I’m very excited to be back in Melbourne, taking up a role I have had great respect for ever since I started working for the St Vincent’s group 16 years ago. I have worked passionately across several senior leadership roles including CEO for The Mater, North Sydney; CEO/CNO at St Vincent’s Private Fitzroy; and Director of Nursing at St Vincent’s Private East Melbourne. Today, I’m incredibly excited about the opportunities ahead to help grow this organisation in the ever changing and fast growing health industry.

Our 
Inspired 
 magazine is produced each quarter and provides us an opportunity to share with patients, staff, doctors and our extended community news from within and around the hospital.

In this edition of 
Inspired 
, we chatted to a few specialists to bring you vital health information that is beneficial to all. Dr Adam Pendlebury unveils a positive future in fighting the ‘silent’ (ovarian) cancer; Dr Anita Boecksteiner enlightens us on how robots are helping to treat knee arthritis; Dr Sonny Palmer deep dives into TAVI procedure; and Mr Jason Harvey lends a helping hand by giving us some insights to hand arthroscopy procedure.

Also in this issue, Mr Naveed Alam teaches us how to care for our lungs, while the doctors at Wyndham Colorectal Surgery gives us the nuts and bolts of bowel cancer screening.

Don’t forget to check out our regular features, such as nutrition news, better-for-you recipe, patient Suzanne West’s book recommendations, crossword puzzle challenge and some Easter fun facts and activity for kids to enjoy!

There’s lots to keep you engaged, happy reading!

Janine Loader
Regional CEO
St Vincent’s Private Hospital
Melbourne
TAKING CHARGE OF YOUR RECOVERY FROM ABDOMINAL SURGERY

Caesarean, Hysterectomy, Hernia or other abdominal procedure.

HealBetter, with practical non-invasive products to assist post-operative pain, wound support and scar management.

Combine with the HealBetter recovery app, and start your recovery from day 1. Includes practical post-op instructions, natural healing tips, including pain management, nutrition, and prevention of Infection, Adhesions & Hernias.

HealBetter with Belly Bands, proud to be making a difference in post-surgical recovery for everyone.

Available online at www.bellybands.com.au or ask your health specialist.

For Medical specialist wishing to stock for patients, please contact sales@bellybands.com.au
MISSION AND VISION

ST VINCENT’S HEALTH AUSTRALIA CONTINUES TO BUILD ON THE CHARISM AND TRADITIONS OF THE SISTERS OF CHARITY BY DELIVERING HEALTH AND AGED CARE SERVICES UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES.

MISSION

As a Catholic Healthcare service we bring God’s love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

VISION

We lead through research driven, excellent and compassionate health and aged care.

VALUES

Compassion
Our care is an act of love. We are present and accompany people when they are most in need.

Justice
To act with courage and speak in pursuit of what is right and just.

Integrity
Ensuring our actions and decisions are transparent and aligned with our values.

Excellence
Our care is safe evidence based and continually seeking to improve.

OUR HISTORY

St Vincent’s Private Hospital Melbourne has the Sisters of Charity’s mission at the heart of our organisation. We continue to build our reputation based on our history of leadership in compassionate care, healing and serving people with special needs.

St Vincent’s Private Hospital Melbourne is a facility of St Vincent’s Health Australia, under the Stewardship of the Trustees of Mary Aikenhead Ministries (TMAM).

TMAM was established by the Sisters of Charity of Australia on 1 July 2009 to continue their work in health, education and welfare services. The name Mary Aikenhead Ministries was adopted in tribute to the foundress of the Sisters of Charity, Mother Mary Aikenhead. Inspired by her extraordinary example, we work together with TMAM to continue to bring a great tradition of service to all in need of care.
OUR TEAM

Our qualified nursing staff comprise of both Registered and Enrolled Nurses who are dedicated to providing you with the best care possible during your stay. You will also encounter a variety of other support staff such as clerical, environmental services and food services whom you will be able to identify by their hospital nametags and uniforms.

PASTORAL CARE
Pastoral services play an integral role in our hospital team. The role of pastoral practice includes listening, supporting families through transition and crisis, providing spiritual focus, providing sacramental support, and arranging a representative from your own faith tradition. Pastoral practitioners are employed by the hospital and have pastoral and theological background and training. We are sensitive to all religious, non-religious and cultural traditions. We respond respectfully to your emotional and spiritual needs and to those of your family in an environment of trust and confidentiality.

SOCIAL WORKER
A Social Worker is available to help patients and their families. Please ask your Doctor or Nurse Unit Manager if you require this service.

ALLIED HEALTH
St Vincent’s Private Hospital Melbourne has on site Physiotherapists, Occupational Therapists and Dieticians that work across all four hospitals, as part of the acute and rehabilitation teams.

VOLUNTEERS
At St Vincent’s Private Hospital Melbourne, we have had a long and proud association with a committed group of volunteers who support the hospital’s Mission and help to achieve its aims. Over 40 volunteers help in marketing, patient escort and hospitality. Volunteers provide a wide range of services from assisting staff on the wards to delivering newspapers and helping with the arrival and discharge of patients.
SERVICES AND FACILITIES

CAR PARKING

At St Vincent’s Private Hospital Fitzroy there is a multistorey car park located immediately behind the hospital in Fitzroy Street. Hourly rates apply which are payable by cash or card, with a maximum daily charge. For patient drop off and pick up there is a 15 minute zone directly opposite the side entrance of the hospital in Fitzroy Street. If you do stay longer than the 15 minutes you may incur a parking fine from the council.

At St Vincent’s Private Hospital East Melbourne there is a multistorey car park located immediately opposite the hospital in Grey Street, East Melbourne.

For patient drop off and pick up there are free 15 minute car parks directly outside of the hospital, however if you do stay longer than the 15 minutes you may incur a parking fine from the council.

At St Vincent’s Private Hospital Kew there is free car parking in the hospital grounds as well as in Studley Avenue. For patient drop off there is a 15 minute car park in Studley Avenue.

At St Vincent’s Private Hospital Werribee there is car park available within the hospital grounds. Hourly rates apply which are payable by cash or card, with a maximum daily charge.

CHAPEL SERVICES

The Hospital Chapels are located to the right of the main entrances on the Ground floor at both St Vincent’s Private Hospital Fitzroy and St Vincent’s Private Hospital East Melbourne. The chapel for St Vincent’s Private Hospital Werribee is located to the left of the back entrance on the Ground floor. Mass times are posted on or near the Chapel door.

FOOD SERVICES

Our four (4) week cycle menu has been designed to include foods that are both nutritious and appetising whilst following the Australian Dietary Guidelines. From this you may make your meal selections for the following day. If you have any dietary restrictions, the nursing staff or our dietician will help you make the appropriate meal choices.

Our Food Services Assistants will take your order during the day for the following day meals.

If you have any dietary restrictions, the nursing staff or our dietician will help you make the appropriate meal choices.

Food Services Staff will visit you daily to discuss your menu choices. If you have any special needs or require a religious/cultural diet, they will be happy to assist.

If you have any other dietary requirements or requests, please speak to the nursing staff. You can also ask to speak to a dietician.

### Food Service Times

<table>
<thead>
<tr>
<th>Meal</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>7.30am – 8.30am</td>
</tr>
<tr>
<td>Morning Tea</td>
<td>10.15am</td>
</tr>
<tr>
<td>Lunch</td>
<td>12.00 midday – 12.45pm</td>
</tr>
<tr>
<td>Afternoon Tea</td>
<td>1.30pm</td>
</tr>
<tr>
<td>Dinner</td>
<td>5.00pm – 5.45pm</td>
</tr>
<tr>
<td>Supper</td>
<td>7.00pm</td>
</tr>
</tbody>
</table>

INTERPRETING SERVICES

An interpreting service is available, please ask our staff.

MAIL AND DELIVERIES

All incoming mail, flowers or deliveries addressed to you will be delivered to your room daily. Mail arriving after your discharge will be promptly forwarded to your home address.

We also have a newspaper service during the working week, between approximately 7.00am to 9.00am so you can buy newspapers without leaving your room.

NO SMOKING POLICY

All four hospitals of St Vincent’s Private Hospital Melbourne are NO SMOKING facilities. This includes the hospital grounds and surroundings.

NURSE CALL SYSTEM

The Nurse Call System operates from the hand set next to your bed. The nurse will demonstrate the functions of the handset when you first arrive. If you require any assistance at all, please do not hesitate to utilise the Nurse Call Bell.

PATIENT SERVICES AND CLEANING STANDARDS

Patient Services and Environmental Services staff are assigned to each clinical area from 6.30am until 8.30pm daily. Outside these hours on-call support is available where necessary for non-routine cleaning (e.g. spills, full waste bins).

Cleaning of patients’ rooms and hospital facilities is in accordance with the Victorian Department of Health Hospital Cleaning Standards, Infection Control guidelines, and applicable Australian Standards.

Daily routine cleaning of patient rooms includes emptying waste bins, general surface cleaning, spot cleaning floors, and ensuite cleaning. Routine carpet vacuuming is undertaken every second day.

Staff will not enter your room to undertake cleaning if a “Do not disturb” sign is displayed on the door. If you are asleep or in the ensuite when staff enter the room they will not disturb you, but a calling card will be left. Please tell the nursing staff when it is convenient for cleaning to be done.
If you are not in your room when cleaning is completed a calling card will be left. Please tell the nursing staff if something has been overlooked or if you have additional requirements.

**PHARMACY**

The pharmacy is located on the ground floor at St Vincent’s Private Hospital Fitzroy, St Vincent’s Private Hospital East Melbourne, St Vincent’s Private Hospital Werribee and on the second floor at St Vincent’s Private Hospital Kew.

Medications, limited surgical equipment and toiletries for patients, staff and visitors are available from all four pharmacies. If you need to purchase/hire equipment, purchase personal pharmacy items or discharge medications or medications not related to your admission diagnosis, you are required to pay the pharmacy direct for the cost of these items.

**TAXI PHONE AND PUBLIC PHONES**

Public phones are available on the ground floor in the general reception area.

A direct telephone line to a taxi service is also available on the ground floor at each site. Please ask at reception for the location of this phone.

**TELEVISION**

Televisions are provided in each room free of charge and are operated by the handset by your bedside. If you have any problems please speak to a staff member on your ward. There is also an educational in-house television station that regularly shows educational videos related to your stay.

**WARD ROOM TELEPHONES**

You will find a telephone on each bedside cabinet. You can make local calls directly from your room by first dialling “0” for an outside line. There is no charge for local calls.

**WI-FI**

Wi-Fi services are available for patient use at each of our hospitals. Please ask our reception staff for further details on admission.

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**CLINICAL SERVICES**

The hospital has a wide range of clinical services:

- Breast Surgery
- Cardiac Services
- Colorectal and Gastro Intestinal Surgery
- Continuum of Care
- Day Procedure Unit
- Diabetes Educator
- Ear, Nose and Throat Surgery Endocrinology
- Gastroenterology
- General Surgery
- Gynaecology
- Haematology
- Intensive Care Unit
- Maternity Services
- Nutrition
- Neuroscience
- Oncology
- Ophthalmology
- Oral and Maxillo Facial Surgery
- Orthopaedics
- Paediatrics
- Plastic and Reconstructive Surgery
- Rehabilitation
- Sleep Disorders Centre
- Social Worker
- Stomal Therapist
- Urology
- Vascular Services

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**SARAH CUTAJAR – PRIVATE/PUBLIC LIAISON**

We have created a new role to ensure optimal patient flow from St Vincent’s public to the private hospital. Sarah Cutajar who has taken on this role is responsible for making sure our patient admissions from public hospitals into our private hospitals is seamless, prompt, and customer oriented.
Despite all this, a discussion on the topic with Gynaecological Oncologist, Dr Adam Pendlebury, unveiled a positive future in fighting the disease.

The Cancer Council Australia suggests that ovarian cancer is the eighth most common cancer affecting women in Australia. In 2018, roughly 1600 cases of ovarian cancer were diagnosed. While this number is increasing, the age-standardised incidence rate is in fact on the way down.

You see, the risk of ovarian cancer increases with age. As Dr Pendlebury explained, as our population ages, it’s no surprise to see the raw numbers of ovarian cancer increasing. But it’s equally encouraging to see the age-standardised incidence rate fall. Whilst the fall in this incidence rate may not be significant, it certainly points to the inroads being made in detecting, treating and preventing such a tricky disease.

So what is it exactly, that makes it so tricky?

Early detection of ovarian cancer is one thing. Sometimes referred to as ‘the silent cancer’, the early symptoms of ovarian cancer can often be quite vague and non-specific. This often results in detection in the later stages of the disease, when the cancer has progressed and ultimately, more difficult to treat. Dr Pendlebury backed up this assertion: “Most patients don’t have very specific symptoms, and majority are advanced stages when we find it. Why? It’s hard to pin down. But it often doesn’t cause symptoms in early stages.

Dr Pendlebury therefore stressed the importance of thorough investigation if you do experience any early symptoms, “If you have symptoms that do suggest ovarian cancer, we need to look into it very carefully, because it could be caused by a whole range of things.”

Interestingly, Adam pointed out that those at greatest risk of developing ovarian cancer only make up a small proportion of cases. “Those with a family history are perhaps at greatest risk. But we’ve been able to make a big impact for those patients, because we can make specific recommendations to reduce their risk.”

The BRCA1 and BRCA2 genes are the main culprits, with the risk increasing significantly if you’ve inherited either of these genes. Perhaps the most famous recent case is that of Angelina Jolie, who announced in 2013 that she carried the BRCA1 gene, and subsequently underwent a preventative double mastectomy, as well as having her ovaries and fallopian tubes removed to reduce her risk of developing ovarian cancer.

However, if someone in your family has experienced ovarian cancer, a thorough investigation into this history is the most important first step. As Dr Pendlebury pointed out, “If someone in your family has had ovarian cancer, it’s important to understand the family history very carefully to get an accurate assessment to see if you have these genes. If you can have that assessment and know whether you are truly at risk, it can really help you to make the right decision about your potential options for preventing ovarian cancer.”

Understanding the disease at such a detailed level has of course contributed to the reduction in the occurrence of the disease, but as Dr Pendlebury pointed out, we still have a wait on our hands to see the true result of all the research currently being undertaken. “Researchers have found recently that the fallopian tubes are where the most common ovarian cancer can begin, so removing these tubes at the time of hysterectomy – but keeping the ovaries, as they’re important for other things – can also help to reduce the risk. It could be a really important development, but unfortunately we won’t really find out how effective this is going to be for about 10 years.”

Dr Adam Pendlebury is a gynaecologist and gynaecological oncologist specialising in the surgical management of complex gynaecological conditions, including abnormal cervical screening tests (colposcopy), ovarian cysts, uterine fibroids and cancers of the female reproductive system (uterus, fallopian tubes, ovaries, cervix, vagina and vulva).

Dr Pendlebury’s consulting rooms are located at:
Suite 109, 320 Victoria Parade, East Melbourne, Victoria 3002
St Vincent’s Private Hospital Werribee
240 Hoppers Lane, Werribee VIC 3030
Phone: (03) 9419 6619
Email: reception@dradampendlebury.com.au
As you age, calcium can build up on the valve, making it harder and thicker. As a result, your aortic valve becomes unable to open properly, forcing the heart to work harder to pump blood through the narrowed valve. It can also create high blood pressure inside the left ventricle. Eventually normal motion of the valve leaflets becomes reduced. At some point blood is not able to get out of the heart as easily and people develop symptoms. People usually present with breathlessness, chest discomfort and/or dizziness or blackout.”

What does ‘minimally invasive’ really mean?
It can be difficult to imagine any procedure involving the heart as being ‘minimally invasive’. Yet, as Dr. Palmer pointed out, approximately 90% of TAVI procedures are performed using the femoral artery as the access point to deliver the new valve. Minimally invasive surgery helps to give you a better chance of recovering quicker after your surgery.

What happens during a TAVI procedure?
This involves delivering the new valve through the leg artery. It requires an incision as small as 6mm, and involves passing a small wire through the main blood vessel of the body and into the heart. This wire then acts as a guide to put the new valve in position, in a procedure that Dr. Palmer describes as “pretty simple really!” The procedure will take place in the cath lab which is like an operating theatre, and you are usually awake throughout your procedure – however the anaesthetist or cardiologist will give you medication to help you relax.

When should I see a doctor?
Of course, if you ever have any concerns, please see a doctor – particularly if you develop any symptoms that may suggest aortic valve stenosis.

Dr. Palmer explained what typically occurs when a patient is referred to him: “A special team of doctors and nurses review your history and investigations to date. There are usually a few investigations needed before we can advise about what to do next, such as an ultrasound of the heart (an echo), a coronary angiogram to look at the arteries of the heart and a CT scan to allow us to determine whether you are technically suitable for TAVI.”

“Based on your medical history and these tests we provide an opinion on whether your valve needs fixing, whether your heart arteries need fixing and actually if an operation is the best thing for you. If we think you are suitable for an operation, we then talk about the preferred approach in your case”.

Mr Sonny Palmer is a Clinical and Interventional Cardiologist at St Vincent’s Hospital Melbourne and St Vincent’s Private Hospital Melbourne. He also provides a Cardiology outreach service in the Gippsland region (Sale). Sonny’s clinical interests include assessment and management of cardiovascular risk, coronary artery disease and valvular heart disease.

Mr Palmer’s Melbourne consulting room is located at:
Suite 503
100 Victoria Parade
East Melbourne VIC 3002
Phone: (03) 5144 4555
Fax: (03) 5144 7564
Email: office@fitzpatrickhouse.com.au
YOUR LUNGS AND HOW TO CARE FOR THEM

MAY IS LUNG HEALTH AWARENESS MONTH, SO WE TOOK THE OPPORTUNITY TO SIT DOWN WITH THORACIC SURGEON, MR NAVEED ALAM FROM ST VINCENT’S PRIVATE HOSPITAL MELBOURNE, FOR A FASCINATING CHAT ABOUT THE LOW-DOWN ON OUR LUNGS AND HOW WE CAN TAKE BETTER CARE OF THEM.

We all understand the basic function that our lungs play – they allow us to breathe in oxygen that our body needs to live and function properly, while also exhaling carbon dioxide from our body – this is the waste gas that is produced as a part of the body’s energy-making process.

Yet, a little further explanation from Mr Alam reveals that the lungs are much more complex than that.

When we asked of some of the signs of our lung health becoming compromised, it became quite clear how vital our lungs really are. As Mr Alam pointed out, “when we can’t breathe well, our body is deprived of the oxygen it requires. This can in turn lead to various organ systems also being compromised – we might experience shortness of breath, chest pain, light-headedness, muscle aches – they’re all responses to a lack of oxygen”. In fact, every organ system in our body is reliant on the lungs.

Like anything in life, when we begin to realise just how important they are to us, we want to make sure we’re doing what we can to take care of them properly. When it comes to the lungs, however, the answers aren’t always obvious.

Smoking, of course, is the big one. Mr Alam pointed out that while smoking cessation education has had a generally positive impact on the incidents of lung cancer in Australia – in men the incidents have decreased, while in women it has plateaued – we need to ensure that we continue to put our best foot forward in this area.

More interestingly, however, it seems the incidence of lung cancer in non-smokers has in fact increased.

Why is this happening? Mr Alam points out, ‘it’s difficult to know exactly, but we suspect it has a lot to do with the fact that we’re now living longer. Our lung health will naturally deteriorate as we get older, so in a sense, it’s not surprising to see more cases of lung cancer. At the same time, we’re also a lot better now at detecting it.”

Taking good care of our lungs, therefore, becomes even more important. The good news is that there are some really simple things we can be doing.

Firstly, avoiding air pollutants wherever possible is quite important. Air quality is one of the biggest risks to our lung health, and in Australia we thankfully enjoy a relatively good air quality, even in the bigger cities – even more so in the country.

But there are some work places and industries that do expose our workers to various levels of air pollutants, so if this is you, make sure you’re wearing the right protective equipment at all times.

For the rest of us, exercise is really important. Doing cardio – running, cycling, swimming for example – strengthens the effectiveness of our heart and lungs working together, which will definitely come in handy as we get older. Carrying extra weight can also impact the health of our lungs and how well they function, particularly as we grow older, so any exercise we can manage is going to help us.

Having spent the past 14-plus years at St Vincent’s Private, Mr Alam is very passionate about educating not only the next generation of Thoracic surgeons, but also educating the wider population about lung health and lung cancer.

As Mr Alam pointed out, “Lung cancer is the #1 cancer killer worldwide, but there is often a stigma attached to those who contract it, as there’s a general feeling that they’ve brought it upon themselves. This kind of attitude can have a detrimental impact on our ability to effectively treat the disease. Lung cancer screening is available, much like it is for many other cancers, yet it’s expensive and our governments are reluctant to spend the money. Those countries that do provide lung cancer screening are showing some really positive signs, so there is a political and medical discussion that is really important for us to have in this area.”

Mr Naveed Alam offers treatment in both St Vincent’s public and private hospitals. His interests range from minimally invasive thoracic surgery to airway surgery and thoracic oncology and teaching. Speak to your GP for more information and a referral.

Mr Naveed Alam is located at:
East Melbourne Heart & Lung Suite 1, Level 5 55 Victoria Parade Fitzroy VIC 3065
Phone: (03) 9419 2477
Melbourne's property market is constantly changing: one day it's up, the next it's down. Knowing when and where to buy can be daunting. But, if you know how to read the signs, these cycles can be predicted. That's where advice from market specialists can make a world of difference. Elite Buyer Agents are Melbourne's property experts and have the experience and insight to guide you through the cycles in any market.

Speak to the specialists, and make the smartest property purchase this year.

*Call us today for a free, no-obligation assessment*
Hope

Although pregnancy is meant to be a time of excitement and hope, it is also normal for couples to have mixed emotions of surprise, joy, fear, anger and love throughout their pregnancy.

There are definitely ups and downs, but for some, it can be totally stressful, tough and more. They are not doing anything out of the ordinary prior to becoming pregnant or during those early months. They just do not get the luck of the draw.

That was the case for Catherine and Luke, having their emotional rollercoaster heightened with constant challenges thrown at them throughout the 18 months of trying to start a family. Catherine and Luke had three consecutive pregnancy losses. During Catherine’s fourth pregnancy, due to the history of losing one of her pregnancies to a medical condition called hypoplastic left heart syndrome, Catherine was monitored very closely to ensure the same condition didn’t recur. Hypoplastic left heart syndrome is a birth defect that affects normal blood flow through the heart.
During the week 12 & 16 routine scan, her obstetrician, Dr Fiona Cowell and sonographer felt positive that her fetus was going to be ok. The couple felt relieved after months of feeling anxious.

But just when things were looking up for Catherine and Luke, at their 21 week routine scan, Catherine was diagnosed with intrauterine growth restriction (IUGR), a condition in which an unborn baby is smaller than it should be due to placental insufficiency. Her fetus was approximately 11 days behind in growth.

Catherine took time off work to be on bed rest. In the two weeks of being home, her baby’s development hadn’t improved, it was still well under the first percentile and she was faced with the possibility that her baby may not survive. The midwifery team at St Vincent’s Private took on the challenge to help pull Catherine and Luke through this.

Catherine was admitted to St Vincent’s Private Hospital at 23 weeks gestation, where she was closely monitored and looked after by our team of midwives. Catherine and Luke’s mental health was priority. The midwives popped in everyday to check on Catherine and gave her different tactics to help her through. Despite being in a turmoil situation, Catherine and Luke kept a positive mind throughout.

After five and a half weeks at the hospital, their baby was thriving and Catherine could go home. Upon consultation with the wider obstetrics committee involving other obstetricians at St Vincent’s Private Hospital, it was collectively decided that it was best for Catherine to deliver her baby at 34 weeks gestation. Baby Owen Reynolds was born on 2 November 2018 at 1.63 kilograms. Lots of happy tears were shed in the theatre room and maternity ward that day. In Catherine’s own words, “I’m in disbelief that he is here”. Despite his smallness, baby Owen did really well, he thrived with no major medical conditions. He was looked after in our Special Care Nursery for four weeks before heading home.

When we asked Catherine for her words of comfort to other women going through tough and challenging pregnancies, she said “keep positive because it was the power of positivity that got me through it all. It lets you take control of the situation and you’ll find ways to focus on what you must get done”.

We are thrilled for Catherine and Luke and commend them for their strength and determination. We’re looking forward to seeing their resilient baby Owen continue to grow.
Arthritis in our knee joints is certainly nothing new. In fact, the latest figures suggest around 18% of the population experience some form of arthritis. What is new, however, is the way we’re treating it – in particular, when the patient finds their way to the operating table.

Dr Anita Boecksteiner, Orthopaedic Surgeon at St Vincent’s Private Hospital, has spent almost 20 years in private practice and has seen thousands of arthritis sufferers, and performed many operations for this disease including joint replacement surgery. “When a patient presents with arthritis, non-surgical treatment methods are explored first. When those techniques fail, we look to joint replacement.”
Anita performing a surgery using the MAKO

However, in the last few years, the method of performing joint replacement has seen the introduction of the MAKO technology – robotic-arm assisted surgery – into Australia and Dr. Boecksteiner has been at the forefront, now using MAKO in quite a widespread capacity for the past 12 months, particularly for total and partial knee replacement surgery.

When quizzed about MAKO, what it was, and how it helps, Anita explained, “MAKO technology is a high-tech planning tool and surgical guide, that helps us on the day. A CT scan of the patient, which is performed some days before, is produced in 3D, and I am able to simulate the replacement operation on that computer image – plan where I want the cuts to be, test how much bone with greater precision, that I need to remove, and match the tightness of the patient’s ligaments. I am effectively doing and testing about 90% of the operation before the patient is in theatre, and before I cut any of the bone.”

The benefits of such technology for the surgeon are really quite exciting. As Anita explained, much of it comes down to accuracy. “With traditional knee replacement surgery, complications can come from the new knee being not quite the right fit, but using MAKO technology, this variation in how the new knee is put in, is reduced. This provides a custom fit for the patient – it allows me to be much more precise.”

The primary beneficiaries of MAKO technology, however, are the patients. Anita shared, “Because patients are getting more of a custom fit and less soft tissue interference with their knee replacements, I’m seeing patients moving a lot quicker. Anecdotally, patients at 2 weeks often look and feel like they’re 4-6 weeks ahead of a traditional knee replacement recovery.”

St Vincent’s Private Hospital was the first hospital in Victoria, to have MAKO technology available, and Dr Boecksteiner was quick to adapt to the technology. She has been an advocate of its use ever since. “It’s also very stimulating for me as a surgeon. The 3D minute-by-minute feedback is extremely useful. I find using the MAKO very informative in that regard, as you’re able to learn all of the nuances of that particular patient’s anatomy: it makes the operation very interesting.”

Whilst results are at times difficult to assess immediately with new technology, all signs point north. After 6-7 years of MAKO technology being used in the USA, the results are all positive. Anita pointed out, “Partial knee replacements have been shown in studies to wear out quicker than full or total knee replacements, but the studies of Partial Knee replacements, using MAKO are showing these last longer.”

It’s amazing to think that we’ve reached the point in time when robotic technology is assisting our surgeons with important impact. It raises the question of what comes next? Dr Boecksteiner explained that, robotics are being used in performing and planning many different surgical operations in other specialties. The future remains very interesting indeed, as Anita explained, “The next piece of tech we have to look forward to are holograms! Surgeons will wear Virtual Reality glasses which display the 3D X-ray models, and our virtual manipulation of them, in front of our eyes – this technology is already out there. However, the biggest and most significant progress will most likely come when we find out how to replace and repair the damage in joints with stem cells – the precision required to do this may very well require robots too!”

Dr Anita Boecksteiner is a consultant orthopaedic surgeon, who specialises in limb and joint reconstruction treatments; of the Knee, Shoulder, Hip and Ankle/ Foot, focusing on repair, reconstruction, preservation of cartilage and joint function, and effective validated surgical treatments for arthritis, sports injuries, trauma, non-unions, and congenital defects.

Dr Boecksteiner’s consulting room is located at:
260 Moreland Road
Brunswick VIC 3056
Phone: (03) 9385 3000
THE RAPID EVOLUTION OF BOWEL CANCER SCREENING AND COLONOSCOPIC SURVEILLANCE GUIDELINES CONTINUES TO CREATE CONFUSION IN PRIMARY HEALTH CARE. THE NATIONAL BOWEL CANCER SCREENING PROGRAM (NBCSP) HAS BEEN DESIGNED TO SCREEN FOR BOWEL CANCER AMONG AUSTRALIANS AGED 50-74.

WHAT?
From 2018 to 2020, every person aged 50 to 74 years of age, in Australia, will be offered bowel cancer screening. Screening will then be offered 2-yearly thereafter. This involves an immunochemical faecal occult blood test (iFOBT) kit. Unlike the previous guaiac-based kits, these more modern kits detect only colonic bleeding and do not require dietary modifications, which will hopefully result in greater compliance.

WHO?
Bowel cancer screening is only appropriate for symptomless individuals. Over 90% of colorectal cancers are found in people over the age of 50 years, which is the rationale for commencing screening at that age. However, Australians from 45 years of age can be screened on request.

Australians who should proceed directly to Colonoscopic examination include those with symptoms and those at increased risk of colorectal cancer.

SYMPTOMS
- Per rectal bleeding
- Iron deficiency anaemia
- Altered bowel habits
- Increased risk
- Family history (See Table 1).
- Personal history of adenomatous polyps or cancer

Table 1: Family History of Bowel Cancer

<table>
<thead>
<tr>
<th>Family History of Bowel Cancer</th>
<th>Annual Colonoscopy from 50 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 yearly colonoscopy from 50 years</td>
<td></td>
</tr>
<tr>
<td>1st degree relative &lt;55 years</td>
<td></td>
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<tr>
<td>Two 1st degree relatives</td>
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<td>1st degree relative and two</td>
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<td>2nd degree relatives</td>
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<td>5 yearly colonoscopy from 45 years</td>
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<td>Three 1st or 2nd degree relatives with one &lt;55 years</td>
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WHY?
Colorectal cancers that are detected at an earlier stage have a better outcome. Research has demonstrated that people who are invited to participate in the bowel cancer screening program have a lower risk of death. Similarly, the complete and accurate removal of pre-cancerous colonic polyps reduces colorectal cancer mortality.

A common question that patients ask is "why not screen with colonoscopy?" The graphic below demonstrates the superiority of screening with iFOBT over colonoscopy. The overall mortality from screening colonoscopy exceeds that from FOBT, due to the inherent risks of colonoscopy. This is in addition to the vast and impractical resources required for a complete population screening colonoscopy program.

HOW?
The participation level from the population is simply too low. In 2015-2016, the participation rate was only 41%. Awareness of the prevalence of bowel cancer in Australia and awareness of free screening available to eligible Australians is the key to improving this poor uptake. It’s a very simple test that can be completed in the privacy of your own home, at no cost to you.

A common question asked is “what is the significance of a positive iFOBT result?” The rate of a positive result is 7%. Only 3.6% of these positive results (0.26% overall) will be found to have cancer. Therefore, the vast majority of patients with a positive result will not have cancer. However, many of these patients will have adenomatous polyps.

The importance of detection and removal of adenomatous polyps, in the prevention of colorectal cancer, cannot be understated. People with a positive iFOBT result should be referred to endoscopists who provide a high quality service. High quality endoscopists spend time examining the mucosa carefully to achieve a high rate of adenoma detection. This metric is currently being measured as part of the GESA colonoscopy recertification program.
Mr Iain Skinner, Ms Audrey Yeo and Mr Michael Hong are the three specialist Colorectal Surgeons in the broader Wyndham Colorectal Surgery service. All three operate regularly at both St Vincent’s Private Hospital Werribee and Fitzroy. All being subspecialty trained in Colorectal surgery they provide an experienced and high quality colorectal surgery and endoscopy service to the Wyndham area with special expertise in the multidisciplinary care of Colorectal Cancer.


**WYNDHAM COLORECTAL SURGERY**

All three colorectal surgeons offer timely and high quality endoscopy and advanced polypectomy services, high-risk and symptomatic patients in the Wyndham area. To make an appointment call 03 9741 9300.
For many parts of our body, the ‘what, why and how’ to keeping them healthy is all very straightforward and obvious. When it comes to our brains however, it’s perhaps a little less so. That’s not to say that it’s any less important. While there are some common risk factors associated with dementia, we can go a long way to reducing these risk factors by keeping our brains healthy with a few ‘exercises’ along the way.

UNDERSTANDING THE RISK FACTORS
Risk factors for dementia are both lifestyle and medical related, which means that some risk factors are a little easier to manage than others.

Cardiovascular risk factors such as heart disease, mid-life hypertension and brain infarcts (an area of necrotic tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain) all increase the risk of Alzheimer’s disease and Vascular dementia. Smoking has also been identified as a risk factor.

A recent study found that having diabetes increases the risk of developing Alzheimer’s disease by 65%. However, this risk can be reduced by careful management of diabetes with medications that maintain blood glucose levels within a healthy range.

And while cholesterol is an essential element of brain function, high cholesterol in mid-life and late-life can increase the risk of Alzheimer’s disease. Cholesterol lowering drugs on the other hand, may lower the risk of developing Alzheimer’s disease.

A family history of dementia, or an incident of moderate to severe head injury, can both increase the risk of developing dementia.

HOW TO EXERCISE YOUR BRAIN
When it comes to looking after our brain, as with the rest of our body, it’s important that we eat healthy food and keep active. That much is obvious.

Yet, there are other more surprising ways in which we can help to keep our brains healthy, remembering that taking positive steps towards maintaining good brain health today, may reduce your risk of dementia later in life.

Spending time with family and friends is one perfect example. Connecting with others, being social with people whose company you enjoy, and doing things that interest you is a great way to help look after your brain health, creating better brain function and reducing your risk of chronic diseases.

Challenging your brain, and keeping your mind active is also important to keep it functioning well. Challenging the mind with new activities helps to build new brain cells and strengthens connections between them.

PLANNING AHEAD
Of course, we’d all prefer not to dwell on the possibility of becoming unwell or developing dementia, but it is important to have plans in place in case we do.

So we first need to have a bit of a think about our future, and think about those aspects of our life that may require instruction if others were required to make decisions on our behalf. This might include issues related to your finances, lifestyle or health care.

It’s then important that we start putting some plans in place so that our choices will be known and can be acted upon in the event that we cannot express these choices ourselves.

It can often be quite helpful to go through this task with someone close, use them as a sounding board for decisions and double check that you’ve got all the important details covered.

WANT TO KNOW MORE?
Dementia Australia have some fantastic resources, both for those looking for more information regarding dementia and how to manage it, as well as resources around keeping our brain healthy and reducing risk factors.

You’ll find them online at www.dementia.org.au, or call the National Dementia Helpline on 1800 100 500.
If you, or someone in your life, deals with joint pain, particularly in the hand or wrist, you know just how debilitating this can be. The activities you love, the hobbies you have, even something seemingly simple such as working at a desk-based job, can become almost impossible. Orthopaedic surgeon Mr Jason Harvey is an arthroscopy specialist, who works to restore movement, alleviate pain, and give these patients their lives back.

Sometimes called keyhole surgery, in an arthroscopy procedure a camera is inserted into the joint through a small incision. Because of the complex anatomy and shape in the hands and joints, it can be hard to get a clear view of what’s going on during an open procedure without making a large incision. Arthroscopy often allows for a clearer view and diagnosis and direct treatment. In the hand, wrist and elbow, this means removing loose bodies, repairing ligaments, treating fractures, and releasing contractures.

Mr Harvey’s decision to specialise in arthroscopy was a simple one: “I found it exciting to be able to perform procedures through such a small incision and potentially speed up the recovery process. I think minimally invasive techniques are the future as we strive to improve patient outcomes and I wanted to be a part of developing and researching these techniques.”

Minimally-invasive techniques mean less damage to the overall area, and a faster recovery time. The operations that Mr Harvey performs are generally to treat either trauma or degeneration. Trauma, caused by accidents, includes fractures, lacerations, ligament tears and tendon injuries. Patients suffering with joint degeneration usually live with arthritis of the hands, wrist and elbow. Many have been told that there is nothing that can be done, and are relieved to discover that they do have options, which can include surgery and joint replacement.

As Mr Harvey sees it: “The most satisfying part of my job is treating patients who have had great difficulties and being able to watch as they get back to enjoying their life.”

As well as treating patients, Mr Harvey is involved in multiple research programmes. One is examining new options for patients suffering from arthritis in the base of their thumb. Tennis elbow is the subject of another trial, for patients who have tried non-operative treatment, but are still dealing with the condition. This trial will research the relative benefits of surgery or treatment by injection.

A third will examine treatment for scaphoid bone fractures, looking at whether a bone graft and different screw constructs is an effective solution for fractures that don’t heal well. Finally, he wants to investigate the new options that the next generation of wrist replacements will bring.

No matter what the study, his goals remain the same: “I am hoping to improve patient outcomes leading to better long term function and pain relief and in some cases avoiding surgery altogether. Only by looking at our results in a rigorous and validated way can we advance our practices and ensure patients are getting the best care, the care they deserve.”

After all, no matter what the course of treatment, “the most important aspect of orthopaedics is treating people’s pain.”

Mr Jason Harvey is part of the OrthoSport Victoria group of Melbourne orthopaedic surgeons, specialising in hand, wrist, and elbow surgery. Jason has a particular interest in arthroscopic surgery and is also involved in research into advanced techniques in fixation of wrist fractures, finger joint replacement and base of thumb arthritis. Speak to your doctor for more information and a referral.

Mr Harvey’s consulting room is located at:
OrthoSport Victoria, Level 5, 89 Bridge Road, Richmond VIC 3121
Phone: (03) 9038 5200
CALLING ALL OF OUR PATIENTS TO JOIN THE END PJ PARALYSIS MOVEMENT

WHAT IS END PJ PARALYSIS?
End PJ Paralysis aims to get patients up, dressed and moving, to reduce the risk of deconditioning while in hospital.

It is a global social movement started by Professor Brian Dolan in England, and due to the success of the program it has spread throughout the UK, and to Canada, New Zealand and Australia.

WHAT DO YOU MEAN BY DECONDITIONING?
Deconditioning is a complex process of physiological change following a period of inactivity or bedrest that results in a decrease in muscle mass, weakness, functional decline and the inability to accomplish daily activities.

FAST FACT... DID YOU KNOW...
10 days of bed rest in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80 (Kortbein et al 2004 J Gerontology).

WHY JOIN THE MOVEMENT?
End PJ Paralysis focuses on respecting patient time and enhancing patient experience. It asks the question, “If you had 1,000 days to live, would you like to spend them in hospital?”

Having patients in their day clothes while in hospital, rather than in their pyjamas (PJs) or gowns, enhances dignity and autonomy, and encourages patients to get up and move around the hospital.

Encouraging our patients to get up, dressed and moving will improve their overall mental, physical and psychological health, and in many instances, shortens their length of stay.

FAST FACTS... DID YOU KNOW...
A 50% increase in walking while in hospital was associated with a 6% shorter length of stay (McCullough et al 2006, Phys Measure)
The End PJ Paralysis movement in the UK has shown:
- 37% reduction in falls
- 86% reduction in pressure injuries
- 80% reduction in patient complaints

HOW CAN YOU HELP?
Let’s normalise our patients’ hospital experience as much as possible.
Let’s help get them up, dressed and moving, where possible.

CALLING ALL OF OUR PATIENTS TO JOIN THE END PJ PARALYSIS MOVEMENT

- Bring in your comfy everyday clothes and supportive shoes to hospital.
- Get up and out of your PJs as you would if you were at home.
- Sit up in your chair for meals.
- Take a regular walk.
- Talk to your nurse or therapist about how you can get up and moving while in hospital.

The End PJ Paralysis program has shown success worldwide, and we are excited to be joining the program at St Vincent’s Private Hospital Melbourne.
So let’s get up, get dressed and get moving!
Sleep and well-being go hand in hand. There’s nothing more annoying than feeling desperately tired and not being able to fall asleep or staying asleep. Our Sleep Study Unit at St Vincent’s Private Hospital Werribee is the only sleep study facility in Wyndham. We have patients with all sorts of sleep disorders come into our state-of-the-art hospital to be evaluated and diagnosed.

Sleep disorders are conditions that affect the ability to sleep well on a regular basis. Whether they are caused by a health problem or by too much stress, sleep disorders are becoming more common. Signs you may have a sleep disorder include persistent difficulty going to sleep or staying asleep, irregular breathing or movement during sleep, and feeling tired and having a strong urge to nap during the day.

There are a myriad of sleep disorders that we are able to diagnose through our sleep study. Sleep study is a non-invasive, overnight observation that allows our Sleep Scientist to monitor what’s happening in a patient’s brain and body and measure things such as eye movements, oxygen levels in your blood, breathing rates, snoring, and body movements.

Some well-known disorders include Insomnia, Restless Legs Syndrome, Parasomnias (sleep walking, nightmares, teeth grinding or jaw clenching) and our most common by far is obstructive Sleep Apnoea.

Treatment for sleep disorders can vary depending on the type of disorder, but generally includes a combination of medical treatments and lifestyle changes. Medical treatment for sleep disturbances might include sleeping pills, medication for underlying health issues, breathing device or surgery.

St Vincent’s Private Hospital Werribee is progressively attracting more and more sleep physicians and patients. Currently six leading sleep physicians refer to us from all parts of Melbourne, including A/Prof Neil Smith, the first respiratory and sleep physician to provide this service in the Western suburbs.

A/Prof Smith specialises in bronchoscopy, COPD, asthma, chronic cough, obstructive sleep apnoea, men’s health and veteran’s health. As A/Prof Smith sees it: “The most satisfying part of my job is making tired, frustrated and often grumpy people, happier. My patients greatly appreciate what I do for them which makes it a rewarding area of medicine.”

Speak to your GP for more information and a referral. A/Prof Neil Smith is located at Port Phillip Respiratory and Sleep Clinic, 218 Heaths Road Hoppers Crossing 3029. To make an appointment call 9749 4699.
Over 300 breast cancer patients have been treated at St Vincent’s Private, East Melbourne campus since September 2017. A common discussion among patients was that although they had amazing support from their loved ones, the support they were missing was talking with other women going through, or have gone through the same treatment/experience.

The breast cancer social group was started in the hope it would bring patients together who are at varying stages in treatment. We deliberately named our group a ‘social’ group to emphasise that we wanted to provide a relaxed, informal space for our women to come, go for a walk, share experiences and make social connections over a cup of coffee. After commencing in August 2018 we have found that although we facilitate the group activity, it is the women who truly direct the morning, bringing up topics they would like to discuss, whether it be around their breast cancer treatment or a recent holiday.

The majority of our catch ups so far have involved a long morning walk in the park (Fitzroy gardens and botanical gardens) followed by morning tea in one of the local cafes. Recently, we had the pleasure of having Art Therapist, Jennie Bendistinto run an Art Therapy class which received very positive feedback from participants, and we held a yoga in the park session which was a lot of fun.

Our group is connected through WhatsApp which enables the women to share photos, contacts and provide support. We currently have 55 women linked into the group and attendance ranges from 10-25 per session.

If you have any queries or would like further information please don’t hesitate to contact either Marisa or Brooke.

Marisa: marisa.stevens@svha.org.au
Brooke: brooke.thomas@svha.org.au

Melbourne Metropole Central Hotel is a 4.5-Star hotel and apartment style accommodation located in Fitzroy, Melbourne CBD.

This hotel is adjacent to St. Vincent hospital and the Epworth Hospital.

This is convenient for guests who want to be close to these hospitals.

**ACCOMMODATION RANGE:**
- Hotel studios
- Suites
- One and two-bedroom apartments

**OUR BENEFITS:**
- Free undercover parking
- Free Wi-Fi
- Free Foxtel
- In-house restaurant
- Gym & outdoor pool
FIRST FRIDAY OF EVERY MONTH

BREAST CANCER SOCIAL GROUP

We invite ALL women of ALL ages, diagnosed with early breast cancer at St Vincent’s Private Hospital East Melbourne, to join us on the first Friday of each Month.

Our aim is to provide a relaxed and informal environment for women to develop ongoing relationships through exercise, art, cooking, volunteering and information evenings.

TO JOIN CONTACT
Marisa: marisa.stevens@svha.org.au
Phone 0484 294 261
Brooke: brooke.thomas@svha.org.au
Phone 0438 202 092

Join our group on WhatsApp!
Contact Marisa or Brooke for more information
OB-GYN MEDICAL STUDENT ROTATION

St Vincent’s Private Melbourne (SVPHM) hosted our first two medical students in elective obstetrics and gynaecology clinical rotation which will help foster their medical knowledge in obstetrics and gynaecology further.

Liam O’Bryan and Linh Ngo, third year students from Melbourne University, had the opportunity to shadow several physicians including Obstetrician and Gynaecologists Dr Fiona Cowell, Dr Guy Skinner, Dr Lionel Steinberg, Dr Peter England and Dr Tom Cade; Urogynaecologist & Obstetrician, Dr Alison De Souza; and Urogynaecologist, Dr Kristina Cvach, throughout the seven week placement at SVPHM. Neonatal paediatrician, Dr John Mills also saw them regularly for their neonatal tutorials and teaching.

The obstetrics and gynaecology clinical rotation program was initiated by Dr Tom Cade with the support of other physicians and midwives. Dr Cade put together this program that includes generalist and sub-speciality programs such as urogynaecology, ultrasound, cancer surgery and infertility treatment.

“Out of the three common academic focus areas for physicians (research, education and clinical leadership) I find education the most enjoyable. I’ve been teaching since my days at the Royal Women’s Hospital. They have a good teaching program there, and I wanted to do the same here at St Vincent’s Private”, said Dr Cade.

Clinical rotation allows students to apply knowledge from the classroom to real life medical situations. During the teaching rounds, the teaching physicians provide guidance, instruction and supervise the patient care duties. The visiting medical students are able to learn clinical decision-making skills through hands-on experience, which includes taking patient histories, performing physical examinations, and assisting in the operating room and with other procedures. The hands-on experiences and rewards that visiting students receive are many and diverse.

Liam and Linh are both excited to be part of this program and they appreciate the one on one supervision given throughout the program. “This is the best rotation we’ve had in our whole time in medical school”.

The hands-on experiences and rewards that visiting students receive are many and diverse.

The obstetrics and gynaecology clinical rotation at SVPHM will be an ongoing initiative. Dr Tom Cade has committed to co-supervising two students for every rotation block (9 weeks) with Dr Lionel Steinberg and with the assistance of a core group of doctors, midwives and nurses.
Returning to Exercise after Having Your Baby

There are numerous reasons why regular exercise is important for our bodies and minds throughout every life stage and the postnatal period is no different. Regular exercise aids in recovery, muscle strengthening, promotes social interaction and psychological wellbeing, just to name a few.

However, what does differ at this stage of life and what needs to be taken into consideration are all the factors and changes our bodies have undergone, taking us from pregnancy into the postnatal period.

The physiological changes of labour and delivery, the healing of Caesarean section wounds or perineal tears, the hormonal changes that are occurring, as well as breastfeeding, all need to be respected. That is why there are a number of guidelines to steer women in the right direction to exercise safely and protectively. Safe exercise is the key to ensure both healing and strengthening can occur.

**WHEN TO START POSTNATAL EXERCISE**

**0 — 6 weeks:**
- Gentle walking can be commenced as soon as is comfortable. Begin with 10-15 mins initially, and gradually build it up by a few minutes every few days as your body can tolerate. Use the gradual increase to check in with your body and how it is coping at each stage. Make it a priority to rest after each walk or outing.

- Pelvic floor muscle exercises are essential to regain their strength for organ support and continence and should be commenced within the first 24 hours after delivery.

- Gentle abdominal exercises that activate the deep abdominal muscles are safe and recommended to increase their strength for lumbar and pelvic support, as well as promoting the healing of any stretching/separation that has occurred during pregnancy.

**From 6 weeks:**
- Low impact exercise such as cycling, swimming, light weight training, postnatal Pilates and yoga are all great activities that increase tone, muscle strength and cardiorespiratory fitness.

Often women want to resume higher impact exercise such as running, however, it is important to give credit to our bodies for having created a baby and give them plenty of time to recover and strengthen. Pushing oneself too hard too soon can cause problems such as incontinence or pelvic organ prolapse and undermine your body’s recovery. Some women will be ready sooner than others to resume higher impact activities, but our recommendation as to the safest way to progress these exercises is to be guided by a women’s health physiotherapist who is specifically trained to assess each woman individually and cater to her specific needs.

Sharona Finch & Lauren Fink are both our resident St Vincent’s physiotherapists who specialise in women’s health.
Staff Service Awards night is a very special event celebrating our team’s loyalty and dedication to St Vincent’s Private Hospital Melbourne. The evening was held on 22 November 2018 at our Fitzroy site, recognising permanent staff who were celebrating a 10, 15, 20, 25, 30, 35 and 40 year milestone in the organisation.

Service awards were initiated in 1989 by Sister Dorothy Maher the Regional Superior of the Sisters of Charity. She believes:

Each person has dignity and needs, so whomever we serve, whatever we do – whether it is cutting carrots in the kitchen, setting a tray, sitting with a frightened patient, sweeping the stairs, assisting the best surgeon in the most complex operation, being pleasant to an ungrateful patient – whatever, whenever, wherever we try to keep in our hearts and in our actions (the motto Caritas Christi Urget Nos) The love of Christ compels us.

The success of St Vincent’s Private Melbourne depends on loyal and committed staff, who offer their talents in the form of a vocation. A vocation dedicated to compassionately caring for patients who simply want to live life to the full.

Congratulations to all members of our staff who have reached these career milestones with St Vincent’s Private Melbourne.

(Left) Kathleen Gojar and Joy Miller (both 25 years)

(Left) Juska Kamberi (30 years), Susan Boyke (40 years) and Karen McNeil (15 years)

ALL SOULS DAY BEREAVED FAMILY MEMORIAL SERVICE AND SUPPER

All Souls’ Day is traditionally a time to remember deceased family and friends. This day has been celebrated by Catholics who have the belief that there is a prayerful and spiritual bond between those who have died and the living.

It is the most difficult part of providing a healthcare service to the community, that there are times when our patients die – either when they are here with us, or after receiving what is sometimes years of medical care and attention for long term illness.

Our Pastoral Care team held a memorial service on 22nd November 2018 and over 30 bereaved relatives joined us to be present, to mourn, to pray and to reminisce. Families attended to honour those members of their family who have recently passed away. The service provided the hospital and staff additional opportunities to show support and compassion for our patients’ families.

The entire service was heartfelt and respectful. All Souls’ Day reminds us of the importance of caring for close family as much as the patient. It also reinforces the wonderful compassion our staff provide every day to both patients and their families.
ANNUAL VOLUNTEERS CRAFT STALL

Many of our volunteers have been knitting and crafting for many months to donate craft goods for the Inaugural Volunteers Street Stall at our Fitzroy’s hospital foyer. The fundraiser which took place on 29 November 2018 was a great success with our volunteers raising a total of $1600.

The funds raised from this initiative will be donated to the East Melbourne Paediatric Unit in hope to purchase a set of Virtual Reality Goggles so that children can be distracted by wearing an interactive hi-tech pair of goggles that will play movie/music/cartoon etc. while a blood test, or injection, or anaesthesia is commencing.

THE WELLINGTON LUNCH WITH SANTA

We shared a fancy turkey and ham meal with 60 locals at The Wellington community centre in the heart of Collingwood. Our regular Wellington friends – Nigel, Les, Wendy, Tuan, Harold, Steve, Brett, Anthony, Shelly, and the many other regulars who love the SVPHM meal and connection, all received a large hamper laden with Christmas treats. Our teams were amazingly generous and the hampers donated by Rotary were complimented with toiletries, chocolates, plum puddings and fun gifts donated by our staff. The look of delight on each face as they received a big “Ho Ho Ho” and hamper from Santa was such a treat – the look of hope and love and gratitude was heart-warming.

Special big thanks to Rob Berry, Adal Ukotic and Carmel Bonafeede from the Fitzroy Food Services team who worked in a very hot kitchen to produce 60 beautiful meals.

The Wellington staff and Volunteers love our hospital partnership.

*If you would like to be included in 2019’s Wednesday (10 – 1pm) fortnightly roster to serve lunch at The Wellington, please contact Julie Wain, Mission Integration Manager, at 9411 7545 or Julie.Wain@svha.org.au.

THAT’S THE CHRISTMAS SPIRIT!

At St Vincent’s Private we celebrate life every day, and in December, we always celebrate Christmas in a big way. We decorate, we sing, we give gifts, we say thank you, we reach out to our communities to connect with people needing support.

Every year, our hospital staff give generously to our collections of gifts, food and donations to support hundreds of people who need support at this time.

This year, we extended our support to St Vincent de Paul Society at Broadmeadows, Glenroy, and Hoppers Crossing; St V de Paul Homeless Unit at Brunswick Street, St Mary’s House of Welcome and The Wellington.

43 family gift hampers were donated to St Vincent de Paul Society at Broadmeadows and Glenroy. The quality and quantity of the gift giving for these unknown, isolated and poor families are amazing.

We will never meet these families, and they will probably never know who we are, but what they will know is that a group of people (our teams) show generosity, imagination, practicality and love to provide their family with gifts and treats that will make their pretty bleak Christmas a whole lot brighter.

30 grocery hampers with essential items for families who cannot afford to feed themselves were donated to St Vincent de Paul Society at Hoppers Crossing. An initiative led by our Wernbee team, starting a beautiful Christmas tradition to serve the local poor and vulnerable.

300 isolated people and families attended the Christmas Lunch hosted by St Mary’s House of Welcome at Fitzroy Town Hall on Christmas Day.

Every man, woman and child received a gift. We donated 66 gift vouchers valued at $30, all donated by our staff, which is a brilliant way to give the hard-to-buy-for people such as teenagers and the homeless a decent Christmas treat with their meal.

A big thank you to all staff for their extraordinary generosity.

Our gifts at work and gifts beyond our daily work is love going to people that Mary Aikenhead called “God’s nobility, the suffering poor”.

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Patient Susanne West was challenged by a friend to read one hundred books during her breast cancer treatment in mid 2017. Susanne loved the way books have entertained, distracted and comforted her during her treatment and recovery. At last count she has read 155 books. We asked Susanne to share a review of her favourite books so far.

Follow Susanne West on her book challenge on Instagram @thegfcbookproject

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**TO BECOME A WHALE BY BEN HOBSON**

Sam Keogh is trying to become a man but he’s still just a boy. His mum is dead and his dad is struggling to survive, to parent, to live. Sam’s dad takes him out to work on the whaling station at Moreton Island and he must grapple with death, expectation and earning his father’s love and respect among their grief. This novel is mesmerising and beautiful. Hobson’s use of language is stunningly simple in the way it can take your breath at any moment. The descriptions of whaling are brutal and not for the faint of heart but bring to life Sam’s struggles and coming of age.

Five Stars ★★★★★

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**ANY ORDINARY DAY – BLINDSIDES, RESILIENCE AND WHAT HAPPENS AFTER THE WORST DAY OF YOUR LIFE BY LEIGH SALES**

ABC journalist Leigh Sales is clearly a woman of many talents and she absolutely excels in this book. Interviewing people such as Stuart Diver, Walter Mikac and Louisa Hope (Lindt Cafe siege survivor) among many others, she brings us their stories of being blindsided by a loss or event, what happened next and how they coped in the aftermath.

Along the way Sales interviews many others who give their perspectives and expertise on traumatic events from many disciplines including statistics, psychology, science, trauma recovery and religion. What emerges is an extraordinary piece of work that is as thought provoking and utterly human as it is moving.

It is a privilege to bear witness and read the inner thoughts of those Sales interviewed and at the same time I was able to explore my own thoughts and fears in the face of my recent breast cancer adventure. Was I resilient? Did I achieve “post traumatic growth” where I took aboard a new outlook on life?

None of us really knows what is coming next and what Sales has meticulously written here is a gift in giving us a way to challenge our thinking about the fear of a life changing event that if it occurs, we probably won’t see coming.

An unexpected and compelling part of this book is Leigh Sales herself. She is part of the “Any Ordinary Day” story in the best possible way offering her raw thoughts, experiences and confessions with humility and “can’t look away” insight. Sales’ ability to reflect on what she is learning and in doing so reveal her own humanity, reminded me on more than one occasion of Helen Garner’s non-fiction works “Joe Cinque’s Consolation” and “This House of Grief”. What a gem of a read.

Five Stars ★★★★★

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**LENNY’S BOOK OF EVERYTHING BY KAREN FOXLEE**

Lenny is a super smart and curious girl. Lenny’s little brother Davey is not really little at all. A pituitary gland condition is causing Davey to grow at a dangerous and life threatening rate. Lenny and Davey live with their mum and while they struggle with the little they have, they have love for each other and around them in spades. Every week, the delivery of chapters for a build your own encyclopaedia set is an event for sister and brother and opens up their world inch by inch. This story is stunning and moves into my all-time favourites list taking my heart and many tears along for the ride. Told with Lenny’s voice, Foxlee’s sentences are each little gems from the ‘G’ chapter and her characters will squeeze your heart and most likely hang on for a while.

Six Stars ★★★★★★
NEW SKILL TO LEARN IN 2019:

Mindful Eating

Mindful Eating is part of the Anti-Diet Approach to health and helps us to develop positive relationships with food and our bodies, and to bring joy, respect and kindness to the way we interact with food. We’re often not aware why we engage in mindless eating, some common reasons include emotional eating, stress, confusing hunger and thirst, skipping meals and tiredness. When we eat mindfully we pay attention to our physical and emotional self, our environment and how this relates to the food around us. Mindful Eating extends to all interactions with food including growing herbs and vegetables, cooking and of course eating.

Mindfulness based stress reduction, including mindful eating, has been shown to improve long term health and well-being. If eating is a stressful experience for you, adopting a mindful eating mentality can help you connect to the present moment and let go of harmful habits and behaviours.

Mindful Bite Practice
Complete the following mindful eating practice in a place you feel comfortable. While you complete the following task, pay attention the way your emotional and physical state changes, notice the sounds in the room or outside, and the temperature. Ask someone to read it for you so you can close your eyes throughout.

1. Choose a piece of food (e.g. a raisin, piece of chocolate, slice of fruit)
2. Hold the food in your hand and examine the shape, colour and texture
3. Bring the food to your nose and notice the sensation of smell
4. Close your eyes and place the food on your tongue, paying attention to your salivary glands and the flavours released from the food
5. Take a bite and bring awareness to the sounds in your mouth, texture and flavours of the food
6. Notice how the texture and taste changes as you chew
7. Now swallow and follow the food all the way down your oesophagus and into your stomach
8. Notice how you feel now compared to before you started
9. Finish the food if you like or leave it if you don’t feel you want any more
10. Try practicing a mindful bite at most meals

Mindful Eating Reminders
– All foods are morally neutral
– Mindful choices don’t mean perfect choices
– Mindfulness invites you to be curious about food in a non-judgemental way
– There is not one perfect way of eating that holds the exclusive claim to health for everyone
– I agree to hunger, and I agree to nourish the hunger I feel
– Mindful eating is not a diet, it is about the way we eat, not what we eat
– Mindful eating is not a weight loss tool
– Your body will seek its natural weight as you eat in response to physical cues of hunger and fullness, as well as a sense of well-being and pleasure
– Choose to eat food that is both delicious and nourishing to you by using your senses to explore, savour and taste
– Check in with your hunger signals regularly
– Identify personal triggers of mindless eating e.g. emotions, social pressures or certain foods
– Mindful eating with family is a great model for teaching children healthy eating behaviours
Helping Melbourne families find aged care that fits.

Find the right aged care for your loved one with help from Melbourne’s trusted aged care experts.

We make sure you have all the information you need, and match you with the best suited aged care homes. It’s a simple process, and it won’t cost you a cent.

**HOW IT WORKS**

1. **INITIAL CONSULTATION**
   We assess your needs and preferences, and help you to understand the aged care system, including all the fees.

2. **PERSONALISED SHORT-LIST**
   You receive a handpicked list of aged care vacancies that match your:
   - Care Needs
   - Location Preference
   - Budget
   - Lifestyle Priorities

3. **CHOOSING AND MOVING IN**
   We help you choose the right home, including an in-person meeting to help you review your options and tour the homes. Then we help manage the transition so you can settle in.

**ABOUT US**

We are an experienced team of aged care professionals dedicated to helping families break through the complexity and find the right aged care.

We take the guess-work out of your aged care transition to get you the best outcome.

**FREE SERVICE**

The cost of our service is free to you because our fee is covered by the aged care home you choose.

Our recommendations come from an established panel of accredited aged care providers throughout Victoria, offering diverse care across thousands of aged care beds to meet variety of needs, tastes and budgets.

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The service I received from Care Guidance was outstanding. They made an extremely difficult time in my dad’s life go smoothly. I couldn’t recommend them highly enough.

- Geoff, Coburg

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Care Guidance Pty Ltd
ABN: 62 604 928 369
Level 1, 232 Clarendon Street South Melbourne VIC 3205

1300 442 383
www.careguidance.com.au
CROSSWORD PUZZLE challenge

Give your brain a workout by solving this puzzle!

Crossword puzzle solution available on page 37.

Across
1. Boys
5. Bullets, for short
9. Continues
14. Eve's partner
15. Self-centered
16. Oahu greeting
17. Glamorous ____ Hayworth
18. Actress ____ Bancroft
19. Jeopardy
20. Change direction
21. Free (of)
22. Peaceful
23. Germany's neighbor
25. Leather strap
26. Accumulate over time
28. Eureka!
31. Narrate
35. Lee Harvey Oswald, e.g.
38. Call forth
39. Picnic pest
40. Trunk
41. Self-indulgent
43. Lubricate
44. Artist Yoko ____
45. Crave
47. Ship's company
49. Loafer ornaments
54. Stress
57. Grown boy
58. Talon
59. Nile city
60. Marco ____
61. Fragrant flower
62. Mete out
63. Greet
64. Was a copycat
65. Staggers
66. Peruvian Indian
67. Simple

Down
1. Young insect
2. Goodbye, in Paris
3. Appointments
4. Intelligent
5. Greed
6. Madman
7. "A Beautiful ____"
8. Uno
9. Coat part
10. On one's toes
11. Sensitive
12. Skinny
13. Bargain bonanza
14. Notices
15. Appraised
16. Bankrupt
17. Raves
18. Between continents
19. Snake's sound
20. Feed the kitty
21. Decorator's advice
22. Divisible by two
23. Crazy
25. Farm units
26. That woman
27. Once more
28. Adam's home
29. Breakfast food
30. Type style
31. Holiday song
32. Sci-fi weapon
33. Stockholm native
34. Old wound
35. "A ____ of Two Cities"
36. Aggravate
37. Pained sound
38. Greek letter
Easter is the traditional celebration of Jesus Christ’s resurrection, which took place on what we now call Good Friday, after His crucifixion. Easter is celebrated on the first Sunday following the Spring Equinox. This can be any Sunday between March 21st and April 25th. It is one of the most sacred Christian celebrations.

Across Australia, many children and adults celebrate Easter with a visit from the Easter Bunny, hunting Easter eggs, exchanging small gifts and eating traditional Easter foods such as hot cross buns and seafood on Good Friday.

**Let’s check out some Easter Fun Facts**

**Why does the date of Easter change each year?** The date of Easter changes each year because it’s based on the lunar calendar and what position the moon is in. Easter is always celebrated on the first Sunday following the full moon on March 21st.

Good Friday is the day that Jesus Christ died. It’s known as Good Friday because Jesus Christ gave his life for the good of humanity.

**Why do we exchange eggs on Easter?** Eggs are exchanged at Easter because in the Christian faith they represent a symbol of new life, new beginnings and a renewed faith. The tradition of exchanging eggs dates back to the ancient Egyptians who used to exchange painted eggs as a symbol of new life and fertility.

**Where did the Easter Bunny come from?** The Easter Bunny originally began in Germany. It wasn’t until the 1700s that the Easter Bunny spread to America and other countries.

**When did chocolate Easter eggs start?** It wasn’t until the early 1900s that chocolate Easter eggs first started to make an appearance. Before this, it was usually decorated hollow chicken or cardboard eggs.

Easter is celebrated in different ways around the world. In Australia, we have the Easter Bunny, but in Sweden, they have Easter wizard!
St Vincent’s Kids is the largest private paediatric unit in Victoria and we have been looking after kids for many decades. We specialise in orthopaedics (bones), ear nose and throat surgery, urology, plastics and general surgery for infants, children and adolescents.

We also run the only private paediatric sleep unit in Melbourne, helping to analyse children’s sleep to assist in the best diagnosis and treatment.

Oh dear, Easter Bunny has lost some of his eggs! Can you help him find them? He has a few eggs of the same painted pattern. List the number of eggs you can find for each painted pattern. Good luck!

St Vincent’s Kids is available at:
- St Vincent’s Private Hospital East Melbourne
  159 Grey Street, East Melbourne, VIC 3002
- St Vincent’s Private Hospital Werribee
  240 Hoppers Lane, Werribee, VIC 3030

www.svphm.org.au/home/our-services/list-of-services/paediatrics
Bread is a staple food and a good source of energy. It is ok to include bread in a balanced diet when aiming for weight loss.

Certain bread varieties however are better choices and provide greater health benefits. When choosing bread, pick one that is preferably wholegrain, low GI and high fibre. Wholegrain bread varieties are a good source of protein, fibre and a number of important vitamins and minerals. They also provide slow release and sustainable energy for your body. Fibre found in wholegrain breads will also satisfy your hunger between meals.

Some good examples are included below:
- Multigrain (choose heavy grain bread)
- Traditional sourdough
- Grain sourdough
- Soy and Linseed
- Pumpernickel

As with all foods it's important to maintain portion control and enjoy as part of a balanced meal.

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How should diet change as you age?

Nutritional requirements change as a person ages. For women there is an increased requirement in vitamin D (if inadequate sun exposure) and Calcium but a reduction in Iron requirement (post menopause). Total protein requirement remains the same (recommended dietary intake-RDI 0.75g/kg BW) but energy requirement may drop and so proportionally protein (expressed as % energy) will increase.

As all other vitamin and mineral requirements remain the same, it is important that a nutrient rich, balanced diet be consumed in order to meet nutrient requirements on a lower energy intake.

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Is potato good food? Curious.

Yes, potatoes are a nutritious food and a rich source of starch for energy, vitamins and minerals (vitamin C, vitamin B6, niacin, pantothenic acid, potassium, copper, manganese, and phosphorus) and dietary fibre. It also has some protein and minimal fat. Sweet potato also contains vitamin A. Potatoes can safely be consumed as part of a healthy balanced diet.

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Is eczema triggered by any foods?

Atopic dermatitis (eczema) is a chronic, inherited, inflammatory skin condition with symptoms including areas of dry, itching and reddened skin. There are many triggers of eczema that can make the condition flare. Irritants such as shampoos, dishwashing liquids, soaps and detergents can make your symptoms worse.

Eczema can sometimes be caused by food allergens, especially before the age of one. Some studies of children and young people with atopic eczema found that one-third to nearly two-thirds also had a food allergy. Food allergies associated with eczema causes are typically: dairy products, eggs, nuts & seeds, soy products and wheat.

An allergy specialist may carry out skin and blood tests to assist in diagnosis and a referral to an accredited practicing dietician specialising in food allergies may be required.
What are the benefits of taking probiotics?

Probiotics are live, good bacteria that are found naturally in some fermented foods (such as yoghurt, sauerkraut, buttermilk, kimchi) and are added to other foods or provided in a supplement for their health benefits. The good bacteria may help improve the overall balance of bacteria in the digestive system.

Promoting a healthy digestive tract and a healthy immune system are their most widely studied benefits. For some health conditions, such as diarrhoea and antibiotic-associated diarrhoea, there is clear evidence of a benefit from taking Probiotics. Research has shown some benefits in the use of Probiotics for irritable bowel syndrome (IBS) and auto immune conditions such as inflammatory bowel disease (IBD) and Crohns however the evidence remains mixed.

Research into the benefits or Probiotics has been branching out and new areas are emerging.

Preliminary research has linked them to the prevention and treatment of obesity and type 1 and type 2 diabetes, however more evidence is required in these areas.

What is the latest diet for diverticular disease?

One in four people who develop diverticular disease experience symptoms. The recommendation for people with diverticular disease is to eat between 18g – 30 g fibre per day particularly cellulose (fresh fruit and vegetables). Data from a large prospective cohort study suggests that nut, corn, and popcorn consumption do not increase the risk of diverticulitis, diverticular bleeding or uncomplicated diverticulosis; in contrast, these may be protective. Regular exercise has also been found to be beneficial.

Fibre helps to soften and bulk out the stools and help prevent the development of more diverticula. It does not repair existing diverticula.

A study in England showed that adults aged 50-70 who ate a high fibre diet had a 40% lower chance of admission to hospital with complications of diverticular disease.

It is also important to drink lots of water, about 2 litres per day, as it helps to maintain hydration and to soften stools and prevent constipation.

Keeping a food diary can be useful to ensure sufficient fibre and fluid intake.

I saw something recently from CSIRO about resistant starch - it would be good to learn more!

Resistant starch is a type of carbohydrate that is unable to be digested in the small intestine. It is therefore considered a type of fibre. Once the resistant starch hits the large intestine, your healthy gut bacteria start to ferment it. The resistant starch nourishes your gut bacteria which helps to maintain intestinal health and reduces the risk of colorectal cancer.

Good sources of resistant starch include:

- Al-dente pasta
- Under ripe bananas
- Cold roast potato
- Uncooked rolled oats
- Cashew nuts
- ‘hi-maize’ found in many breads and cereal products

These nutrition advices are provided by the SVPHM Nutrition Department.

Any comments or questions can be forwarded to the Nutrition Department: 9411 7550
METHOD:
Blitz shredded coconut in blender or food processor to a fine consistency (not into coconut flour though). Set aside.

Add all other ingredients to food processor (except for chocolate chunks) and blend until smooth.

Combine mixture, coconut & chocolate chunks.
Roll into 25 balls and place into greaseproof baking paper.

Melt remaining chocolate and carefully drizzle over each ball to ensure even distribution.

Store in refrigerator or freezer. Best consumed cold or at room temperature in moderate environments.

INGREDIENTS:
1 x 400g can drained and rinsed reduced salt chickpeas
3 tbsp water
5 tbsp pure cocoa
3 tbsp melted coconut oil
1/4 cup organic shredded coconut
6 tbsp granular stevia erythritol mix
50g dairy free mint choc chips chopped into small chunks
+ 50g extra for drizzling

*can be made into chocolate mint. Add 1 tbsp peppermint essence and use choc mint dark sugar free chocolate

Nut free, vegan, gluten free, sugar free (low total sugars), no bake

Stacey-Jane Lancaster 2018
Food Scientist & Associate Nutritionist
Healthy or not Nutrition™

Enquiries
Instagram: @healthy.or.not.nutrition
Facebook: Healthy or Not Nutrition
Email: healthy.or.not.nutrition@gmail.com

DOUBLE CHOCOLATE CHICKPEA TRUFFLE BITES

MAKES 25
Best Service.
Best Location.
Best Price.
Best Western Plus
Travel Inn Hotel.

CROSSWORD PUZZLE SOLUTION

ST VINCENT’S KIDS ACTIVITY SOLUTION

HOW MANY?

3 5 6

5 4 1
SEPTEMBER 2018 WINNER

Lisa Valastro
Allied Health Assistant East Melbourne
Lisa exemplifies the hospital values by showing excellence and integrity in her daily work. She shows initiative and willingness to learn and grow, and willingly take on new roles within the organisation. She is flexible, taking up requests as a challenge and allowing the team to continue to function. Lisa is a dream to work with.

OCTOBER 2018 WINNER

Kathy Semmens
Pre-Admission Clinic
Kathy will always go that extra mile to help the team. She is always non-judgemental and shows compassion. Kathy demonstrates interest and enthusiasm when asked to do additional work. She is always polite, helpful, compassionate and kind when talking to patients on the phone. Kathy has a great commitment to her role and adapts to the changes around her. She will undertake any task she is asked to do without obstruction or negativity.

SEPTEMBER 2018 NOMINEES

Marlene Carlin
Volunteer
Natasha Dewhurst
Manual Handling
Katrina Galley
Theatre Bookings East Melbourne
Diamond Kavadas
Theatre Fitzroy
Lisa Valastro
Allied Health East Melbourne

OCTOBER 2018 NOMINEES

Dr Ali Bazargan
Haematology
Leesa Considine
DPU Fitzroy
Jason Noronho
Finance
Kathy Semmens
Pre-Admission Clinic
Tan Tran
Supply Fitzroy
Prudence Virgona
Front Office Werribee
Our values act as a point of reference for our decision-making. They provide direction as to the type of organisation we aspire to be and the kind of behaviours we regard as appropriate.

The Values in Practice (VIP) Employee Recognition Program provides an opportunity for our staff and volunteers to build a positive and healthy culture. It’s who we are and what we do that makes St Vincent’s Private Hospital Melbourne such a great hospital.

Congratulations to all winners!

NOVEMBER 2018 WINNER
Dr Ali Bazargan
Haematologist
Dr Ali shows compassion and respect to our team and to all patients and their families. He has a happy and smiling demeanour, loves sharing his outstanding knowledge and provides support to everyone. He is also a great listener; professional, approachable and caring. Dr Ali has a gentle and compassionate bedside manner, always ready to help. Dr Ali lives the hospital values every day.

NOVEMBER 2018 NOMINEES
Dr Ali Bazargan
Haematologist
Diamond Kavadas
Theatre Fitzroy
Ajay Kulhar
Environmental Fitzroy
Savannah Pashe
Ward Kew
Monica Tay
Theatre Fitzroy

DECEMBER 2018 — JANUARY 2019 WINNER
Dawn Welsby
ANUM 4th Floor East Melbourne
Dawn is the ANUM in one of our specialty areas and makes each of the patients she cares for feel welcomed, valued and safe. Some of these very vulnerable patients arrive frightened and Dawn always gives great respect, sensitivity and gentle expertise to help every patient during their treatment. Dawn is known for her clinical excellence and her kind gentle manner, compassionately delivering delicate and complex care, and warm follow-up. Dawn is regarded highly by our doctors and her colleagues, living our hospital values every day.

DECEMBER 2018 — JANUARY 2019 NOMINEES
Fran Brockhus
Clinical Services Manager Werribee
Norman Gomez
Theatre Technician Werribee
Chloe Martinich
ANUM Theatre Werribee
Armandeep Singh
Customer Service Werribee
Thina Sing-Jong
RN First Floor East Melbourne
Dawn Welsby
ANUM Uro-Gynaec East Melbourne

FEBRUARY 2019 WINNER
Adam Ferrall
Payroll SVPHM
Adam is one of the most kind and helpful people working across our four hospitals. Nothing is ever too much trouble for Adam and he addresses staff’s queries efficiently and warmly. Adam supports managers and staff knowledgeable, always accessible and friendly. His quirky and pleasant sense of humor endears him to so many staff, and he lives the values of justice and excellence every day.

FEBRUARY 2019 NOMINEES
Ruby Crane
ANUM 5th Floor Fitzroy
Adam Ferrall
Payroll SVPHM
Selvia Jacka
Ward Clerk Fitzroy
Silvana Vecchiarelli
PSA DPU Fitzroy
Pushpa Villavaryan
Accounts Payable SVPHM
St Vincent’s Private Hospital Melbourne is always striving for ways to better care for you. We know that one of the biggest frustrations during your hospital journey can be finding a specialist, and even worse, getting an appointment with that specialist within a reasonable timeframe. We have listened to these frustrations and developed a service to assist you in this process as best we can.

My Specialist is a service that sits between you and the many private practice specialists. We bridge the gap between you and a world class surgeon with just one phone call.

HOW DOES IT WORK?
You simply need a valid GP referral to use the My Specialist service, even if the referral is to a specific doctor. Once you have your referral you can call our 1300 number and a My Specialist staff member will find either the next available or most suitable consultation within our network of surgeons. More often than not, we will have you an appointment within 5 days!

Currently My Specialist works in the Orthopaedics, Neurosurgery and Cardiology space and we plan to expand to more specialties very soon.

For more information, or to book a specialist consultation:
Call: 1300 151 256
Email: hello@myspecialist.org.au
Visit: myspecialist.org.au

FAST TRACK
YOUR SPECIALIST
APPOINTMENT WITH
MY SPECIALIST