

the Insider

Gastrointestinal Endoscopy Specialists

- Dr Andrew Bryant MB BS FRACP
- Dr Alistair Cowen MD FRACP
- Dr Benedict Devereaux MB BS FRACP
- Dr Michael Miros MB BS FRACP
- Dr Roderick Roberts MB BS FRACP
- Dr William Robinson MB BS FRACP
- Dr Neville Sandford MB BS FRACP
- Dr Patrick Walsh BSc MB ChB FRACP

Introducing GIE

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:

- **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; and
- **Holy Spirit Northside Hospital** at Chermside (formerly known as BNE).

GIE moves into Chermside Day Hospital

From September 2008, GIE will provide 'Open Access' endoscopy services at Chermside Day Hospital.

GIE continues to offer 'Open Access' endoscopy services from our existing centres at Sunnybank, Wesley, North West and Holy Spirit Northside and from September this year our services will expand to include the new **Chermside Day Hospital**.

Located in the Chermside Medical Complex (opposite the Westfield Shopping Centre on Gympie Road) the new **Chermside Day Hospital** will operate as a fully-accredited Day Hospital.

The new GIE Facility is owned and operated by 16 Gastroenterologists, Urologists and Anaesthetists. Supporting this team of highly skilled professionals will be a specialist management team who themselves possess extensive day surgery experience.

The **Chermside Day Hospital** will include specialised facilities including nine Stage 1 recovery beds, ten Stage 2 recliner chairs, consulting suites, a state-of-the-art operating theatre and endoscopic procedure room.

The Hospital's Gastroenterologists and Urologists will offer consulting services and endoscopic and urological day case surgery from their individual practices.

The values and services provided at **Chermside Day Hospital** will be built around the experiences we have gained over the past 23 years providing gastrointestinal endoscopy services at GIE.

At GIE, we believe selecting and training our own nursing and clerical staff, choosing our preferred equipment and developing our own clinical pathways has advantages for our patients, referring doctors and GIE.

The services provided at **Chermside Day Hospital** will underpin a safe, effective and caring system.

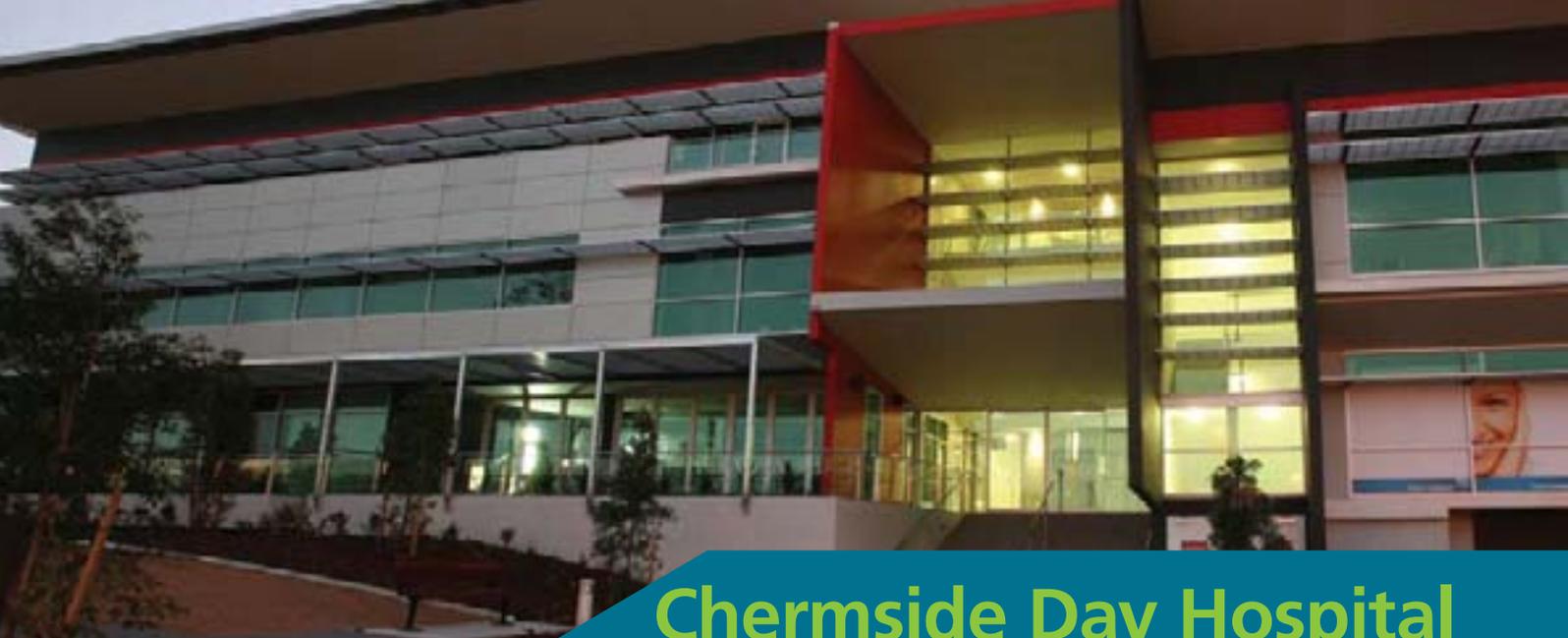
There is ample free parking available at the rear of the Complex and in the

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Chermside Day Hospital

GastroIntestinal Endoscopy

Chermside Medical Complex
Level 1, 956 Gympie Road
Chermside QLD 4032
T: 07 3344 1844 (Interim)

For general enquiries,
please phone Jenny Kilby
on 0401 712 990

Offering:

- Gastroenterology services
- Day urological surgery
- Consulting services
- State-of-the-art equipment and operating facilities
- Nine Gastroenterologists, five Urologists and two Anaesthetists supported by a specialist management team
- Easily accessible on-site parking

basement. Lift access is available to all levels from the underground car park. Located on a major bus route, the Chermside complex is near the bus terminus at Westfield Shopping Centre with controlled pedestrian access from Banfield Street and Hamilton Road.

Although fees for the **Chermside Day Hospital** are yet to be determined, our management team aims to keep costs to an absolute minimum. At this stage we do anticipate fees will be lower than current Holy Spirit Northside fees and comparable to North West.

We acknowledge many people are

currently struggling financially and experience difficulties accessing public endoscopy services. GIE will endeavour to keep full aged pensioner and uninsured fees as low as possible.

If you have a patient whom you feel needs a compassionate fee reduction due to unusual circumstances, please contact our Business Manager Franz Nohreiter on 0438 300 112.

Although the number of patients we can treat compassionately are quite limited, GIE will ensure we work with you wherever possible.

For more information about the

Chermside Day Hospital, please call our Medical Liaison Officer, Jenny Kilby on 0401 712 990 or our Business Manager Franz Nohreiter on 0438 300 112.

The **Chermside Day Hospital** staff and Gastroenterologists look forward to providing the medical community and their patients with exceptional GastroIntestinal Endoscopy services and quality care in a relaxed and supportive environment.

We welcome you to visit the **Chermside Day Hospital** when we open in **September**.

Chermside Day Hospital welcomes Dr Carolyn Mclvor



Dr Carolyn Mclvor

Dr Carolyn Mclvor will provide Gastroenterology services at our new Chermside Day Hospital. She is also a shareholder of the Chermside Hospital.

Dr Carolyn Mclvor MBBS (Qld) FRACP is a Queensland graduate who travelled to Nebraska where she completed her Gastroenterology training with FRACP and gained certification in Gastroenterology with the American Board of Internal Medicine in 1993.

Her research included clinical and molecular studies of hepatitis B and C in Dallas. For five years, Dr Mclvor held a clinical and teaching position at the University of Nebraska Medical Centre.

She then spent six years in private practice in Omaha before returning to Australia in 2007.

Dr Mclvor now consults from Ramsay Place, North West Private Hospital and Nundah as an associate of Dr Rod Roberts.

Her interests focus on endoscopy, inflammatory bowel disease and women's digestive health.

Chermside Day Hospital *a joint partnership*

Chermside Day Hospital Urology Services

The Urologist team at our new Chermside Day Hospital will provide diagnostic and therapeutic urological day case procedures including:

- cystoscopies
- prostate biopsies
- endoscopic bladder tumour management, including:
 - intravesical BCG treatment
- ureteric and renal calculous management
- male urogenital day procedures, including:
 - vasectomy
 - hydrocele excision
 - circumcision
 - penile straightening

Deep invasive or laparoscopic surgery will not be performed as such procedures require an overnight stay.

For more information regarding consulting sessions and any urological day procedures, please call the Urologists' reception staff from their individual private practices.



Left to right: Drs Nigel Duglison, Patrick Dunne, John Yaxley, Jamie Reynolds and David Hussey.

GIE welcomes our new joint partnership with a highly skilled team of Urology professionals to the Chermside Day Hospital.

Dr Nigel Duglison MBBS FRACS (Urol) completed his urological training in Queensland. He specialised in reconstructive urology during two years at the London Institute of Urology.

Dr Duglison is Director of Urology at RBH and currently operates at Brisbane Private and Holy Spirit Northside Hospitals (HSNS).

Dr Patrick Dunne MBBS FRACS (Urol) completed his urological training in Queensland. He specialised in all forms of cancer surgery during two years at the London Institute of Urology.

Dr Dunne's special interests are prostate cancer, radical retro pubic prostatectomy (with or without nerve sparing), other urological cancers, minimally invasive stone surgery and benign prostatic hyperplasia. He currently consults at HSNS, Noosa and Caboolture Private Hospitals, RBH and Bribie Island.

Dr David Hussey MBBS FRACS (Urol) completed his urological training in Queensland and his fellowship in the UK. His special interest areas are laparoscopic surgery, renal surgery, stones and urodynamics. Dr Hussey currently consults and operates at Brisbane Private Hospital and HSNS and has public commitments at RBH.

Dr Jamie Reynolds MBBS FRACS (Urol) completed his urological training in Queensland. He specialised in prostate cancer and stone surgery during his fellowship at Cardiff, UK. He has special interests in stone surgery, BPH surgery and prostate cancer. Dr Reynolds consults at the Brisbane Private, HSNS, Caboolture and Peninsula Private Hospitals, with public commitments at the RBH and Redcliffe Hospitals.

Dr John Yaxley MBBS FRACS (Urol) After completing his Australasian urological Fellowship Dr Yaxley travelled to Bristol UK where he sub-specialised in uro-oncology. He specialises in the treatment of prostate cancer, bladder malignancy with an interest in radical prostatectomy. Dr Yaxley performs low dose rate prostatic brachytherapy implants using live real time technology. Dr Yaxley currently consults at Brisbane Private Hospital and Peninsula Specialist Centre.

Chermside Day Hospital operating sessions

Operating sessions are available at the new Chermside Day Hospital. If you are interested in using the latest technologies and state-of-the-art equipment, please contact our Business Manager Franz Nohreiter on Mob: 0438 300 112.



Southside consulting services

The Southside Medical Community is concerned about the lack of Gastroenterologists available to provide private consultation sessions at Brisbane Endoscopy Services at McCullough St, Sunnybank. **From September 2008, Dr Andrew Bryant and Dr Roderick Roberts will provide private consultation sessions at Sunnybank. Both Drs Bryant and Roberts have private practices in Central Brisbane and are pleased to expand their practices to include Sunnybank.**



Dr Rod Roberts

Dr Roderick Roberts MBBS FRACP is a Queensland graduate who trained in gastroenterology at RBH with further studies at Nashville, Tennessee.

Dr Roberts clinical and research interests have included inflammatory bowel disease, coeliac disease, drug induced liver disease and polyp surveillance.

Dr Roberts consults at Wickham Terrace, Ramsay Place at North West Private Hospital and at Cherside Day Hospital from October 2008. He will also begin practicing in September 2008 at Brisbane Endoscopy Services, Sunnybank.

Dr Roberts will continue to perform procedures at Brisbane Endoscopy Services at Sunnybank, Wesley, North West Private and Holy Spirit Northside Hospitals and in September at Cherside Day Hospital.



Dr Andrew Bryant

Dr Andrew Bryant MBBS FRACP is a Gastroenterologist and Hepatologist whose principal interests in luminal Gastroenterology include the removal of large polyps and endoscopic mucosal resections in both the upper and lower GI tract. He also has an interest in Military and Aviation Medicine.

Dr Bryant supplies GE services to the Army at 2 Health Support Battalion at Enoggera and is a medical officer in the RAAF Reserve. Dr Bryant's main rooms are at St Andrew's Place in Spring Hill. He also consults at Ramsay Place, North West Private Hospital and at the Private Practice Clinic at Prince Charles Hospital.

From September 2008, Dr Bryant will provide private consultation sessions at Brisbane Endoscopy Services, Sunnybank. He will continue to perform procedures at Brisbane Endoscopy Services.

Sessile serrated polyps

by Dr Andrew Bryant

It has been apparent over the last three to four years there is an increasingly recognised new form of pre-malignant colonic polyp called a sessile serrated adenoma. It is related to hyperplastic polyps but the serrated part of the name relates to a serrated pattern of the cells in the crypt. This form of polyp has a malignant potential approximately equal to traditional villous adenomas. Also, as indicated by the name, these lesions are often flat and can be difficult to identify particularly in a bowel which has not been adequately prepared. Also being flat these lesions are not identified on imaging such as CT colonography. They are often right sided but can occur in any part of the colon. They can occur as sporadic new mutation growths or as part of a family cancer syndrome such as heredity non-polyposis colorectal cancer (HNPCC).

In this condition there is a germ-line mutation in DNA mismatch repair proteins which leads to an increased risk of cumulative mutation which goes uncorrected over time. HNPCC is a confusing term. Polyps do occur in this condition. The non-polyposis component of the title simply means this is not adenomatous polyposis coli (APC) which leads to thousands of polyps in the full blown condition and necessitates total colectomy no later than early adulthood.

There was an interesting population study in Canada looking at the effect of colonoscopy in preventing subsequent development of colorectal cancer. They found that having a colonoscopy reduced the chance of subsequent colorectal cancer by 33%. I think these figures were disappointing but interestingly the chance of a left sided cancer developing after a colonoscopy was reduced by 66%, but the chance of the right sided cancer occurring was not

significantly reduced at all! I suspect these results relate to two issues. The overall quality of colonoscopy in Canada and possibly North America as a whole is poor. I think these results also reflect the failure to identify sessile serrated polyps and remove them from the right colon.

Since sessile serrated polyps are often flat and can be large their removal sometimes requires lifting with saline prior to polypectomy. The technique of saline lifting has certainly improved the safety factor associated with the removal of large polyps.

In summary, sessile serrated polyps are significant lesions which need to be removed to reduce the risk of subsequent colorectal cancer. They do have a malignant potential and they can only be identified with a thorough colonoscopy through a well prepared colon. Radiological studies are inadequate.



Dr Alistair Cowen

Frequently asked questions

Dr Alistair Cowen, Gastroenterologist, responds to FAQs.

Q. What is the waiting period for a colonoscopy after an acute episode of inflammatory diverticulitis?

A. If the clinical picture is severe enough to warrant antibiotics, we would generally advise waiting 4-6 weeks after the start of the last attack. If there is serious doubt that the problem may be *Sigmoid Carcinoma* rather than *Peridiverticular Abscess*, a flexible sigmoidoscopy with limited preparation can be done at any time.

If in doubt, please ask our clerical staff to have one of our Doctors contact you.

Q. Does a patient need to be withdrawn from a PPI if having an endoscopy?

A. The sequence Oesophageal Ulceration -> Barrett's Oesophagus -> Adeno-Carcinoma of the oesophagus is now generally accepted. There is also good evidence that *Helicobacter Infection* starts in the antrum and slowly invades upwards, usually taking several decades to reach the fundus. In a small proportion of patients, *Atrophic Gastritis* (a pre-cancerous condition) results. Treatment of the *H.pylori* infected patients with long term PPI can accelerate this progression to a year or so.

Therefore:

1. Patients should be tested for the helicobacter before commencing long term PPI.
2. Endoscopy before commencing PPI answers all the questions as to the presence of significant reflux ulceration in the untreated state.
If **yes**, treat with long term PPI's to reduce risk of Barrett's.
If **no**, treat with symptomatic/ intermittent treatment.

Q. There has been some confusion about the nature of 'Open Access'. Can you explain what the term means to the GIE Doctors?

A. This confusion is hardly surprising as there are a number of different systems which purport to be 'Open Access'. In our system patients are booked for routine endoscopic procedures without prior consultation with the endoscopist
NO CONSULTATION FEE IS CHARGED.
High-risk endoscopic procedures such as ERCP, stenting, treatment of varices, etc, are not performed on an Open Access basis.

Our colonoscopy patients are interviewed by specifically-trained GE nurses on their suitability and fitness for both the preparation and the procedure.

A detailed medical history is taken. The patient will also receive detailed written information about the preparation and procedure including any risks associated with the procedure. Should a patient wish to discuss all possible complications, they are advised in writing that they are unsuitable for the Open Access system, and instead should seek a formal consultation with an endoscopist prior to the procedure.

After the procedure, we will contact and discuss serious findings with you and with your patient (eg. cancer, acute inflammatory bowel disease). We will NOT routinely discuss normal or trivial findings with the patient. This is due partly at the request of many GPs who have indicated they do not wish for us to do so. It is also difficult to stop the discussion drifting on to treatment options which is definitely not the province of Open Access. The patient is provided with a written report. As their GP, you will also receive a report.

We endeavour to schedule Open Access patients who have had previous procedures to the same endoscopist for further examinations. However, we must be advised of their history for this to take place.

If you refer a patient for a procedure using our *Open Access Request Form*, we assume you wish the procedure to be performed through the Open Access system. If however, you require a consultation or to have the procedure organised with a particular Doctor's rooms, please direct the patient and the referral to the specific Doctor's rooms.

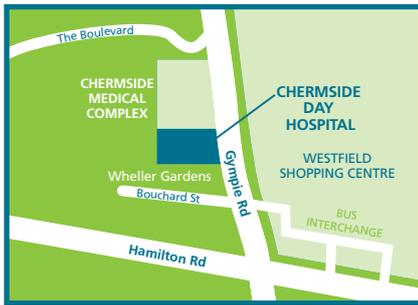
Q. When Gastroenterologists perform (for example) a colonoscopy, do they all follow the same standard process and technique for scoping? Do they all use Indigo Carmine routinely?

A. No – not all Gastroenterologists use the same techniques. This is a complex issue. The latest generation of endoscopes (which we will be using at Cherside Day Hospital) possess a number of remarkable features. They are high definition, capable of zoom magnification and can change the illuminating light spectrum. Various changes will individually enhance colour contrast, surface contrast, vessel configuration etc. The Endoscopist now has a wide variety of agents to aid in lesion recognition. These will include all of the above endoscope features together with surface contrast dyes, tissue staining dyes, etc. To complicate things even further Methylene Blue can be applied directly, or after the application of a mucolytic agent which is removed before dye application.

Whilst all of these techniques are useful, there is no hard evidence that one is clearly superior to another despite various individuals holding strong personal preferences.

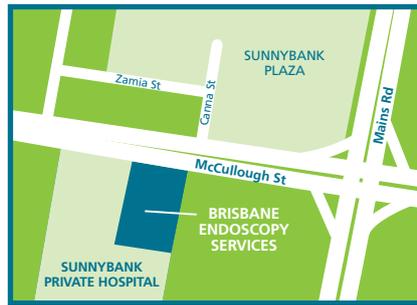
If you require referral forms please contact Jenny Kilby on 0401 712 990.
Electronic forms are currently being developed
in addition to a smaller A5 pad.

Practice locations and contact details



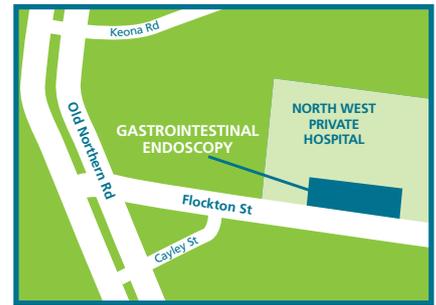
Chermide Day Hospital

Chermide Medical Complex
Level 1, 956 Gympie Road
Chermide QLD 4032
T: 07 3344 1844 (TEMPORARY)
For general enquiries, please contact
Jenny Kilby on 0401 712 990



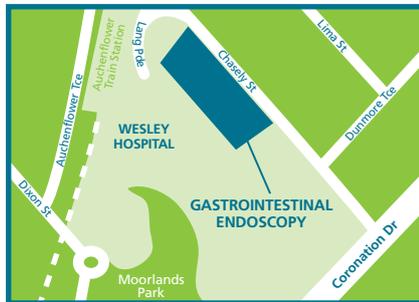
Brisbane Endoscopy Services

Suite 16-18 McCullough Centre
259 McCullough Street
Sunnybank QLD 4109
T: 07 3344 1844 T: 07 3344 1422
F: 07 3344 2739



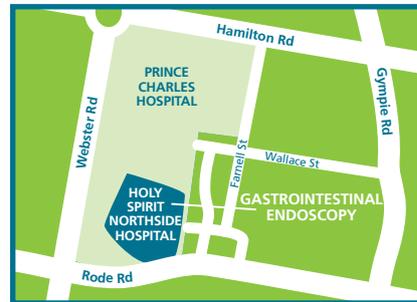
North West Private Hospital

Endoscopy Unit
137 Flockton Street
Everton Park QLD 4053
T: 07 3353 3322 F: 07 3353 9325



Wesley Hospital

3rd Floor, Day Centre
451 Coronation Drive
Auchenflower QLD 4066
T: 07 3870 3799 F: 07 3870 5069



Holy Spirit Northside Hospital

First Floor, Endoscopy Unit
627 Rode Road
Chermide QLD 4032
T: 07 3359 2788 F: 07 3359 2799

<p>Dr Andrew Bryant MB BS FRACP Main rooms: Level 2, 33 North St, Spring Hill QLD 4000</p>	<p>T: 3831 7238 F: 3831 7261</p>	<p>SI: Endoscopy, endoscopic mucosal resection, advanced polypectomy and hepatology C: Spring Hill, Sunnybank (Sept 2008), North West Ramsay Place and Prince Charles Hospital Private Practice Clinic</p>
<p>Dr Alistair Cowen MD FRACP Does NOT Privately consult. Open Access procedures only</p>	<p>T: 3353 3322 F: 3350 4143</p>	<p>P: North West Private Hospital, Holy Spirit Northside, Wesley, Sunnybank, Chermide Day Hospital (Sept 2008)</p>
<p>Dr Benedict Devereaux MB BS FRACP Main rooms: Holy Spirit Northside Hospital Level 1, Medical Centre, 627 Rode Rd, Chermide QLD 4032</p>	<p>T: 3861 4866 F: 3861 4897</p>	<p>SI: Gastroenterology, ERCP, EUS, therapeutic endoscopy, IBD and polyp surveillance C: Holy Spirit Northside, Manor Apartments – City</p>
<p>Dr Michael Miros MB BS FRACP Main rooms: 66 Bryants Rd, Loganholme QLD 4129</p>	<p>T: 3801 5200 F: 3801 5212</p>	<p>SI: Barrett's oesophagus, gastric intestinal metaplasia, polyp surveillance, capsule endoscopy C: Loganholme (Limited consulting – endoluminal gastroenterology only)</p>
<p>Dr Roderick Roberts MB BS FRACP Main rooms: Level 2, Suite 62, Ballow Chambers 121 Wickham Terrace, Brisbane QLD 400a0</p>	<p>T: 3831 2704 F: 3835 1069</p>	<p>SI: IBD, coeliac disease, drug induced liver disease and polyp surveillance C: Wickham Terrace, Sunnybank (Sept 2008) North West Ramsay Place, Chermide Day Hospital (Oct 2008)</p>
<p>Dr William Robinson MB BS FRACP Main Rooms: Level 4, Suite 85, Sandford Jackson Building 30 Chasley St, Auchenflower QLD 4066</p>	<p>T: 3870 7433 F: 3870 7466</p>	<p>SI: Gastroenterology and parental nutrition C: Wesley Hospital and Strathpine Specialist Centre</p>
<p>Dr Neville Sandford MB BS FRACP Main Rooms: Brisbane Clinic, 79 Wickham Tce, Brisbane QLD 4000</p>	<p>T: 3270 4593 F: 3270 4588</p>	<p>SI: Gastroenterology and hepatitis treatment C: Wickham Terrace, North West Specialist Centre</p>
<p>Dr Patrick Walsh BSc MB ChB FRAC Main Rooms: Holy Spirit Northside Hospital Level 1, Medical Centre, 627 Rode Rd, Chermide QLD 4032</p>	<p>T: 3861 4866 F: 3861 4897</p>	<p>SI: Gastrointestinal malignancy, endoscopic ultrasounds, advanced polypectomy, polyp surveillance C: Holy Spirit Northside, St Andrew's Hospital</p>

SI: Special Interests C: Consults P: Procedures