2015
Publications by Redcliffe, Caboolture and Kilcoy Staff (includes abstract)

Lymphoedema is an irreversible build-up of lymphatic fluid in the limbs of patients who have had their lymph nodes removed. Redcliffe Hospital Allied Health Services director Gayle Sutherland confirmed MNHH5 was in the draft stages of a clinical pathway to be trialled at Redcliffe Hospital.

The work of the North Lakes Health Precinct and Redcliffe Hospital to create an at-home care plan for young children diagnosed with Type 1 diabetes is a real game changer for local families (page 5).

The news reporters obtained a quote from the research from Redcliffe Hospital, "The aim of this study was to investigate the role of pre-procedural pethidine. A double-blinded, randomized, placebo-controlled trial was conducted to assess the need for pethidine prior to PLB. 98 patients were randomly assigned to receive either 50 mg pethidine i.v. (n = 48), or an equal volume of 0.9% normal saline (n = 50). PLB was performed with ultrasound guidance after adequate local anaesthesia with xylocaine. Patients were asked to self-evaluate pain experienced using a visual analogue score (0-10) immediately and an hour after PLB. Patients were then followed up 24 hours after the procedure to assess their pain score, retrospective pain score and willingness to have a repeat procedure.

(2015). Researchers from Redcliffe Hospital Discuss Findings in Gastroenterology (Use of pethidine for percutaneous liver biopsy - a randomised, placebo-controlled, double blind study). Clinical Trials Week: 718.


Background: This study aimed to investigate the experience with Infective Endocarditis (IE) in an outer urban hospital following changes in international antibiotic prophylaxis guidelines. Methods: A retrospective analysis was performed from 2005-14 with a primary diagnosis of IE. Demographics, clinical details, microbiology, transthoracic (TTE)/ transoesophageal (TOE) echocardiograms and outcomes were analysed. Additional data was collected from the on-site dental clinic to determine changes in antibiotic prophylaxis prescribing patterns since the introduction of new guidelines in 2008/9. Results: IE was diagnosed in 50 patients (age: 24-94yrs; median 74 yrs; 70% male). 48% failed to fulfil strict Duke Criteria, mostly due to incomplete blood culture collections. Positive blood cultures were present in 97% patients, with Staphylococcus aureus and Streptococcus spp comprising almost 2/3 cases. Gram negative organisms (30%) were unexpectedly prevalent. Risk factors: health care-associated IE (30%), kidney disease (22%), diabetes mellitus (18%), IVDU (8%). IE involved prosthetic valves in 28% and cardiac-devices in 4% of patients. TTE correctly diagnosed 80% vegetations when compared to TOE. Prophylaxis rates were 17.0 (pre 2008) and 10.7 (post 2008) patients/month (rate ratio = 0.63, 95% CI 0.54, 0.73; P<0.001). Interestingly an increase in IE (1 case/yr to 7.5 cases/yr) was noted since new guideline implementation but no causal relationship can be established. Majority of patients (80%) were treated medically due to advanced co-morbidities. The annual IE related mortality rate was 20%. Conclusions: IE demographics were found to be similar at this institution to published data from tertiary centres. Although, there was a higher proportion of gram-negative organisms and fewer referrals for cardiac surgery. Despite this, mortality rates are comparable to published studies.

Aim: Patient’s with rare cancers often require multiple referrals to a number of specialist nursing and allied health support roles. The development and implementation of the Patient Self reporting Health


Background: It is estimated that 18% of Australian women may experience an anxiety disorder and 5% a major depressive episode in their life. The decision to continue or cease antidepressant and anxiolytic medications during pregnancy can be complex. The risks of ceasing medications have to be weighed against potential risks to the baby with continuing. Objectives: The aim of this study was to explore attitudes toward antidepressant and anxiolytic use and associated decision-making by pregnant women.

Methods: We conducted an observational study at an outer metropolitan hospital in Brisbane, Queensland. Pregnant women presenting for their first antenatal clinic visit were invited to complete an electronic questionnaire. Participants were asked about current or previous antidepressant and anxiolytic medication use, influences on drug decision-making and the adequacy of information received.

Perceptions were measured on a 7-point Likert scale. Findings: 503 pregnant women were surveyed. The background prevalence of anxiety and depression was 30.0%, with 9.3% of respondents currently using antidepressant or anxiolytic medications. 66.0% ceased these medications during or while trying to become pregnant, most commonly due to potential side effects to the baby, health professional advice and symptomatology that was under control. Decision-making was most strongly influenced by general practitioners, family and the internet. Only 55.3% of women were completely satisfied with the information provided. Conclusions: Our results suggest perceived deficits in the adequacy and reliability of information available to pregnant women in psychotropic drug decision-making. A better understanding of these factors involved in decision-making will assist health professionals to support women to make informed decisions most conducive to the health of the patient and her child.


Introduction: Hospitals that provide stroke care vary in performance related to discharge care planning and secondary stroke prevention. Aim: To design and pilot a quality improvement program to reduce disparities between hospitals for discharge planning and secondary prevention. Methods: Three discharge indicators collected in Queensland hospitals within the Australian Stroke Clinical Registry (AuSCR) were used: 1) discharge care plan; 2) antihypertensive medication prescription; and 3) antiplatelet medication prescription if an ischemic event. An aggregated performance score was calculated for each hospital. Clinicians from an exemplar hospital with 'top performance' were part of a focus group to elicit their success factors. Two hospitals with performance levels below their peers then participated in an evidence-based, multifaceted intervention that included data reviews; sharing of exemplar hospital success factors and two workshops resulting in development of an action plan. AuSCR data were reviewed 2-3 months after workshop 2 and compared to the pre-intervention results. Results: The aggregated score improved for each site post intervention (site 1: 18% [p = 0.01]; site 2: 30% [p = 0.005]). Both achieved significant improvements for adherence to discharge care planning (site 1: 46% [p = 0.004; site 2: 67% [p < 0.001]) and one site significantly improved adherence to prescription of antihypertensive medications at discharge (site 2: 31% [p = 0.04]). Due to ceiling effects no significant improvement was observed in adherence to prescription of antiplatelet medication. Conclusion: The methods used in this pilot project contribute to implementation science methods and provide evidence that further testing of the intervention in more hospitals would be worthwhile.


The aim of this study was to develop a model within Nursing Practice in the Context theory subject, to include a bioscientist lecturing to complement the nursing lecturer, in order to explicitly demonstrate links between physiology, pathophysiology and nursing practice. The model developed in this project was a unique, two-part lecture structure: (1) the bioscientist teaching the physiology and pathophysiology in the first component of the lecture, followed by (2) the nurse academic focussing on the context of nursing practice, which included the referring to pathophysiology taught by the bioscientist. The most important findings from this study are that more than 90% of respondents agreed that having a bioscientist who focused on nursing student needs helped to increase knowledge of patient conditions, and bioscientist teaching was beneficial to relate physiology and pathophysiology to nursing care. The results of our study show overwhelming support for this model, including a bioscientist who is focussed on the needs of nursing students, complementing the nursing lecturer, in a nursing practice subject. Students indicated that they could contextualise bioscience concepts with clinical nursing practice, and importantly, made links with patient care. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Aim: The aim of this reflective account is to provide a view of the intensive care unit (ICU) relative’s experiences of supporting and being supported in the ICU.; Background: Understanding the relatives’ experiences of ICU is important especially because a recent work has identified the potential for this group to develop post-traumatic stress disorder, a condition that is normally equated with the ICU survivor.; Design: A thematic analysis was used in identifying emerging themes that would be significant in an ICU nursing context.; Setting: The incident took place in two 8-bedded ICUs (Private and National Health Service) in October.; Results: Two emergent themes were identified from the reflective story - fear of the technological environment and feeling hopeless and helpless.; Conclusion: The use of relative stories as an insight into the live experiences of ICU relatives may give a deeper understanding of their life-world. The loneliness, anguish and pain of the ICU relative extends beyond the walls of the ICU, and this is often negated as the focus of the ICU team is the patient.; Relevance To Clinical Practice: Developing strategies to support relatives might include the use of relative diaries used concurrently with patient diaries to support this groups recovery or at the very least a gaining a sense of understanding for their ICU experience. Relative follow-up clinics designed specifically to meet their needs where support and advice can be given by the ICU team, in addition to making timely and appropriate referrals to counselling services and perhaps involving spiritual leaders where appropriate.; © 2014 British Association of Critical Care Nurses.


Ectopic pregnancy that implants within the scar tissue of a previous caesarean scar is a situation that is seldom encountered and is almost invariably incompatible with a successful pregnancy. Caesarean scar ectopic pregnancies are fraught with life threatening complications such as scar rupture, significant haemorrhage, disseminated intravascular coagulation and the need for emergency life saving hysterectomy. The clinical diagnosis can be elusive, particularly in the early stages; therefore clinicians should be familiar with the condition's sonographic hallmarks. Early diagnosis and management is the key to preventing these complications. We describe a case of caesarean scar pregnancy which was initially misdiagnosed as "a spontaneous miscarriage in progress", resulting in uncontrollable bleeding, necessitating an emergency abdominal hysterectomy. We also endeavour to review the literature with regards to the use of ultrasound in its management, treatment and follow up.;


Devising authentic assessments for subjects with large enrolments is a challenge. This study describes an electronic role-play assessment for approximately 600 first-year nursing students to learn and apply pathophysiology (bioscience) concepts to nursing practice. Students used Microsoft Office PowerPoint® to prepare electronic role-plays both between a nurse and patient, and between two nurses, thus simulating workplace scenarios. Student feedback demonstrated that respondents found this assessment useful for learning pathophysiology, and for applying pathophysiology to a nursing clinical setting. This electronic presentation circumvented issues associated with a traditional oral presentation such as embarrassment and logistics of scheduling groups, and rated well with students of non-English

Rationale: Continuous infusion of β-lactam antibiotics may improve outcomes because of time-dependent antibacterial activity compared with intermittent dosing. Objectives: To evaluate the efficacy of continuous versus intermittent infusion in patients with severe sepsis. Methods: We conducted a randomized controlled trial in 25 intensive care units (ICUs). Participants commenced on piperacillin-tazobactam, ticaricillin-clavulanate, or meropenem were randomized to receive the prescribed antibiotic via continuous or 30-minute intermittent infusion for the remainder of the treatment course or until ICU discharge. The primary outcome was the number of alive ICU-free days at Day 28. Secondary outcomes were 90-day survival, clinical cure 14 days post antibiotic cessation, alive organ failure-free days at Day 14, and duration of bacteremia. Measurements and Main Results: We enrolled 432 eligible participants with a median age of 64 years and an Acute Physiology and Chronic Health Evaluation II score of 20. There was no difference in ICU-free days: 18 days (interquartile range, 2-24) and 20 days (interquartile range, 3-24) in the continuous and intermittent groups (P = 0.38). There was no difference in 90-day survival: 74.3% (156 of 210) and 72.5% (158 of 218); hazard ratio, 0.91 (95% confidence interval, 0.63-1.31; P = 0.61). Clinical cure was 52.4% (111 of 212) and 49.5% (109 of 220); odds ratio, 1.12 (95% confidence interval, 0.77-1.63; P = 0.56). There was no difference in organ failure-free days (6 d; P = 0.27) and duration of bacteremia (0 d; P = 0.24). Conclusions: In critically ill patients with severe sepsis, there was no difference in outcomes between β-lactam antibiotic administration by continuous and intermittent infusion.


Introduction Fetal scalp lactate has been shown to be as effective as fetal scalp pH in predicting neonatal outcomes. However its positive predictive value for neonatal outcome is low. Maternalfetal factors influencing variability in fetal scalp lactate have not been fully explored. The aim of this presentation is to explore the association of gestational age, maternal age, parity, time in labour and birthweight with fetal scalp lactate and examine whether existing thresholds are predictive of adverse outcomes. Methods A retrospective study of all singleton births with a fetal scalp lactate taken during labour at a public teaching hospital between 1 July 2007 and 1 June 2013. Descriptive, bivariate and multivariate analysis was used to explore the association between fetal scalp lactate and other variables of interest. Results A total of 326 patients with fetal scalp lactate measurements were studied. Fetal scalp lactate was not associated with gestational age (Spearman’s q = -0.006, P = 0.92), parity (P = 0.56) or birthweight (P = 0.32). A fetal scalp lactate ≥4.8 mmol/L associated with increasing maternal age (P = 0.049) and shortened time in labour (P = 0.001). Fetal scalp lactate was strongly associated with a combined outcome variable of umbilical artery pH ≤7.20, base excess of ≤-12, Apgar score ≤7 at 1 or 5 min, presence of meconium, special care nursery admission or emergency operative delivery for fetal distress (OR = 1.90, 95% CI 1.44-2.51; P < 0.001). There was no significant association with a poor combined fetal and neonatal outcome when emergency intervention was excluded (OR = 1.11, 95% CI 0.93-1.25; P = 0.092). Of the individual outcome variables, operative delivery for fetal distress (OR = 14.9, 95% CI 7.37-30.3, P < 0.001) and Apgars <7 at 1 and 5 min (OR = 2.23, 95% CI 1.37-3.65, P = 0.001 and OR = 4.40, 95% CI 1.92-10.10, P < 0.001, respectively) were associated with a fetal scalp lactate of ≥4.8 mmol/L. Conclusion There was no significant correlation between fetal scalp lactate and gestational age, parity or birthweight; further exploration of the association with maternal age is warranted. A raised fetal scalp lactate is associated with progression to emergency operative delivery and shorter time in labour and may be an indicator of poorer neonatal outcomes, although exploration in a larger population is warranted.


Background: Bronchiolitis imposes the largest health care burden on non-elective paediatric hospital admissions worldwide, with up to 15 % of cases requiring admission to intensive care. A number of previous studies have failed to show benefit of pharmaceutical treatment in respect to length of stay, reduction in PICU admission rates or intubation frequency. The early use of non-invasive respiratory support devices in less intensive scenarios to facilitate earlier respiratory support may have an impact on outcome by avoiding progression of the disease process. High Flow Nasal Cannula (HFNC) therapy has emerged as a new method to provide humidified air flow to deliver a non-invasive form of positive speaking background. The electronic role-play assessment initiative encouraged students to apply their bioscience knowledge to a clinical setting, and allowed students to conceptualise the importance of bioscience within both the nursing degree and the profession. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
pressure support with titratable oxygen fraction. There is a lack of high-grade evidence on use of HFNC therapy in bronchiolitis. Methods/Design: Prospective multi-centre randomised trial comparing standard treatment (standard subnasal oxygen) and High Flow Nasal Cannula therapy in infants with bronchiolitis admitted to 17 hospitals emergency departments and wards in Australia and New Zealand, including 12 non-tertiary regional/metropolitan and 5 tertiary centres. The primary outcome is treatment failure; defined as meeting three out of four pre-specified failure criteria requiring escalation of treatment or higher level of care; i) heart rate remains unchanged or increased compared to admission/enrolment observations; ii) respiratory rate remains unchanged or increased compared to admission/ enrolment observations; iii) oxygen requirement in HFNC therapy arm exceeds FiO2 ≥ 40% to maintain SpO2 ≥ 92% (or ≥94%) or oxygen requirement in standard subnasal oxygen therapy arm exceeds > 2L/min to maintain SpO2 ≥ 92% (or ≥94%), and iv) hospital internal Early Warning Tool calls for medical review and escalation of care. Secondary outcomes include transfer to tertiary institution, admission to intensive care, length of stay, length of oxygen treatment, need for non-invasive/invasive ventilation, intubation, adverse events, and cost. Discussion: This large multicenter randomised trial will allow the definitive assessment of the efficacy of HFNC therapy as compared to standard subnasal oxygen in the treatment of bronchiolitis.

Frith, P., et al. (2015). "Once-daily glycopyrronium significantly improves lung function and health status and is comparable to tiotropium when added to fluticasone/salmeterol in COPD patients: The glisten study." Respirology 20: 79.

The GLISTEN trial studied triple therapy - long-acting muscarinic antagonist added to fixed-dose combined inhaled corticosteroid and long-acting beta2 agonist - in Chronic Obstructive Pulmonary Disease (COPD). GLISTEN was a randomized blinded placebo controlled trial in patients with moderate to severe COPD comparing glycopyrronium (GLY) 50 μg, tiotropium (TIO) 18 μg or placebo (each once-daily), added to fluticasone/salmeterol (FLU/SAL) 500/50 μg twice daily. The primary objective was to determine non-inferiority of GLY vs TIO (added to FLU/SAL) on trough FEV1 after 12 wks. In addition the study assessed efficacy of the 'triple therapy' GLY + FLU/SAL versus FLU/SAL alone. A total of 773 patients (mean age 68 yrs; post-bronchodilator FEV1 57.2% predicted) were randomized, 84.9% completed. At week 12, GLY demonstrated non-inferiority to TIO when added to FLU/SAL for trough FEV1: least square mean treatment difference (LMS diff) -7 ml (SE 17.4), with statistically and clinically significant improvements in trough FEV1 at Week 12 with GLY + FLU/SAL versus FLU/SAL alone (LMS diff -101 ml, p < 0.001). GLY + FLU/SAL produced statistically significant improvement in health status after 12 wks versus FLU/SAL alone (SGRQ total score LMS diff -2.154, p = 0.02). GLY + FLU/SAL also demonstrated significant reduction in rescue medication use versus FLU/SAL alone (LMS diff -0.72 puffs/day; p < 0.001). The incidence of adverse events (AEs) (58.4%, 64%, 57.6%) and serious AEs (5.8%, 8.5%, 5.8%) was comparable between GLY, TIO and placebo (added to FLU/SAL), respectively. Once-daily GLY demonstrated similar effects to TIO when both were added to FLU/SAL in patients with moderate and severe COPD. Compared to FLU/SAL alone, GLY + FLU/SAL demonstrated significant improvements in lung function, health status and rescue medication use.


Background: The optimal use of various therapeutic combinations for moderate/severe chronic obstructive pulmonary disease (COPD) is unclear. The GLISTEN trial compared the efficacy of two long-acting anti-muscarinic antagonists (LAMA), when combined with an inhaled corticosteroid (ICS) and a long-acting β2 agonist (LABA); Methods: This randomised, blinded, placebo-controlled trial in moderate/severe COPD patients compared once-daily glycopyrronium (GLY) 50 μg, once-daily tiotropium (TIO) 18 μg or placebo (PLA), when combined with salmeterol/fluticasone propionate (SAL/FP) 50/500 μg twice daily. The primary objective was to determine the non-inferiority of GLY+SAL/FP versus TIO+SAL/FP on trough FEV1 after 12 weeks. An important secondary objective was whether addition of GLY to SAL/FP was better than SAL/FP alone; Results: 773 patients (mean FEV1 57.2% predicted) were randomised; 84.9% completed the trial. At week 12, GLY+SAL/FP demonstrated non-inferiority to TIO+SAL/FP for trough FEV1: least square mean treatment difference (LSMdiff) -7 mL (SE 17.4) with a lower limit for non-inferiority of -60 mL. There was significant increase in week 12 trough FEV1 with GLY+SAL/FP versus PLA+SAL/FP (LSMdiff 101 mL, p<0.001). At 12 weeks, GLY+SAL/FP produced significant improvement in St George's Respiratory Questionnaire total score versus PLA+SAL/FP (LSMdiff -2.154, p=0.02). GLY+SAL/FP demonstrated significant rescue medication reduction versus PLA+SAL/FP (LSMdiff -0.72 puffs/day, p<0.001). Serious adverse events were similar for GLY+SAL/FP, TIO+SAL/FP and PLA+SAL/FP with an incidence of 5.8%, 8.5% and 5.8%, respectively; Conclusions: GLY+SAL/FP showed comparable improvements in lung function, health status and rescue medication to TIO+SAL/FP. Importantly, addition of GLY to SAL/FP demonstrated significant
improvements in lung function, health status and rescue medication compared to SAL/FP.; Trial Registration Number: NCT01513460; Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.


Aim: To develop evidence-based recommendations for the diagnosis and management of gout in Australia and New Zealand as part of the multi-national 3e Initiative. Method: Using a formal voting process, a panel of 78 international rheumatologists selected 10 key clinical questions pertinent to the diagnosis and management of gout. An additional question was also developed by participating Australian and New Zealand rheumatologists. Each question was investigated with a systematic literature review. MEDLINE, EMBASE, Cochrane CENTRAL and abstracts from 2010 to 2011 European League Against Rheumatism and American College of Rheumatology meetings were searched in each review. Relevant studies were independently reviewed by two individuals for data extraction and synthesis and risk of bias assessment. Using this evidence, 47 Australian and New Zealand rheumatologists developed national recommendations. For each recommendation the level of agreement was assessed and the level of evidence graded. Result: Eleven recommendations were produced relating to the diagnosis of gout, different aspects of the management of gout, cardiovascular and renal comorbidities and the management of asymptomatic hyperuricemia. The mean level of agreement with the recommendations was 9.1 on a 1-10 scale, with 10 representing full agreement. Conclusion: Eleven Australian and New Zealand recommendations on the diagnosis and management of gout were developed combining systematically reviewed evidence with local expertise, enhancing their utility in clinical practice.


Trust in Nature vs. Mistrust in NatureSpatial AutonomyEnvironmental ShameEnvironmental CompetenciesEnvironmental DisdainEnvironmental ActionEnvironmental Harm This article presents an Environmental Identity Development model, which considers the progression of young children’s self-cognitions in relation to the natural world. We recontextualize four of Erikson’s psychosocial stages, in order to consider children’s identity development in learning in, about, and for the environment. Beginning with Trust in Nature vs. Mistrust in Nature, we argue that cognitions of comfort in the natural world vs. discomfort, provide the foundation for healthy environmental identity development. This trusting bond/relationship with nature allows children to gain Spatial Autonomy through collectively or independently creating their own sense of place in nature vs. feelings of doubt or Environmental Shame. As children progress, they gain Environmental Competencies, creative innovations to use the environment for both personal and social purposes vs. separation from nature or Environmental Disdain. Such competencies promote children’s agency in exercising Environmental Action, applied care/ethics aimed at building a sustainable future, as opposed to behaviors that cause Environmental Harm. Young children’s environmental identity develops in diverse ways and in distinct sociocultural and geographical contexts. Caregivers/educators play a unique role in recognizing and supporting the needs of individual children as they progress towards healthy environmental identity development.


Background: Despite the burden of acute respiratory illnesses (ARI) among Aboriginal and Torres Strait Islander children being a substantial cause of childhood morbidity and associated costs to families, communities and the health system, data on disease burden in urban children are lacking. Consequently evidence-based decision-making, data management guidelines, health resourcing for primary health care services and prevention strategies are lacking. This study aims to comprehensively describe the epidemiology, impact and outcomes of ARI in urban Aboriginal and Torres Strait Islander children (hereafter referred to as Indigenous) in the greater Brisbane area.; Methods/design: An ongoing prospective cohort study of Indigenous children aged less than five years registered with a primary health care service in Northern Brisbane, Queensland, Australia. Children are recruited at time of presentation to the service for any reason. Demographic, epidemiological, risk factor, microbiological, economic and clinical data are collected at enrolment. Enrolled children are followed for 12 months during which time ARI events, changes in child characteristics over time and monthly nasal swabs are collected. Children who develop an ARI with cough as a symptom during the study period are more intensely followed-up for 28 (±3) days including weekly nasal swabs and parent completed cough diary cards. Children with persistent cough at day 28 post-ARI are reviewed by a paediatrician.; Discussion: Our study will be one of the first to comprehensively evaluate the natural history, epidemiology,

Introduction: Stump appendicitis is one of the rare delayed complications post appendectomy with a reported incidence of 1 in 50,000 cases. Stump appendicitis can present as a diagnostic dilemma if the treating clinician is unfamiliar with this rare clinical entity. A PubMed search was conducted to identify cases of stump appendicitis following appendectomy. Sixty one cases of SA that were reported in English medical literature were analyzed.;

Presentation Of Case: We report a case of stump appendicitis (SA) with a systematic review and challenges encountered during the management.;

Discussion: The interval from original appendectomy to stump appendicitis ranged from 4 days to 50 years. SA followed appendectomy in 58% of open and 31.6% of laparoscopic procedures. SA was frequently misdiagnosed as constipation, gastroenteritis or right sided diverticulitis, therefore leading to a significant delay to surgery. Computerized Tomography diagnosed SA in 56.3% of cases. Perforation with gangrene of the stump occurred in 60%;

Conclusion: Stump appendicitis can represent a diagnostic dilemma if the treating physician is unfamiliar with this uncommon clinical entity. Radiological imaging is required to aid diagnosis and a completion appendectomy is the modality of treatment.;


Introduction A low lying placenta is a common finding at the mid trimester morphology scan. The current practice in many Australian hospitals is to repeat an ultrasound in the third trimester for all women with a low lying placenta at the morphology scan. However, international guidelines recommend limiting third trimester ultrasound for assessment of placenta praevia to those cases where the placenta reaches or overlaps the internal cervical os at the second trimester ultrasound. The aim was to evaluate the risk of placenta praevia, vasa praevia or cord prolapse in women reported to have a low lying placenta not reaching or overlapping the internal cervical os during routine second trimester ultrasound.

Methods A retrospective analysis of singleton pregnancies reported to have a low lying placenta at the mid trimester ultrasound scan was undertaken. These were grouped into those with placenta to os distance 1-10 and 11-20 mm. For comparison, data were also collected for women reported to have a placenta reaching the os at mid-trimester. Result The composite outcome of placenta praevia, vasa praevia or cord prolapse was recorded in 19% (4/21) women with placenta 1-10 mm from the internal cervical os and 5.7% (4/69) women with placenta 11-20 mm from the os. Compared to women with placenta reaching the os at mid-trimester, the odds ratio for a composite outcome was 0.65 (CI 0.17-2.51) and 0.2 0.18 (CI 0.05-0.66) for the two groups respectively. Conclusion When the lower placental edge is more than 10 mm from the internal cervical os at mid-trimester, it is reasonable not to rescan for placental localisation in the third trimester.


Objectives: Shortness of breath is a common reason for ED attendance. This international study aims to describe the epidemiology of dyspnoea presenting to EDs in the South East Asia-Pacific region, to compare disease patterns across regions, to understand how conditions are investigated and treated, and to assess quality of care. Methods/Design: This is a prospective, interrupted time series cohort study conducted in EDs in Australia, New Zealand, Singapore, Hong Kong and Malaysia of consecutive adult patients presenting to the ED with dyspnoea as a main symptom. Data were collected over three 72 h periods in May, August and October 2014 (autumn, winter and spring), and included demographics, comorbidities, mode of arrival, usual medications, pre-hospital treatment, initial assessment, ED investigations, treatment in the ED, ED diagnosis, disposition from ED, in-hospital outcome and final hospital diagnosis. The primary outcomes of interest are the epidemiology and outcome of patients presenting to ED with dyspnoea. Secondary outcomes of interest are seasonal and geographic comparisons of diagnoses and outcomes, disease-specific descriptions of epidemiology, investigation,

Data on the occurrence and outcome of patients with chronic obstructive pulmonary disease (COPD) and ventilator-associated pneumonia (VAP) are quite limited. The aim of this study was to determine if COPD intensive care unit (ICU) patients have a higher rate of VAP development, different microbiological aetiology or have worse outcomes than other patients without VAP. A secondary analysis of a large prospective, observational study conducted in 27 European ICUs was carried out. Trauma patients were excluded. Of 2082 intubated patients included in the study, 397 (19.1 %) had COPD 79 (19.9 %) patients with COPD and 332 (19.7 %) patients without COPD developed VAP. ICU mortality increased by 17 % (p < 0.05) when COPD patients developed VAP, remaining an independent predictor of mortality [odds ratio (OR) 2.28 95 % confidence interval (CI) 1.35–3.87]. The development of VAP in COPD patients was associated with a median increase of 12 days in the duration of mechanical ventilation and >13 days in ICU stay (p < 0.05). Pseudomonas aeruginosa was more common in VAP when COPD was present (29.1 % vs. 18.7 %, p = 0.04) and was the most frequent isolate in COPD patients with early-onset VAP, with a frequency 2.5 times higher than in patients without early-onset VAP (33.3 % vs. 13.3 %, p = 0.03). COPD patients are not more predisposed to VAP than other ICU patients, but if COPD patients develop VAP, they have a worse outcome. Antibiotic coverage for non-fermenters needs to be included in the empiric therapy of all COPD patients, even in early-onset VAP.


Introduction: Software is only partially effective for corporate reporting; lacking contextual relevance can lead to inadequate reporting. Source data collection, data cleansing and software settings impact on data quality. Understanding the applications of these processes can improve stroke admission data quality and better inform the analysis and interpretation of the data by funding providers. Aims: This study examines the variations between Redcliffe Hospital Based Corporate Information System (HBCIS), Queensland Statewide Stroke Clinical Network (SSCN) and Stroke Unit Access Quality Improvement Payment Metro North Hospital Health Service (QIPMNHHS) reporting, and the subsequent funding ramifications at enterprise level. Methods: Strokes admitted to Redcliffe Hospital in 2012/2013 were reviewed. Strokes in the SSCN dataset for the same period were used for validation. Descriptive analysis was used to examine concordance between the SSCN and QIPMNHS data sets for matched records, and identify factors associated with stroke admissions not being included in the QIPMNHS. Results: A total of 57 unique strokes were recorded in Redcliffe Hospital HBCIS for the calendar year 2012/2013. 100% of hospital stroke admissions were matched to corresponding records in the SSCN dataset, however only 75.6% of confirmed hospital stroke admissions were found in the QIPMNHS. This variance resulted in the site's admission rate target being under estimated by 11%, with potential loss of $105,000 in incentivized payments had data integrity not been independently analyzed. Conclusion: Without the local specialist clinician monitoring and manual analysis of the various sources of stroke activity data, funding of incentive payments would not have been achieved.


Wider use of chemotherapy and targeted agents can be associated with posterior reversible encephalopathy syndrome (PRES). This syndrome is most commonly found in metastatic adenocarcinoma treated with platinum-based analogs and is managed with cessation of the precipitating medication. We present the first case of PRES in early-stage breast cancer and discuss the further management of this condition. Recognition of this condition and correction of identifiable precipitating factor including cessation of relevant medications remains important in its management.; © 2015 Wiley Periodicals, Inc.


Objective: To evaluate the impact of the introduction of National Emergency Access Target (NEAT) on access block and long-stay patients in Redcliffe Hospital ED, and to evaluate the possibility of forward compliance with the 2014 and 2015 NEAT thresholds.; Setting and Design: Redcliffe hospital is a major...
urban district hospital in Brisbane with more than 55,000 adult and paediatric patients per annum. We evaluated aggregate Emergency Department Information System data for the years 2011, 2012 and 2013 to correlate presentations, NEAT compliance, access block and the number of long-stay patients in our department; Results: There has been a significant reduction in both access block and our number of long-stay patients corresponding with improvements in NEAT compliance. Our forward analysis suggests that without substantial improvements in the NEAT for admitted patients, compliance with 2014 and 2015 thresholds is unlikely to be achievable.; Conclusions: NEAT has been a driver of significant improvements in access block at our institution. We see significant issues with raising the NEAT threshold to the proposed 90% in 2015, and support recent calls for re-evaluation and modification of the target; © 2015 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.


Background: Malignant biliary obstruction in a metastatic population has a diverse aetiology and requires either a surgical or procedural (endoluminal or percutaneous) intervention which serves a diagnostic and therapeutic purpose. It isn't clear whether surgical bypass (when appropriate) or procedural intervention (i.e., stent) is superior in minimizing obstructive complications when patients subsequently have palliative chemotherapy. We report our institutions experience of the complications post biliary intervention. Methods: Hospital records were retrospectively searched between January 2011 and December 2014 for patients for malignant conditions known to potentially cause extrahepatic biliary obstruction (primary liver cancer was excluded). Demographics, pathologic cause of obstruction, type of intervention (stent vs surgery), subsequent palliative chemotherapy administration and post intervention complications (sepsis, re-obstruction, repeat intervention, chemotherapy delays and death) were recorded. Results: Thirty-nine patients were identified (male 56%). The head of pancreas was the most common obstructing lesion and 36 patients received procedural stents (92%). Fifteen patients (41%) had stent complications (re-obstruction = 7; restenting = 3; sepsis = 7; stent migration = 1). One of the three surgical bypass patients had a septic episode related to their biliary obstruction. Chemotherapy was needed to be delayed in 3 patients. Conclusions: Complications after intervention of malignant biliary obstruction are common. Most patients in our series had procedurally placed stents, with few having surgical intervention, likely a factor of local technical skill availability. More data is needed to clarify if surgical intervention would circumvent complications given that most patients now receive palliative cytotoxic chemotherapy post biliary intervention.


Introduction: Intramural oesophageal dissection (IOD) is a rare clinical condition and there is a paucity of information regarding the appropriate diagnosis and management. It is described as bleeding in the submucosal plane of the oesophagus, and has various documented causes. Presentation of case: We report a case of a 73 year old female who developed IOD. She presented with severe chest pain. Subsequent imaging revealed IOD and haematoma formation. This was confirmed on oesophagogastroduodenoscopy (OGD). She was on a bisphosphonate for her osteoporosis, as well as having age-related dysmotility of her oesophagus on manometric studies. She was also taking fish oil. Treatment was conservative and the patient was discharged with proton pump inhibitors and follow up. Discussion: Spontaneous haematoma formation and IOD resulted likely from a combination of the anticoagulant effect of fish oil and oesophageal dysmotility. Bisphosphonates also have some well documented gastrointestinal side effects involving mucosal damage. The possibility that the concurrent use of bisphosphonate led to a pre-existing ulcer which could have contributed to the development of IOD in this patient should be considered. Conclusion: spontaneous IOD can occur in elderly patients who are anticoagulated. Fish oil has not been previously reported as having an association with IOD. This is the first known reported case of spontaneous IOD occurring in association with concurrent use of a bisphosphonate and fish oil. IOD is a rare disorder, and any anticoagulated patients presenting with severe chest pain may need careful investigation prior to definitive management.


Work the World is an organisation providing elective placements and projects abroad for student doctors, nurses, midwives, dentists, pharmacists, radiographers and physiotherapists. Staff work closely with numerous organisations and charities to allow programs to be tailored for each individual. In 2013 I undertook a 4-week placement with Work the World in Dar Es Salaam, Tanzania. I completed 3 weeks of...
my placement at the Muhimbili National Hospital, and 1 week in the Healthcare Centre in Melela village. The Muhimbili National Hospital Radiology department deals with around 100 patients per day referred from the general wards, casualty, the specialist Orthopaedic Institute and other smaller hospitals in Dar Es Salaam. They provide results to assist in diagnosis and treatment for fractures, trauma, road traffic accidents and various chest infections, including tuberculosis and HIV related cases. As a student radiographer I was still developing my own set of radiographic techniques and values with respect to patient care. My placement at Muhimbili National Hospital was a very eye opening experience and allowed me to expand on these techniques and values. The 5 weeks of my trip were both the most challenging and the most rewarding weeks of my life. I am so grateful to the staff in the hospital and Work the World for providing me with this opportunity that I can now share.


Introduction: Cytomegalovirus (CMV) is predominantly an opportunistic infection in the immunocompromised patients. Though, there are few cases of CMV colitis being reported in the immunocompetent individuals, CMV enteritis is exceedingly rare and enteritis leading into small bowel ischemia has never been reported yet.; Presentation Of Case: A 78-year-old male patient presented with distal small obstruction for 4 days duration. Clinical examination revealed a distended abdomen and localised peritonism in right iliac fossa. An initial computed tomography (CT) scan revealed distended small bowel loops up to the thickened inflamed terminal ileum with no free fluid or gas and a normal appendix. No immunosuppressive risk factors such as human immunodeficiency virus, transplant procedures, or steroid therapy were present. Hematologic investigations showed leucocytosis with neutrophilia. Diagnostic laparoscopy confirmed a thickened terminal ileum causing small bowel obstruction. Laparoscopy converted to laparotomy and right hemicolectomy was performed. Histology showed isolated small bowel ischemia with ulcerative changes and cytomegalovirus inclusions. The patient was started on ganciclovir therapy and subsequently had an uneventful recovery and discharged after 16 days.; Discussion: Cytomegalovirus enteritis was initially not suspected in our patient. In this case CMV caused ischemia of the small bowel without evidence of colonic involvement. Even in elderly patients, the small bowel remains resilient to the ischemic changes because of the copious blood supply.; Conclusion: We report possibly the first case of isolated small bowel ischaemia caused by cytomegalovirus in immunocompetent individuals, needed surgical resection.; Copyright © 2015 The Authors. Published by Elsevier Ltd. All rights reserved.


Introduction: Superior mesenteric artery (SMA) syndrome is a relatively rare aetiology of proximal intestinal obstruction. This is caused by narrowing of vascular angle of SMA and aorta compressing the third part of the duodenum (D3). Predisposing factors may include precipitous weight loss, corrective spinal surgery or repair of an aortic aneurysm.; Presentation Of Case: A 53 year old male presented to our department with worsening post-prandial vomiting and epigastric pain for last three months. One examination, epigastric region was distended with succussion splash on abdominal auscultation. History did not include any predisposing factor. CT scan showed narrow angle of 12.77° between SMA and aorta owing to the compression of D3. Since onset of vomiting and resultant poor oral intake, he had lost 11 kg of his usual body weight. After gastric decompression, nasojejunal enteral feeding was started. Diet was progressed to oral feedings gradually and following return to his baseline weight, he continued to be free of symptoms in follow-up visits.; Discussion: Although there are recognised predisposing factors but sometimes aetiology remains idiopathic. SMA syndrome should initially be managed non-operatively with gastric decompression, correction of water and electrolyte imbalance, and hemodynamic instability. Regaining weight helps increasing vascular space between SMA and D3 thus relieving obstruction. Persistence of symptoms beyond 3-4 weeks warrants surgical intervention.; Conclusion: Non operative management with nutritional supplementation remains the first line of therapy.;


Introduction & Objectives: Consenting patients for an operation can often be a challenging process especially when patients have little or no understanding of what the procedure entails. However, the use of visual aid in the form of an iPad app can potentially increase a patient’s level of understanding of the proposed urological procedure. The use of such visual aid is on the rise but little literature has been published to study the subject. Methods: Thirty patients with newly diagnosed localised prostate cancer who were being considered for radical prostatectomy were approached in the outpatient clinic and included in the study following their consent. Patients were randomly assigned into one of two groups,

Background: Percutaneous liver biopsy (PLB) is the "gold standard" in the diagnosis of liver diseases. A pilot trial has shown pethidine may reduce anxiety and the need for post-procedural pain relief. The aim of this study was to investigate the role of pre-procedural pethidine.; Methods: A double-blinded, randomized, placebo-controlled trial was conducted to assess the need for pethidine prior to PLB. 98 patients were randomly assigned to receive either 50 mg pethidine i.v. (n = 48), or an equal volume of 0.9% normal saline (n = 50). PLB was performed with ultrasound guidance after adequate local anaesthesia with xylocaine. Patients were asked to self-evaluate pain experienced using a visual analogue score (0-10) immediately and an hour after PLB. Patients were then followed up 24 hours after the procedure to assess their pain score, retrospective pain score and willingness to have a repeat procedure.; Results: Pethidine administration resulted in significantly lower pain scores (0.60 ± 0.1 vs 1.2 ± 0.2, p = 0.006) and required less analgesia (0% vs 10%, p = 0.03) immediately after PLB in comparison to the placebo group. There was no significant difference in the pain score and analgesia requirement one hour after the procedure, the pain score at 24 hours after procedure and retrospective pain score. 94% of all patients of either group are willing to undergo go a repeat liver biopsy (NS); Conclusions: The administration of pethidine routinely prior to PLB reduces the immediate post procedural pain but has no lasting effect and does not influence the patients' decision making process for future investigations.; Trial Registration: ACTRN12614001194651, 13 November 2014;


Background: Community acquired pneumonia (CAP) is a common and potentially serious condition, the outcome of which depends on early appropriate antibiotic treatment. There are several guidelines for antibiotic prescribing; the commonly used Therapeutic Guidelines (eTG) are accessible online to all clinicians in Queensland.1 Aims: To determine compliance with eTG in antibiotic prescribing for patients admitted to hospital with CAP against baseline severity of pneumonia, the organism identified and allergies documented. Methods: This was a cross sectional, retrospective, observational study from July 2012 to June 2013 involving 150 sequential adult patients admitted to the Medical Admissions Unit (MAU) of Redcliffe Hospital, via Emergency Department (ED), with a diagnosis of CAP. Results: 48.7% of cohort were females. The median age was 72 years [IQR: 56-83; range 18-98]; 60.7% were aged over 65 years. The median length of hospital stay was 3 days [IQR: 1-4; range 1-59]. In-patient mortality rate was 1.3%. Severity markers were documented in only 4.0% cases. The median time from arrival to first antibiotic dose was 2.3 hours [IQR: 1.4-4.0]; 75.9% were treated within 4 hours. The median time to switch from intravenous to oral antibiotics was 3 days [IQR: 1.3-4.0]. Compliance with eTG with regards to the choice of antibiotics was 23.5% for the ED and 45.4% for the MAU doctors. Compliance with dosage and duration were high with the correct choice of antibiotics. Conclusion: Compliance with eTG and documentation of severity markers were low in both the ED and MAU, but early initiation of treatment and a short length of stay were achieved. This study identifies a gap in prescribing practices against national guidelines; education and encouragement of compliance with the eTG are recommended.


Alongside proud family and friends, Metro North Hospital and Health Service Board chairman Dr Paul Alexander congratulated the graduates at a ceremony at Redcliffe Hospital.


Objective: To evaluate the impact of an ED pharmacy service on ED clinical staff and hospital pharmacist activity.; Methods: A prospective study measuring pharmacist activities and surveying ED staff attitudes...


Introduction: Cannabis remains the most used illegal substance across the globe, and negative outcomes and disorders are common. A spotlight therefore falls on reductions in cannabis use in people with cannabis use disorder. Current estimates of unassisted cessation or reduction in cannabis use rely on community surveys, and few studies focus on individuals with disorder. A key interest of services and researchers is to estimate effect size of reductions in consumption among treatment seekers who do not obtain treatment. Effects within waiting list or information-only control conditions of randomised controlled trials offer an opportunity to study this question. Method: This paper examines the extent of reductions in days of cannabis use in the control groups of randomised controlled trials on treatment of cannabis use disorders. A systematic literature search was performed to identify trials that reported days of cannabis use in the previous 30 (or equivalent). Results: Since all but one of the eight identified studies had delayed treatment controls, results could only be summarised across 2-4 months. Average weighted days of use in the previous 30 days fell from 24.5 to 19.9, and a meta-effects model showed an average reduction of 0.442 SD. However, every study had at least one significant methodological issue. Conclusions: While further high-quality data is needed to confirm the observed effects, these results provide a baseline from which researchers and practitioners can estimate the extent of change required to detect effects of cannabis treatments in services or treatment trials.


Objective: There is rapidly growing evidence of natural recovery from cannabis use in people with psychosis, but little is known about how it occurs. This qualitative study explores what factors influence the decision to cease cannabis use, maintain cessation, and prevent relapse. Methods: Ten people with early psychosis and lifetime cannabis misuse, who had been abstinent for at least a month, were recruited from public adult mental health services. These six men and four women participated in a semi-structured qualitative interview assessing reasons for addressing cannabis use, effective change strategies, lapse contexts, and methods used to regain control. Interpretative phenomenological analysis was used to identify themes in their responses. Results: Participants had a mean age of 23 years (SD = 3.7), started using cannabis at age 13.7 (SD = 1.6), began daily use at 17 (SD = 3.1), and had abstained from cannabis for 7.9 months (SD = 5.4). Awareness of the negative impact of substance use across multiple domains and the presence of social support for cannabis cessation were seen as vital to sustained success, as was utilization of a combination of coping strategies. The ability to address pressure from substance-using peers was commonly mentioned. Conclusions: Maximally effective treatment may need to focus on eliciting a range of benefits of cessation and control strategies and on maximizing both support for change and resistance to peer pressure. Further research might focus on comparing perceived effective strategies between individuals who obtain sustained cessation versus those who relapse. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Substance misuse in people with psychosis presents significant problems, but trials of treatments to address it show little sustained advantage over control conditions. An examination of mechanisms underpinning unassisted improvements may assist in the refinement of comorbidity treatments. This study reviewed existing research on natural recovery from substance misuse in people with psychosis. To
address this issue, a systematic search identified only 7 articles that fulfilled the criteria. Their results suggest that people with psychosis report similar reasons to change as do non-psychotic groups, although they did not clarify whether the relative frequencies or priority orders were the same. Differences involved issues relating to the disorder and the functional problems faced by this group: receipt of treatment for mental health difficulties, worsening of mental health difficulties, and homelessness. The current research on reasons for change in people with psychosis is sparse and has significant limitations, and as yet it offers little inspiration for new treatments. A more fertile source may prove to be a detailed investigation of successful substance control strategies that are used in self-management by this group.


Introduction & Objectives: Bacillus-Calmette-Guerin (BCG) is a common treatment for non-muscle invasive bladder cancers. Use of induction therapy of BCG has become almost universal. Maintenance therapy was introduced in an effort to overcome the waning ‘immunity’ of the bladder. A previous survey in England and Wales of consultant practices revealed significant variability in patterns of use for BCG. We replicated this study to assess current practices and patterns of use of BCG therapy among Australian urologists. Methods: A survey was constructed based on that previously used by Meyer et al. [1]. A list of urologists in Australia was compiled from http://www.usanz.org.au as well as http://www.doctoralia.com.au. The survey was then distributed via post. Results: A total of 276 urologists were identified across Australia with 77 completed surveys returned, giving a total response rate of 28%. Survey responses are summarised in the tables below. Conclusions: Overall the majority of respondents based their use of BCG on current scientific evidence. When asked about practices surrounding cystoscopy more than a third based their practice on more anecdotal reasons, which reflects the lack of consensus in the literature. Use of BCG maintenance therapy appears to be reduced by concerns with patient tolerance. Although only 49% of respondents would use BCG maintenance therapy routinely, a further 25% responded to questions on their use of maintenance therapy. This may suggest that at least some urologists will use a stratified approach to the use of BCG maintenance therapy, which is also a trend seen in some parts of the current literature. (Table Presented).


Introduction: Large variations exist between hospitals with regard to adherence to discharge planning and prescription of secondary prevention medication. Aim: To describe effective discharge strategies from benchmark hospitals and identify how these could be applied in hospitals with below average adherence to discharge processes. Methods: We compared provision of a discharge care plan; and prescription of secondary prevention medications at discharge, in Queensland hospitals in 2013, using Australian Stroke Clinical Registry (AuSCR) data. Hospitals with the greatest performance scores were invited to participate in a focus group to to elicit success factors. Two hospitals with below average adherence were invited to participate in a pilot intervention to improve their discharge processes. Current practices at pilot sites were identified and gap analyses performed and differences between benchmark and pilot sites were outlined. This information was presented at workshops to guide development of action plans. Results: Two benchmark (composite performance scores >85%) and 2 pilot sites (composite performance scores <50%) participated. Common practice gaps included: inconsistent use of tools and discharge systems; variable knowledge of discharge processes; and lack of pharmacy involvement. Sub-optimal documentation in medical records and data entry in AuSCR was also identified. Actions identified to address these gaps included: consistent use of discharge care plan tools; professional development; blanket referrals to pharmacy; checklists; and ‘top-up’ training for AuSCR data collection. Conclusion: Obtaining success factors from benchmark hospitals provided real-world experience to integrate into a multifaceted intervention to improve adherence to discharge processes and improve care.


Neurological involvement is not uncommon in patients who sustain electrical injury. The exact mechanism of nervous system damage following electrical trauma is not fully understood. The gamut of possible neurologic manifestations following electrical injury is diverse. This case report describes a young man with a unique pattern of neurological injury following an electrical burn. The combination of brachial plexopathy, partial Horner’s syndrome, and phrenic nerve palsy secondary to electrical injury has not been previously described in the literature;

Background: The diagnosis of synchronous primary malignancy is a documented but uncommon phenomenon in the literature. There is limited published data on the clinical and pathological features of primary tumors occurring synchronously with colorectal adenocarcinoma. The objective of this study is to examine the clinical and pathological features of primary tumors occurring synchronously with colorectal adenocarcinoma at a single institution. Methods: Ten patients with a diagnosis of colorectal adenocarcinoma presenting with a synchronous malignancy treated at our institution were included. Patient records and pathological reports were reviewed. Results: Records of 10 patients were reviewed. Five cases of colorectal cancer were diagnosed as part of the staging investigations for another synchronous malignancy. Five cases of a synchronous primary malignancy were diagnosed during staging investigations for colorectal cancer. Three patients were diagnosed with 3 synchronous malignancies. Synchronous malignancies had a varied anatomical and pathological subtype including renal (3), prostate (2), lung (2), melanoma (2), hematological (2), carcinoid (1) and gastro-intestinal stromal tumor (1). Conclusions: The diagnosis of synchronous primary malignancy is an uncommon clinical entity. The histological subtype of synchronous tumors in patients with colorectal cancer is varied at our institution.


Introduction: Intestinal malrotation is a congenital rotational anomaly that occurs as a result of an arrest of normal rotation of the embryonic gut, said to occur in 1 in 6000 live births. Due to the abnormal caecal and appendix position, diagnosis of acute appendicitis becomes more challenging, thus leading to diagnostic and operative intervention delays. Our aim is to highlight the diagnostic challenges in this clinical scenario.; Presentation Of Case: We present a case of a 10 year old boy with previously undiagnosed intestinal malrotation with a left sided acute appendicitis. Initial symptoms lead to a treatment for gastroenteritis, however, due to ongoing pain a CT abdomen was done which showed the malrotation and appendicitis. He required a laparoscopy converted to open appendicectomy due to an appendiceal mass.; Discussion: Historically, intestinal malrotation was thought to be a disease of infancy with infrequent occurrence after the age of one year. However, recent analysis has shown an increase in presentations after one year of life into adulthood. Thus, the prevalence of malrotation in children and adults over the age of one year appear to be higher than initially presumed.; Conclusion: Left sided acute appendicitis is a diagnostic dilemma, thus often leading to management delays. It is pertinent to remember that malrotation of the gut is more common than previously thought, and not just a disease of infancy. It is advisable to consider imaging studies while balancing the risk-benefit-ratio of radiation exposure, especially in paediatric cases to cinch the diagnosis.; Copyright © 2015 The Authors. Published by Elsevier Ltd.. All rights reserved.


Purpose: Our purpose was to establish whether the addition of chemotherapy to radiotherapy would improve overall, disease-specific and relapse-free survival in patients with high-intermediate (HIR) and high-risk (HR) endometrial cancer. Methods and Materials: We obtained Institutional Review Board approval before conducting a retrospective review of 117 patients treated at multiple institutions from 2007 to 2011. Data was extracted from the medical records. Women with HR endometrial cancer were FIGO Stage 3, or had a historical diagnosis of uterine papillary serous or clear cell carcinoma. Women with HIR cancer were defined according to the criteria published in a GOG study.1 Their age determining the number of the following risk factors (histological grade 2 or higher, presence of lymphovascular invasion and invasion of the outer third of the myometrium) required to be considered HIR. Actuarial techniques were used for survival and relapse rates and Cox regression analysis was performed for prognostic factors. Results: All 117 patients underwent surgical resection. Fifty-four women (46%) then received a “high-risk” protocol of platinum-based chemotherapy followed by chemoradiotherapy or 2 cycles of chemotherapy before and after chemoradiotherapy (CRTa). Seven women (6%) received concurrent chemoradiotherapy (CRTb). 50 (43%) received radiotherapy alone (RT) and 6 (5%) women received chemotherapy alone (CT). There were 63 women in the HR group, and 54 in the HIR group. Median follow-up was 38 months. In the HIR group, there were no differences in 5 year overall survival (OS) (HR 2.0, 95% CI 0.5-8.3, P = 0.25), disease-specific survival (DSS) (HR 2.1, 95% CI 0.4-10.9, P = 0.32) or relapse-free survival (RFS) (HR 1.4, 95% CI 0.3-6.2, P = 0.24) between the CRTa and RT groups. In the HR group, women who received CRTa demonstrated a nonsignificant trend towards improved DSS over those who received RT alone (74% vs 50%, HR 1.8, 95% CI 0.3-9.9, P = 0.44). There was a similar trend to improved RFS (72% vs 44%, HR 2.1, 95% CI 0.4- 11.50, P = 0.32) and OS (61% vs 50%, HR 1.8, 95% CI 0.3-

Aim: The aim of this study was to describe characteristics of successful ex-smokers in Australian adults referred for pulmonary function assessment. Specifically, the motivation for those who have successfully ceased smoking, the method used, cigarette accessibility while quitting and presence of ongoing cigarette cravings. Method: A convenience sample was obtained via patients referred to two hospital Pulmonary Function Laboratories. Successful ex-smokers (defined as ceased smoking >1 month) answered a simple multiple-choice questionnaire about their motivations and methods used to quit. Subjects selected one most appropriate answer or supplied their own answer. Results: In 100 ex-smokers, mean consumption was 46 pack-years (Mean ± SD 25.9 ± 19.5 cigarettes/day and duration 35.6 ± 13.4 years). The most frequent reasons for quitting were: current health problems (41%); patient felt ready/"sick of smoking" (14%); avoid future health problems (13%), and high cost (13%). The majority of ex-smokers ceased smoking without any aid (71%); followed by Varenicline (11%); Nicotine patches (9%) and Nicotine gum (4%). 76% of respondents stated they did not keep an accessible supply of cigarettes at home while quitting. 49% of the respondents still experienced an occasional craving to smoke. Conclusion: Most ex-smokers successfully quit without any smoking cessation aids. Smokers were motivated to quit primarily by current health concerns, followed by: feelings of readiness, future health concerns and cost. The majority of successful ex-smokers reported no easy access to cigarettes in their home while quitting. This data is useful in describing the characteristics of successful ex-smokers and may be useful in directing future resources in public health and smoking cessation programs. This is a select population and may not represent all types of ex-smokers.


Aim/Background: Our study aims to investigate the value of utilising PPI scores on a regular basis. We examined the application of the PPI for all admissions to a palliative care unit and determine its prognostic accuracy in cancer and non-cancer patients. Methods: The study included 106 patients admitted over a three month period. The patients were separated into two categories: (A) Cancer diagnosis and then into subgroups based on the PPI score on admission. Group 1 patients with a PPI < 4, group 2 with a PPI of > 4 but ≤ 6 and group 3 with a PPI of > 6. During admission, the PPI score was reassessed and recorded each week. Outcome of each patient was recorded and compared with the predicted survival by the PPI. Results: Category A included 76 patients - 47 males and 29 females. The mean age was 71 years. The median PPI on admission was 5. Groups 1 had longer average survival time (72 days) than group 2 & 3 (16 & 5 days). Category B included 30 patients - 17 males and 13 females. The mean age was 76 years. The median PPI on admission was 9.5. There were no patients in group 2, three patients in Group 1 and their average survival time was 138 days, while 28 patients in Group 3 and their average survival time was 9 days. PPI >6 was calculated as a predictor of <3 weeks survival: sensitivity was 77% (95% CI 66-86%) and specificity was 70% (50-86%) for all patients; sensitivity was 96% (95% CI 80-100%) and specificity was 60% (95% CI 15-95%) for category A patients; sensitivity was 69% (95% CI 55-80%) and specificity was 72% (95% CI 50-89%) for category B patients. 12 patients (15%) from category A had worsening PPI on weekly calculations. Conclusions: Cancer patients with a lower PPI (< 4) on admission had average survival of >6 weeks. Weekly calculation of PPI during admission can help to predict changing prognosis and notify patients and their families in time. PPI scoring is also beneficial for discharge planning if low score remains stable during admission. Most of the Patients with a non-cancer diagnosis had PPI of >6. It confirms that this group of patients are referred to the palliative care in terminal stage and routine use of PPI is unlikely to be beneficial for prognostication. Further evaluation of PPI scoring in palliative patients from community and respite care settings is needed.

Hypertension is widely encountered in family medicine. Despite its prevalence, many patients have uncontrolled or difficult-to-control blood pressure. Resistant hypertension is defined as hypertension that is poorly responsive to treatment and requires the use of multiple medications to achieve acceptable blood pressure ranges. It may be a consequence of secondary hypertension or have no identifiable cause. Resistant hypertension is important to recognize because it places patients at risk of end-organ damage. Primary care physicians should be aware of the therapeutic approach for hypertension when traditional therapy fails. This article aims to familiarize readers with the evaluation and management of resistant hypertension by outlining the most recent evidence-based treatment options.


We are encouraged to continue working longer than we may have planned when we embarked on our careers as doctors. We live longer and now expect to be able to work past the previous retiring age of 65, and ease out of work in our own way. However, cognitive decline and physical impairments increase with age, and without an objective measure of the competency of the doctor, risks to the community may increase. Assessment of ability to practice medicine is fraught with difficulty, as the debates about revalidation and recertification show. What is known about the ageing doctor will be presented, assessment will be discussed and transitions to reduced working hours and retirement for the older doctor will be reviewed.


This paper will review new developments in evidence and practice in Geriatric Medicine in 2014. Advances in the understanding of dementia, and the limited changes in treatment, particularly in the management of behavioral and psychiatric symptoms will be discussed. More controversies in the benefits and harms of Vitamin D and calcium will be covered. Some clarification on the role of the new oral anticoagulants, and targets for management of hypertension and diabetes in older people will be reviewed. Latest evidence in management of fractures in older people will be mentioned. Changes in the costs of long term residential care in Australia, and the impact on hospitals will be outlined.


Intro: Use of Tumor necrosis factor inhibitors (TNFi) during pregnancy in patients with rheumatic disease such as Rheumatoid Arthritis (RA) was previously not recommended. However use in other specialties during pregnancy without adverse outcomes has led to increasing use with no apparent safety signals. If patients cease TNFi months before conception and/or during pregnancy, increased RA activity can occur. There is growing awareness that active RA during pregnancy can be associated with adverse outcomes for mother and baby. Attitudes of individual Rheumatologists is of interest to the wider professional
community. Method: A survey was sent to 339 Australian Rheumatologists to determine their recommendations for use of TNFi agents during pregnancy in 2013. The survey was re-sent in 2014 to those whom said they would stop the TNFi agents to see if their practice had changed. In 2014, a further qualifying question was asked if their practice was different if the patient had severe rheumatic disease. Results: There was a 30% response rate to the initial survey (101/339). In 2013, 50% (51/101) of respondents said they would allow use of TNFi agents at conception. In 2014, of those whom had disallowed TNFi agents in the original survey, 16% had changed their mind to allow the TNFi (total of Rheumatologists 66% (67/101)). If the patient has severe rheumatic disease, 78% (79/101) of the total surveyed would allow the TNFi. Conclusion: Use of TNFi in pregnancy is increasingly being regarded as safe. This may be a result of heightened awareness that high disease activity has an adverse impact on pregnancy outcomes and must be balanced against the possible risk of continuing the medication. As more information is available about safety of these agents during pre-conception and pregnancy, confidence is increasing amongst Australian Rheumatologists.