work schedule, which included frequent long distance driving and a busy life with two young children.

“I knew my snoring was rather loud, but I didn’t think too much of it. I’ve snored for the best part of the last decade; however, in the last few years it became far worse and more of a problem,” Mathew said.

Like so many, Mathew believed sleep conditions such as sleep apnoea only affected older males who were overweight.

“Initially, I only snored while asleep on my back, but my wife was telling me I was snoring while lying on my side and that I would frequently stop breathing.

“Little did I know that this was the reason for my extreme lethargy, which came to a head when I

realised I was dozing while driving so it had become a potential safety issue for me not to mention others on the road,” he said.

Mathew was promptly booked into see his GP, who referred him to the purpose-built Burnside Sleep Centre for a sleep study, the results of which he says were an eye-opener.

“I underwent the sleep study and at my follow up appointment with my sleep physician, I learned that my exhaustion was not due to my wife waking me up for snoring, but due to the fact I have severe sleep apnoea.

“As I understood it, I was having repeated episodes of partial or full obstruction of my throat, resulting in low oxygen levels, restless legs and subsequently very poor sleep quality, and if untreated, a huge increase in the risk of a heart attack,” said Mathew.

“Obstructive sleep apnoea (OSA) has been independently linked to many poor health outcomes, including cardiovascular events (heart attacks

and angina), strokes, hypertension, and atrial fibrillation,” said Sleep Physician Dr Dien Dang.

“And whilst obese elderly men are the typical prototype of someone with OSA, OSA can affect many people - including those much younger, women, and across all cultural backgrounds” Dr Dang added.

Mathew began treatment with a CPAP (Continuous Positive Airway Pressure) machine, which he says took some time to adjust to. “In addition to the CPAP mask, my treatment also involved surgery, which I am currently recovering from,” he said.

“I will be going back to the Burnside Sleep Centre to undergo a follow up sleep study in a couple of months to determine if my sleep quality has improved, but it’s such a relief to have begun treatment for my sleep apnoea,” Mathew said.

Dr Dang said that poor sleep can have a profound impact on health.

“From contributing to glaucoma, to worsening diabetes, the effects of disrupted sleep can have far-reaching implications,” Dr Dang explained.

“Those moments of poor concentration, lack of drive and lost productivity could all be because of a sleep disorder. In these demanding and busy times, quality sleep shouldn’t be a luxury, it’s a necessity. You’ll spend a third of your life (25 years!), so make it count,” said Dr Dang.

To learn more about sleep apnoea and other sleep conditions, please visit sleephealthfoundation.org.au.

For more information about the Burnside Sleep Centre, visit burnsidehospital.asn.au

Developmental Dysplasia of the Hip

Developmental Dysplasia of the Hip (DDH) is one of the most commonly seen childhood orthopaedic conditions, with 1 in 20 babies having some degree of hip instability. Orthopaedic surgeon Dr Andrew Morris of Adelaide Orthopaedic and Trauma Specialists (AOTS) says that when diagnosed early most cases can be treated effectively with splinting alone, avoiding the need for surgery. However, when diagnosis is delayed surgery is often required.

Thorough and repeated clinical examination remains the cornerstone of DDH diagnosis but ultrasound scanning provides a definitive diagnosis and can guide treatment in difficult cases.

“Screening practices vary widely throughout the world.” says Dr Morris.

“In some European countries all new born babies routinely undergo a screening ultrasound of the hips looking for dysplasia.

“Other countries such as Australia employ a more selective approach,” he says.

Current American Paediatrics Association recommendations are that all children undergo repeated clinical examination of the hips and that the presence of risk factors such as breech presentation, multiple pregnancies and other physical findings such as torticollis or foot deformities trigger referral for ultrasound screening of the hip at six weeks of age.

“The difficulty is that DDH can be clinically silent in the neonatal period when it is easy to treat, meaning that it will only come to the patient’s attention when more complicated interventions such as surgery are often needed.” states Dr Morris.

Dr Morris is happy to offer a neonatal hip screening service through Burnside Hospital.

For more information about DDH visit hipdysplasia.org or healthyhipsaustralia.org.au or email drmorris@aots.net.au



Dr Andrew Morris examines baby Jimmy

Welcome to Burnside Hospital

Burnside Hospital is pleased to welcome four new specialists.

DR RABIN BHANDARI



Specialist Rehabilitation Physician Dr Rabin Bhandari is a fellow of the Australasian Faculty of Rehabilitation Medicine (Royal Australasian College of Physicians). He is the chairperson of the SA branch of the Royal Australasian College of Physicians.

At Burnside Hospital, he provides acute peri-operative general medical and rehabilitation care for surgical inpatients. His particular interest is post-operative pain management and return to active lifestyles after major surgery.

He graduated with a medical degree from the University of Newcastle (Australia), and undertook the majority of his basic and advanced training in Sydney (including at Royal Prince Alfred, Balmain, Prince of Wales, The Royal Rehabilitation Centre, St George, and Bankstown Hospitals).

Dr Bhandari is now consulting at Burnside Hospital on Thursday and Friday mornings, from Suite 2, Attunga Medical Centre.

Dr Bhandari may be contacted at:
RehabMedSA
PO Box 52
Glenside SA 5065
E: admin@rehabmedsa.com

DR NICOLA DENTON



Dr Nicola Denton is a specialist obstetrician and gynaecologist who provides a high standard of care to women during all stages of their life. Her special interests include all-risk obstetrics, laparoscopic surgery, management of prolapse and incontinence, menopause, adolescent gynaecology and vulval disorders.

She graduated from the University of Adelaide and undertook specialist training at the major teaching hospitals in South Australia and Northern Territory. She holds a Staff Specialist appointment at the Women's and Children's Hospital and is an honorary clinical lecturer at the University of Adelaide, which allows her to share her passion for women's health whilst teaching junior doctors and medical students.

Special interests

- Obstetrics
- Laparoscopic surgery including hysterectomy
- Incontinence and prolapse surgery
- Pelvic pain
- Menstrual disorders
- Colposcopy and vulval disorders
- Menopause
- Adolescent gynaecology

Dr Denton may be contacted at:
O&G, Connery House
69-71 Barnard Street
North Adelaide 5006
T: 1300 604 377
W: www.oandg.com.au

DR ANDREW MORRIS



Orthopaedic Surgeon Dr Andrew Morris has joined Adelaide Orthopaedic and Trauma Specialists (AOTS) and is consulting and operating at Burnside War Memorial Hospital.

His interests include reconstructive and arthritis surgery of the knee and hip, as well as children's orthopaedic surgery.

Andrew is a Fellow of the Royal Australasian College of Surgeons and the Australian Orthopaedic Association. He completed his orthopaedic training in 2015 working in all major metropolitan hospitals in Adelaide and also the Royal Darwin Hospital. Andrew undertook a further 12 months subspecialty training in Southern England throughout 2015 developing his special interests of Knee Surgery and Children's Surgery. During this time he was active in the teaching of junior doctors and medical students and was heavily involved in research, submitting several papers for publication. Andrew has always believed in a patient focused and evidence based approach to his patients' treatment and his experience in the United Kingdom has reinforced that belief.

Dr Morris maintains his links to education and research with public appointments at Women's and Children's Hospital and the Lyell McEwin Health Service.

Dr Morris may be contacted at:
Adelaide Orthopaedic & Trauma Specialists
Suite 3, Attunga Medical Centre,
97 Hewitt Avenue
Toorak Gardens SA 5065
T: (08) 7325 4800
W: aots.net.au

DR ROGER WOODS



Dr Roger Woods is an established Plastic and Reconstructive Surgeon in Adelaide.

Dr Woods provides expert care of skin and soft tissue cancer, including melanoma and sarcoma. His emphasis in care is on the patient journey and ensures the best care by involvement in the South Australian melanoma and sarcoma multidisciplinary teams.

Dr Woods also specialises in functional aesthetic surgery, particularly otoplasty for prominent ears in children. He also regularly performs rhinoplasty for nasal deformity following trauma and for symptomatic nasal obstruction, blepharoplasty, and body contouring procedures including treatment of gynaecomastia, abdominoplasty, and breast reduction.

Dr Woods is a Fellow of the Royal Australasian College of Surgeons. He undertook his training in Australia, attaining his fellowship in 2007, and completed an additional fellowship in Craniomaxillofacial surgery including extensive training in Oxford, United Kingdom. Dr Woods is strongly involved in teaching young surgeons, and is the South Australian Regional Chairman for Plastic and Reconstructive Surgery Training, is the Plastic and Reconstructive Surgeon on the South Australian Regional Board of RACS, and holds a Senior Lecturer position at the University of Adelaide.

Dr Woods may be contacted at:
309 Wakefield Street
Adelaide SA 5000
T (08) 7325 6789
F (08) 7325 6777
W www.drwoods.com.au

Celebrating 60 years of Burnside Hospital!



Official inspection of Attunga 21.03.1944 (LR) Lord Mayor R Walker, Chief Secretary Lyell McEwin, Premier Thomas Playford, Burnside Mayor Philip Claridge, Otto von Rieben, Gertrude Englehardt, dignitary unknown, dignitary unknown

2016 marks a special year for our private, not-for-profit community hospital, as the organisation celebrates its 60th anniversary.

The establishment of a community hospital in Burnside was first suggested in August 1943 at a meeting of the City of Burnside's Post War Reconstruction and Development Committee. In November 1943, the Council adopted the Committee's recommendation that a hospital costing up to 100,000£ be built and that it become the area's principal memorial to the fallen service personnel of the two World Wars.

In February 1944, the Mayor announced that local resident, Mr Otto von Rieben, had offered his property at 120 Kensington Road, Toorak Gardens for this purpose. His generous offer was accepted unanimously by Council and a community fundraising campaign began to support to the project.

In April 1949, Attunga House was converted into a convalescent hospital for 21 patients as the first part of the War Memorial Hospital scheme. It was closed in September 1956, having cared for around 1,400 patients.

Burnside War Memorial Hospital was officially opened on 26 October 1956, and treated its first patients in early November.

In the early years, a significant proportion of patients came from within a five kilometre radius of the hospital, however approximately half of our patients now come from the wider metropolitan area, together with many from rural South Australia, interstate and overseas.

The hospital's community may have widened, but its sense of what matters to the wider community it now serves has become deeply embedded in the organisation's culture. The key values of respect for the individual, teamwork and high-quality service create the patient-centred environment in which Burnside Hospital delivers care for people, recognising individual needs and treating each person with sensitivity, care and compassion.

In 2016, Burnside Hospital's mission proudly remains "To honour the intent of the Deed of Gift of Mr Otto von Rieben by successfully providing safe, contemporary care for every patient, every time in well-equipped facilities".

Save the date

In celebration of this momentous occasion, the hospital and the Burnside Hospital Foundation Inc. are hosting a special evening of commemoration, emceed by Michael Keelan with special guest speaker, Dr Robert Baird.

Date: Wednesday 26 October 2016
Time: 6.30pm for 7pm
Venue: Hickinbotham Hall,
the National Wine Centre,
Cnr Botanic and Hackney
Roads, Adelaide

For more information about securing tickets or to book, please email events@burnsidehospital.asn.au
We hope you can make it!



Mr Otto von Rieben

Burnside Patients Say...

We are proud of the patient care we deliver and we work hard to make each patient's experience with the hospital as comfortable and pleasant as possible. Patient feedback provides us with an important indicator of how well the hospital achieves this. We continue to receive positive feedback from patients and are pleased to share these recent examples:

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“My wife and I would like to thank all of the staff at Burnside War Memorial Hospital in the High Dependency Unit and the North Wing Ward for the high professional standard in looking after my wellbeing during and after my knee replacement operation. Nothing was too much trouble and everyone was so caring. Thank you again so much.”

HIGH DEPENDENCY UNIT PATIENT, JUNE 2016

“A faultless service, thank you.”

DAY SURGERY, JULY 2016

“Absolutely pleased with the service. The staff are fantastic, so much help and make you feel so at ease and comfortable in such a difficult time.”

BRIAN FRICKER ONCOLOGY CENTRE,
JUNE 2016

“My husband and I just had our beautiful baby boy at Burnside Maternity. We cannot express enough gratitude for the outstanding care we received throughout our entire stay. From my obstetrician, to the anaesthetic, to the surgery staff, the catering staff, housekeeping, the hospital coordinator etc. But most importantly the midwives. They are heaven sent. The care and devotion they took looking after us all was above and beyond.”

MATERNITY PATIENT, JULY 2016

“Exceeded expectations, very happy with all facets of care, Physio service was fantastic.”

ROBOTIC-ASSISTED ORTHOPAEDIC SURGERY PATIENT,
APRIL 2016

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About this publication

We welcome your feedback

Do you have a story idea, comment or suggestion?

If so, please direct these to:

Julia Hodge

Communications
and Marketing Coordinator
E: jhodge@burnsidehospital.asn.au
Phone: (08) 8202 7248

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Burnside Bulletin

Burnside Bulletin is the official newsletter of the private, not-for-profit, community hospital with no government funding.

Burnside Hospital
120 Kensington Road
Toorak Gardens SA 5065
Phone: (08) 8202 7222
Fax: (08) 8364 0038
Web: burnsidehospital.asn.au

Chief Executive Officer

Ms Heather Messenger

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