Issue 3

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the Insider

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Dr Roderick Roberts MB BS FRACP
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Dr Michael Miros MB BS FRACP
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Dr Patrick Walsh BSc MB ChB FRACP
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Since 1985, GastroIntestinal Endoscopy (GIE) has provided an efficient 'Open Access' service for colonoscopy and upper gastrointestinal endoscopy.

GIE provides an enviable level of medical experience. Our eight Gastroenterologists possess a broad base of clinical expertise in their varied speciality areas of interests. Currently, GIE operates an 'Open Access' service from four centres:

- **Chermside Day Hospital** – owned and operated by nine Gastroenterologists, five Urologists and two Anaesthetists;
- **Brisbane Endoscopy Services** – a Day Endoscopy Centre located at the McCullough Centre, Sunnybank which is owned and operated by the GIE partners;
- **Wesley Hospital** at Auchenflower;
- **North West Private Hospital** at Everton Park.

GastroIntestinal Endoscopy

1300 4 GASTRO (Ph: 1300 4 427876)
www.gastros.com.au

Happy New Year

2008 was a busy and successful year for GastroIntestinal Endoscopy.

GIE saw many changes: the launch of GIE's new look logo; the recent opening of Chermside Day Hospital (September 08); the development of new A5 referral pads and a new electronic referral template for our GP referrers (to suit Medical Director and PractiX software programs); the installation of Medical Objects to securely send and receive clinical data; and for our patients, GIE has provided an easy phone number to remember, to assist in making gastrointestinal appointments – **1300 4 GASTRO** (1300 4 427876).

In 2009, GIE is proud to launch our new website.

This website is functional and easy to navigate with the intention of enhancing the quality and availability of clinical and general information online.

The GIE website **www.gastros.com.au** was developed to provide a resource for our patients, GPs, Specialists and Practice Managers. Log on and have a look. You can profile our eight Gastroenterologists, find our practice locations, learn about our 'Open Access' services and centres or download our electronic referral templates.

There is a feedback section which GIE would love you, or your patients, to take the time to complete. We are trying to make our website as informative as possible.

Tell us what you think, what we can improve or what you want to know more about…

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Visit GIE's new website: www.gastros.com.au

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Phone number change at Chermside Day Hospital

To contact GIE booking staff at Chermside Day Hospital, we now have a new number: **3120 3407**. Our fax number remains unchanged: 3120 3443. Remember, when a patient wishes to make a gastrointestinal booking at one of our sites, they can phone **1300 4 GASTRO** or they are welcome to phone the hospital site directly (please see the back page of this newsletter for site specific phone numbers).

Electronic template changes

GIE has noted that when we developed the electronic template, we omitted to place the patient's date of birth to automatically format as part of the referral. For those of you who wish to amend this, you can find a newer electronic version on our website under www.gastros.com.au /Doctor Information/referral templates.

For those doctors who refer to GIE electronically (via Medical Objects) it really will be important to use the newer version as this is the best way for GIE to identify the patient correctly.

Dr Patrick Walsh

Endoscopic Ultrasound

Dr Patrick Walsh

Endoscopic Ultrasound is an imaging modality that combines ultrasound and endoscopic techniques. It was originally developed approximately twenty years ago to image the pancreas when non-invasive imaging was unable to give clear pictures of the pancreas gland.

Since then it has developed into an imaging modality that is used for many indications and now allows a relatively non-invasive way of obtaining tissue samples. The endoscopic ultrasound equipment involves a gastroscope with a small ultrasound machine at the tip of it. The scope is inserted into the patient to the area of interest and the ultrasound machine is then turned on which allows imaging of mucosal structures and structures lying close to the gastrointestinal tract.

These procedures are done as day only procedures in a fashion similar to a normal gastroscopy.

The indications for endoscopic ultrasound are diverse but fall into two main groups:

- The first group is characterizing luminal lesions that are seen at endoscopy or colonoscopy. These include cancers and submucosal tumours such leiomyomas or gastrointestinal stomal tumours.
- The other large group includes extra luminal structures and these are further categorized into organs and lymph node chains.

Within the mediastinum, endoscopic ultrasound provides a very valuable role of assessing mediastinal masses of unknown origin. The endoscopic ultrasound equipment allows real-time ultrasound guided fine needle aspiration of these hard to reach structures. It provides a very valuable role in the staging of non-small lung cell cancer patients. It is also useful in the diagnosis of Sarcoid and other unusual mediastinal tumours that are hard to access by other means.

Endoscopic ultrasound is also used extensively for interrogation of the pancreas and biliary system.

Endoscopic ultrasound provides very clear visualization of the pancreatic gland structure and the main pancreatic duct. If a lesion of interest is seen, it can be sampled using a ultrasound guided fine needle aspiration technique where a needle is passed either through the gastric wall or duodenal wall into the lesion.

Endoscopic ultrasound is also highly accurate at determining microlithiasis within the common bile duct and common hepatic ducts. Its sensitivity for this indication is at least that of MRCP and CT cholangiogram.

Endoscopic ultrasound's role is expanding in recent times with a number of new therapeutic techniques. Endoscopic ultrasound is very useful for performing Coeliac Plexus Neurolysis which is used to control severe abdominal pain in pancreatic cancer. Ultrasound can identify the coeliac nerve plexus and under real time ultrasound guidance a block can be performed.

Endoscopic ultrasound is now being used to drain pancreatic cysts and pseudocysts. Local ablative treatment to tumours of the pancreas and liver can also be delivered by endoscopic ultrasound guided fine needle injection techniques.

Dr Patrick Walsh and **Dr Benedict Devereaux** are both internationally trained national leaders in endoscopic ultrasound. Currently in Brisbane, there are four Centres that have Endoscopic Ultrasound expertise. These include the Royal Brisbane and Princess Alexandra Hospitals, Holy Spirit Northside and Greenslopes Private Hospitals.

Dr Alistair Cowen

Frequently asked questions

Dr Alistair Cowen, Gastroenterologist, responds to FAQs

Q. Would the GIE group consider checking the prostate routinely and reporting on it?

A. A rectal examination is performed routinely before inserting the colonoscope. Any prostate abnormality found will be described in the report. I am sure that referring doctors will appreciate that a normal rectal examination does not exclude prostate carcinoma. Further, although the patient will have some sedation at the time of the examination this is not equivalent to an examination under GA. The amount of information gained is dependent on the size of the patient as well as the index finger length of the doctor.

Q. What advice does GIE have for the GP when a recall notice is sent to the GP regarding a patient who no longer attends that practice?

A. Given the increasing mobility of the population and the increasing tendency for patients to change their GP frequently, colonoscopy follow-up is very difficult.

GIE will recommend a follow-up interval on our clinical report. We assume you advise the patient of this follow-up requirement when you see them after the procedure.

When the follow-up is due, we (GIE) send the patient an advisory note indicating follow-up is due and to see their GP to arrange this. If there is no contact with us within one month we send a second letter. If no response, we do not pursue the matter further. At the same time as we send the patient's first letter, we send a letter to the GP who has referred the patient for their last procedure.

No doubt one would get differing legal advice on how far patients should be pursued.

Our advice is that the system outlined above is adequate. If the patient is still under your care then it would probably be reasonable to remind them, if they do not contact you for referral within 3 months. If the patient is no longer under your care you would not appear to have a duty of care to pursue the patient further.

Q. I have recently had one of my patients diagnosed with Eosinophilic Oesophagitis. What is the usual treatment and is dilation required?

A. There is a progressive rise in the number of cases of Eosinophilic Oesophagitis being diagnosed. In part this may be due to better recognition but there is a real increase in incidence as with many other allergy based disorders. Patients with Eosinophilic Oesophagitis present with dysphagia, often present over a long time and with very slow progressions. Many adults in their late twenties or thirties will recall being "the slowest at the table" since childhood.

At endoscopy fine concentric rings are often seen, sometimes of sufficient severity to cause marked stricturing. Milder cases may show only non-specific erythema or a "cobblestone" pattern of mucosa. Biopsy will show dense infiltration of eosinophils in the oesophageal mucosa and submucosa. Characteristically the mucosa springs apart at the biopsy site. After dilation rupture of the mucosal rings will leave large areas of exposed submucosa (elastic band sign).

The single most important principle is not to rush into enthusiastic dilation at initial endoscopy. Full thickness rupture of the oesophagus may occur.

The initial treatment of Eosinophilic Oesophagitis should be medical. There is a very marked difference between paediatric and adult treatment responses.

Paediatric practice usually involves dietary restriction with or without prior allergy testing. This approach has not been found to be very useful in the majority of adults. Elimination diets, elemental diets, disodium cromoglycate, azathiaprine, steroids and monoclonal antibody preparations such as mepolizumab have all been used in severe paediatric disease.

In adults it is usual to commence with a trial of locally applied steroids particularly Fluticasone in a pulmonary inhaler (without the spacer) which is puffed into the mouth but NOT inhaled. A very small quantity of water is swirled around the mouth and swallowed. The mouth is rinsed again with a very small amount of water but then spat out (to reduce the incidence of oral thrush). Two to four applications per day are usual. For more severe or unresponsive cases, Prednisone or a derivative can be mixed by a compounding pharmacist with a surface adherent preparation e.g.: an alginate or some mucilaginous substance. It is usual to take a 5ml dose containing 5mg of Prednisone 2-3 times per day. I personally found this preparation much more effective.

In some patients, the addition of a Proton Pump Inhibitor is helpful. Failure to respond adequately to local steroids with or without a PPI is very uncommon. Recurrence however can be a problem but immunosuppressant's are only rarely required.

Dilatation is only used when significant dysphagia persists after medical treatments. Dilatation must commence with a dilator estimated to be no larger than one size greater than the lumen. Inspection is required after the passage of each dilator to assess mucosal damage. Usually no more than three dilator sizes should be used on any one occasion.

Many patients with Eosinophilic Oesophagitis have other allergy associated disorders including asthma, eczema, eosinophilic enteritis and systemic auto immune disorders.

If you require an electronic referral form or the A5 referral pads, please contact one of our four practice locations below.

GastroIntestinal Endoscopy

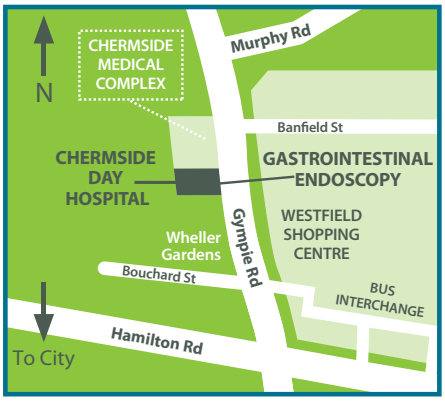
GIE practice locations and contact details

For all appointments, call 1300 4 GASTRO (Ph: 1300 4 427876)

Chermside Day Hospital

Chermside Medical Complex
Level 1, 956 Gympie Road
Chermside QLD 4032

Phone: 07 3120 3407
Fax: 07 3120 3443



Brisbane Endoscopy Services

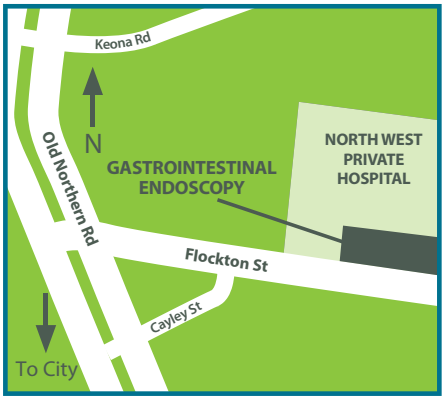
Suite 16–18
McCullough Centre
259 McCullough Street
Sunnybank QLD 4109

Phone: 07 3344 1844
Fax: 07 3344 2739

North West Private Hospital

Endoscopy Unit
137 Flockton Street
Everton Park QLD 4053

Phone: 07 3353 3322
Fax: 07 3353 9325



The Wesley Hospital

3rd Floor, Day Centre
451 Coronation Drive
Auchenflower QLD 4066

Phone: 07 3870 3799
Fax: 07 3870 5069

Private practice locations, contact details and special interests

Dr Andrew Bryant MB BS FRACP Dip Av Med (Otago)
Main Rooms:
Level 2, 33 North St, Spring Hill QLD 4000
T: 3831 7238
F: 3831 7261

SI: Endoscopy, endoscopic mucosal resection, advanced polypectomy and hepatology
C: Spring Hill, Sunnybank, North West Ramsay Place and Prince Charles Hospital Private Practice Clinic

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Dr Alistair Cowen MB BS (Hons) MD FRACP
Does NOT Privately consult.
Open Access procedures only
T: 3353 3322
F: 3350 4143

P: North West Private Hospital, Wesley, Sunnybank, Chermside Day Hospital

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Dr Benedict Devereaux MB BS MPhil FACG FRACP
Main Rooms:
Holy Spirit Northside Hospital
Level 1, Medical Centre, 627 Rode Rd, Chermside QLD 4032
T: 3861 4866
F: 3861 4897

SI: Gastroenterology, ERCP, EUS, therapeutic endoscopy, IBD and polyp surveillance
C: Holy Spirit Northside, Manor Apartments – City, Chermside Day Hospital

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Dr Michael Miros MB BS (1st Class Hons Qld) FRACP
Main Rooms:
66 Bryants Rd, Loganholme QLD 4129
T: 3801 5200
F: 3801 5212

SI: Barrett's oesophagus, gastric intestinal metaplasia, polyp surveillance, capsule endoscopy
C: Loganholme (Limited consulting – endoluminal gastroenterology only)

Dr Roderick Roberts MB BS FRACP AGAF
Main Rooms:
Level 2, Suite 62, Ballow Chambers
121 Wickham Terrace, Brisbane QLD 4000
T: 3831 2704
F: 3835 1069

SI: IBD, coeliac disease, drug induced liver disease and polyp surveillance
C: Wickham Terrace, Sunnybank, North West Ramsay Place, Chermside Day Hospital

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Dr William Robinson MB BS FRACP
Main Rooms:
Level 4, Suite 85, Sandford Jackson Building
30 Chasley St, Auchenflower QLD 4066
T: 3870 7433
F: 3870 7466

SI: Gastroenterology and parental nutrition
C: Wesley Hospital and Strathpine Specialist Centre

Dr Neville Sandford BSc (Med) MB BS (1st Class Hons) FRACP AGAF
Main Rooms:
Brisbane Clinic, 79 Wickham Tce, Brisbane QLD 4000
T: 3270 4593
F: 3270 4588

SI: Gastroenterology and hepatitis treatment
C: Wickham Terrace, North West Specialist Centre

Dr Patrick Walsh BSc MB ChB FRACP
Main Rooms:
Holy Spirit Northside Hospital
Level 1, Medical Centre, 627 Rode Rd, Chermside QLD 4032
T: 3861 4866
F: 3861 4897

SI: Gastrointestinal malignancy, endoscopic ultrasounds, advanced polypectomy, polyp surveillance
C: Holy Spirit Northside, St Andrew's Hospital

SI: Special Interests C: Consults P: Procedures