

## CEO INSIGHT

### Improvement to hospital admissions

Dear Doctor,

Since the national elective surgery restrictions were lifted, St Vincent's has experienced much catch-up activity, particularly in our operating theatres. And whilst still busy we are back to a more even keel which is good news for everyone.



**More specialists:** Our specialist group at the hospital continues to grow with two new appointments announced in this Dear Doctor. This reflects our commitment to providing our GP community and your patients with even more options at St Vincent's.

**Patient registration and clinical history capture streamlined:** I'm aware for some time that a number of your patients have found the admissions process at St Vincent's a bit cumbersome and time consuming. We are working on improving this and our admissions process generally.

We have commenced planning for a new patient portal with an on-line admission process. This is part of a major upgrade of our IT systems infrastructure. When installed the eAdmissions Portal will provide an advanced approach to patient registration and clinical history collection. It enables patients and their carers to submit clinical history prior to hospital admission. It does away with paper-based pre-admission forms, that many found difficult and it will reduce admission times, making the whole admission experience easier for patients and their carers.

**Public patients supported:** I'm also pleased to announce that St Vincent's has begun to accept public patients for surgery to support the public health system in response to COVID-19.

Thank you for your support of our hospital.



**Steve Brierley**  
CEO, St Vincent's Lismore  
sbrierley@svh.org.au

### To prostate check or not to check?

*Although there is no official screening program for prostate cancer, the most commonly diagnosed non cutaneous cancer in men in our region, St Vincent's Urologist Kenny Low reminds GPs of some key things to look out for and the medical advances.*



#### **What are the key risk factors for developing prostate cancer?**

It's a combination of things. Age - the likelihood of prostate cancer increases with age; Family history - your risk increases if male members of your family have been previously diagnosed; Diet - there is some research that indicates processed foods may be a contributing factor; and lifestyle. However, the more important issue is that guys are not proactive enough when it comes to testing and are presenting too late. This will not come as a surprise to most GPs.

#### **Do you see a variation in the way GPs screen for prostate cancer?**

Screening for prostate cancer is a subject I believe should be brought up when discussing men's general health, but often goes on the back burner. The Urological Society for Australia and New Zealand suggest that in men concerned about their risk for prostate cancer and who wish to have regular testing, we should offer testing starting from age 45 to 69 years every 2 years. Some GPs do take that opportunity and add it onto their general blood work. I think that's a good idea as early detection is the key.

#### **What are the recent medical advances for the treatment of prostate cancer?**

Imaging with multiparametric MRI and targeted prostate biopsy using a transperineal approach have improved detection rates from biopsy. We've become better at finding the more important high Gleason grade cancers with the first biopsy. Prostate sepsis post biopsy is now nearly unheard of with a transperineal biopsy approach. I've not done a transrectal biopsy for over 5 years now, a great achievement since we needed to buy new equipment and many Australian centres still perform transrectal biopsy.

*Continued on page 2*

## New appointments to our Specialists group

We are proud to welcome to our team:

### Dr Joshua Jervis-Bardy Ear Nose & Throat Surgeon

Has worked as a consultant at the Women's and Children's Hospital in Adelaide and has a PhD in chronic sinusitis. Has a special interest in complex ear surgeries, which include surfer's ear/exostoses surgery, cholesteatoma removal, stapedectomy, cochlear implantation and welcomes referrals for paediatrics and nasal/sinus complaints.



#### Contact details:

Level 4, Suite 13  
St Vincent's Specialist Medical Centre  
20 Dalley Street,  
LISMORE NSW 2480

Phone: 02 6621 7796  
Fax: 02 6622 1254

#### Referrals:

**Provider #:** 5741683T  
**Medical Objects #:** JJ2480000HG  
**SVH inpatient consults:** Yes  
**SVH admitting rights:** Yes

### Dr David Ryan General Surgeon

A General Surgeon who has pursued additional training in skin and melanoma surgery, surgical oncology, breast and endocrine surgery, advanced laparoscopic and complex hernia management. With additional expertise in local flap reconstructions and grafts, head and neck procedures, sentinel node biopsy and lymph node dissections.



#### Contact details:

Level 4, Suite 12  
St Vincent's Specialist Medical Centre  
20 Dalley Street,  
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Phone: 02 6621 9040  
Fax: 02 6621 3646

#### Referrals:

**Provider #:** 413448QF  
**Medical Objects #:** DR2480000S1  
**SVH inpatient consults:** Yes  
**SVH admitting rights:** Yes

## To prostate check or not to check?

From page 1

For advanced prostate cancer the medications have significantly improved. We now have second line oral drugs to add to historical chemotherapy options once the usual medical castration/androgen deprivation fails.

With genomic understanding, we may start to see more personalised medicine approaches too in the near future.

### Is the PSA blood test still used to determine if there is a problem?

Yes, PSA is still the most common test used to determine if there is a "prostate problem". Higher PSA levels suggest there is a prostate issue. It's up to the urologist to decide if the PSA elevation is from prostate cancer or some other prostate problem. It's worth remembering that 30-40% of men with elevated PSA levels actually have prostate cancer. The risk

of prostate cancer being present increases with higher PSA levels, abnormal rectal examinations, positive family history and lower free to total PSA levels.

**About Kenny:** Kenny Low MBBS BSc (Med) Hons Class 1, FRACS (Urol) is passionate about quality rural health. He graduated MBBS with class 1 honours, from the University of New South Wales. During surgical training, he was awarded the Gordon Gordon-Taylor Medal from The Royal Australasian College of Surgeons. Kenny focusses on minimally invasive urological surgery. He has a special interest in robotic and laparoscopic kidney and prostate surgery and green-light laser prostatectomy.

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