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

Two wards and two theatres at Redcliffe Hospital are set to undergo a $12 million refurbishment following years of neglect by the former Labor Government. Treasurer Tim Nicholls said the wards were part of the original Redcliffe Hospital which was built almost 30 years ago. In November and December last year, the hospital treated 100 percent of Category 1 patients within the required time frames and there has been a significant reduction in both Category 2 and Category 3 wait times.

Premier Campbell Newman said more than 4,700 dental vouchers were issued to Redcliffe patients to give them access to the treatment they needed. Vouchers were primarily given to people who had been on public dental waiting lists for long periods, or to those requiring urgent dental care, Mr [Lawrence Springborg] said. In November and December last year Redcliffe Hospital treated 100 per cent of urgent, Category 1 patients and in December cleared the urgent Category 1 long wait list.


(2014). Deadline nears for MPs to respond. Toowoomba, Qld.: 40.
Health Minister Lawrence Springborg will be just as busy in responding to questions about the closure of the pain clinic at Redcliffe Hospital, sun-safe messages and midwife home visits.

The incident, at the Redcliffe Hospital in Brisbane's bayside, has outraged the Queensland Nurses' Union (QNU). "It was a very, very nasty injury and was totally unexpected from what we've been advised," QNU secretary Beth Mohle told AAP. "It highlights systematic issues and we need to be vigilant about violence towards health staff," Ms Mohle said.

(2014). Several Queensland ministers face a busy weekend responding to questions... [Derived headline]. Maroochydore, Qld.: 24.
Health Minister Lawrence Springborg will be just as busy in responding to questions about the closure of the pain clinic at Redcliffe Hospital, sun-safe messages and midwife home visits.


Background In many health systems, specialist services for critically ill children are typically regionalised or centralised. Studies have shown that high-risk paediatric patients have improved survival when managed in specialist centres and that volume of cases is a predictor of care quality. In acute cases where distance and time impede access to specialist care, clinical advice may be provided remotely by telephone. Emergency retrieval services, attended by medical and nursing staff may be used to transport patients to specialist centres. Even with the best quality retrieval services, stabilisation of the patient and transport logistics may delay evacuation to definitive care. Several studies have examined the use of telemedicine for providing specialist consultations for critically ill children. However, no studies have yet formally examined the clinical effectiveness and economic implications of using telemedicine in the context of paediatric patient retrieval. Methods/Design The study is a pragmatic, multicentre randomised controlled trial running over 24 months which will compare the use of telemedicine with the use of the telephone for paediatric retrieval consultations between four referring hospitals and a tertiary
paediatric intensive care unit. We aim to recruit 160 children for whom a specialist retrieval consultation is required. The primary outcome measure is stabilisation time (time spent on site at the referring hospital by the retrieval team) adjusted for initial risk. Secondary outcome measures are change in patient's physiological status (repeated measure, two time points) scored using the Children's Emergency Warning Tool.

change in diagnosis (repeated measure taken at three time points)
change in destination of retrieved patients at the tertiary hospital (general ward or paediatric intensive care unit)
retrieval decision, and length of stay in the Paediatric Intensive Care Unit for retrieved patients. The trial has been approved by the Human Research Ethics Committees of Children's Health Services Queensland and The University of Queensland, Australia. Discussion Health services are adopting telemedicine, however formal evidence to support its use in paediatric acute care is limited. Generalisable evidence is required to inform clinical use and health system policy relating to the effectiveness and economic implications of the use in telemedicine in paediatric retrieval. Trial registration Australian and New Zealand Clinical Trials Registry ACTRN12612000156886


Background: Intrahepatic cholestasis of pregnancy (ICP) is an uncommon obstetric condition characterised by intense maternal pruritis and biochemical abnormality. There is a degree of contention regarding the diagnosis and management of ICP, and currently, there are no nationally accepted guidelines; Aims: To conduct a survey of Fellows and Members of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) regarding their diagnosis and management ICP.; Methods: An online survey of currently practising RANZCOG Fellows and Members, utilising Survey Monkey.; Results: Thirty percent of those sent the survey responded, comprising approximately 40% of practising obstetricians. Fasting bile acid and serum transaminase elevation in association with the characteristic itch define the disease process for the majority of respondents and also inform management decisions. There was no critical level of bile acid elevation that mandated treatment for the majority of respondents. Nearly 90% of respondents induce women with ICP at 37-38 completed weeks of pregnancy, due to concerns regarding possible fetal demise. About one-third of respondents refer to the Royal College of Obstetricians and Gynaecologists (RCOG) Green-top Guideline to advise their decision-making process, and a similar proportion use local or hospital-based guidelines.; Conclusions: Elevated fasting bile acids and abnormal liver function tests define the diagnosis and inform management of ICP by Australian obstetricians. Routine induction of labour for patients with ICP at 37-38 completed weeks of pregnancy is widely practised in Australia. An evidence-based guideline would assist clinicians who manage such cases in Australia; © 2014 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.


Objective: To describe the characteristics, clinical interventions and the outcomes of patients administered packed red blood cells (pRBCs) by a metropolitan, road based, doctor-paramedic trauma response team (TRT).; Methods: A retrospective cohort study examining 18 months of historical data collated by the Queensland Ambulance Service TRT, the Pathology Queensland Central Transfusion Laboratory, the Royal Brisbane and Women’s Hospital and the Princess Alexandra Hospital Trauma Services was undertaken.; Results: Over an 18-month period (1 January 2011 to 30 June 2012), 71 trauma patients were administered pRBCs by the TRT. Seven patients (9.9%) died on scene and 39 of the 64 patients (60.9%) transported to hospital survived to hospital discharge. 57 (89.1%) of the transported patients had an Injury Severity Score (ISS) > 15, with a mean ISS, Revised Trauma Score (RTS) and Trauma-Injury Severity Score of 32.11, 4.70 and 0.57, respectively. No patients with an RTS < 2 survived to hospital discharge. 53 patients (82.8%) received additional pRBCs in hospital with 17 patients (26.6%) requiring greater than 10 units pRBCs in the first 24 h. 47 patients (73.4%) required surgical or interventional radiological procedures in the first 24 h.; Conclusions: There is a potential role for prehospital pRBC transfusions in an integrated civilian trauma system. The RTS calculated using the initial set of observations may be a useful tool in determining in which patients the administration of prehospital pRBC transfusions would be futile.; 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.

Objective: To evaluate the feasibility, limitations and costs involved in providing prehospital trauma teams with packed red blood cells (pRBCs) for use in the prehospital setting. Methods: A retrospective cohort study, examining 18 months of historical data collated by the Queensland Ambulance Service Trauma Response Team (TRT) and the Pathology Queensland Central Transfusion Laboratory was undertaken. Results: Over an 18-month period (1 January 2011-30 June 2012), of 500 pRBC units provided to the TRT, 130 (26%) were administered to patients in the prehospital environment. Of the non-transfused units, 97.8% were returned to a hospital blood bank and were available for reissuе. No instances of equipment failure directly contributed to wastage of pRBCs. The cost of providing pRBCs for prehospital use was $A551 (£361) for each unit transfused. Conclusions: It is feasible and practical to provide prehospital trauma teams with pRBCs for use in the field. Use of pRBCs in the prehospital setting is associated with similar rates of pRBC wastage to that reported in emergency departments.


Purpose: To assess the safety and efficacy of 2 concurrent injections of collagenase clostridium histolyticum (CCH) in the same hand to treat multiple Dupuytren flexion contractures.; Methods: In a multicenter, open-label phase IIIb study, 60 patients received two 0.58-mg CCH doses injected into cords affecting 2 joints in the same hand during 1 visit, followed by finger extension approximately 24 hours later. Efficacy at postinjection day 30 (change in flexion contracture and active range of motion, patient satisfaction, physician-rated improvement, and rates of clinical success [flexion contracture 5° or less]) and adverse events were summarized.; Results: The concurrent injections were most commonly administered in cords affecting metacarpophalangeal (MCP) and proximal interphalangeal (PIP) joints on the same finger (47%) or 2 MCP joints on different fingers of the same hand (37%). Mean total (sum of the 2 treated joints) flexion contracture decreased 76%, from 87° to 24° (MCP joints: 86%; PIP joints: 66%). Mean total range of motion increased from 100° to 161°. Clinical success was 76% for MCP joints and 33% for PIP joints. Most patients were very satisfied (60%) or quite satisfied (28%) with treatment. Most investigators rated treated joints as very much improved (55%) or much improved (37%). The most common treatment-related adverse events (> 75% of patients) were contusion, pain in extremity, and edema peripheral (local edema). Most adverse events were mild to moderate in severity. Serious complications included 1 pulley rupture related to study medication and 1 flexor tendon rupture (following conclusion of the study). There were no systemic complications.; Conclusions: Results suggest that 2 affected joints can be effectively and safely treated with concurrent CCH injections. There was an increased incidence of some adverse events with concurrent treatment (pruritus, lymphadenopathy, blood blister, and skin laceration) compared with treatment of a single joint. High degrees of patient satisfaction and physician-rated improvement were reported.; Type Of Study/level Of Evidence: Therapeutic IV.; Copyright © 2014 American Society for Surgery of the Hand. Published by Elsevier Inc. All rights reserved.

Dalby, M. (2014). "Introducing our Unit... Redcliffe Hospital, Queensland." JGENCA 24(2): 28-29.


Hysteroscopic surgery is pivotal in management of many gynecological pathologies. The skills required for performing advanced hysteroscopic surgery (AHS), eg, transcervical hysteroscopic endometrial resection (TCRE), hysteroscopic polypectomy and myomectomy in the management of menorrhagia, hysteroscopic septulysis in fertility-related gynecological problems and hysteroscopic removal of chronically retained products of conception and excision of intramural ectopic pregnancy ought to be practiced by contemporary gynecological surgeons in their day-to-day clinical practice. AHS is a minimally invasive procedure that preserves the uterus in most cases. Whilst the outcome is of paramount importance, proper training should be adopted and followed through so that doctors, nurses, and institutions may deliver the highest standard of patient care.;

A field trial comparing a formulation containing 40% deet (N,N-diethyl-3-methyl benzamide) in ethanol (Bushman) and 32% lemon eucalyptus oil (LEO; Mosi-guard) as protection against mosquitoes at Redcliffe, Queensland, Australia, was conducted in February 2012 and February 2013. The 40% deet formulation provided 100% protection against mosquitoes for 7 h, while the 32% LEO provided >95% protection for 3 h.

Frith, P., et al. (2014). "Late-breaking abstract: Glycopyrronium once-daily significantly improves lung function and health status when added to fluticasone/salmeterol in patients with COPD: The GLISTEN study." European Respiratory Journal 44.

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 randomised 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. 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) -7ml (SE 17.4), with statistically and clinically significant improvements in trough FEV1 at Week 12 with GLY added to FLU/SAL versus FLU/SAL alone (LMS diff 101ml, p<0.001). GLY (added to 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 (added to 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%) was comparable between GLY, TIO and placebo (added to FLU/SAL), respectively. Compared to FLU/SAL alone, GLY 50 μg added onto FLU/SAL demonstrated significant improvements in lung function, health status and rescue medication use.


The information related to health risks to foetuses due to the handling of chemotherapeutic agents by nurses during pregnancy is limited. The risks involved can be reduced significantly if nurses adhere to standard safety precautions while handling cytotoxic drugs. Nurses in patient areas where chemotherapy is administered are at constant low-level risk of exposure. The authors tried to gather evidence in this article from the recent literature to help to formalise policies for pregnant mothers working in these settings.


A 37-year-old patient with type 1 diabetes had been recently diagnosed with collagenous colitis (CC) after sigmoidoscopy. She rapidly progressed from a fortnight of watery diarrhoea, to a malabsorptive state with severe dehydration and acute kidney injury. This necessitated admission to an intensive care unit for emergency dialysis. She was subsequently diagnosed with collagenous enterocolitis affecting gastric, small bowel and colonic mucosa which required systemic steroid therapy. Physicians caring for patients with CC should be aware of the potential extreme manifestations of upper gastrointestinal collagenous deposition.; 2014 BMJ Publishing Group Ltd.


Lang, J., et al. (2014). "Inclusion of 'minor' trauma cases provides a better estimate of the total burden of injury: Queensland Trauma Registry provides a unique perspective." Injury 45(8): 1236-1241.

Introduction: Injury is recognised as a frequent cause of preventable mortality and morbidity; however, incidence estimates focusing only on the extent of mortality and major trauma may seriously underestimate the magnitude of the total injury burden. There currently exists a paucity of information regarding minor trauma, and the aim of this study was to increase awareness of the contribution of minor trauma cases to the total burden of injury.; Methods: The demographics, injury details, acute care factors and outcomes of both minor trauma cases and major trauma cases were evaluated using data from the state-wide trauma registry in Queensland, Australia, from 2005 to 2010. The impact of changes in Abbreviated Injury Scale (AIS) versions on the classification of minor and major injury cases was also assessed.; Results: Over the 6-year period, minor cases [Injury Severity Score (ISS) ≤ 12] accounted for almost 90% of all trauma included on the Queensland Trauma Registry (QTR). These cases utilised more than half a million acute care bed days, underwent more than 66,500 operations, and accounted for
more than 48,000 patient transport episodes via road ambulance, fixed wing aircraft, or helicopter. Furthermore, more than 5800 minor trauma cases utilised in-hospital rehabilitation services; almost 3000 were admitted to an ICU; and more than 20,000 were admitted to hospital for greater than one week. When using the contemporary criteria for classifying trauma (AIS 08), the proportion of cases classified as minor trauma (87.7%) and major trauma (12.3%) were similar to the proportion using the traditional criteria for AIS90 (87.9% and 12.1%, respectively).; Conclusions: This evaluation of minor trauma cases admitted to public hospitals in Queensland detected high levels of demand placed on trauma system resources in terms of acute care bed days, operations, ICU admissions, in-hospital rehabilitation services and patient transportation, and which are all associated with high cost. These data convincingly demonstrate the significant burden of injury imposed by minor trauma cases serious enough to be admitted to hospital.; Copyright © 2014 Elsevier Ltd. All rights reserved.


Background: Acute haemorrhage is a major contributor to trauma related morbidity and mortality. Quantifying blood loss acutely and accurately is a difficult task and no currently accepted standard exists. We introduce a simple shock grading tool incorporating vital signs, fluid response and estimated blood loss to describe shock grade during the primary survey based on the original Advanced Trauma Life Support (ATLS) classification. Methods: We performed a prospective cohort study of all trauma patients admitted to our emergency room over a 1-year period to evaluate the utility of this tool for emergency physicians to detect significant haemorrhage in the trauma patient. Shock grades were prospectively assigned to patients by the trauma team as part of the primary survey, and followed up to assess for outcomes. The primary outcome was a composite endpoint of clinical, radiological and operative findings consistent with significant haemorrhage. Data were analysed using linear and logistic regression to assess predictive ability and receiver operator characteristic curve to assess overall diagnostic accuracy. Results: The overall sensitivity of the shock grading tool was 83%. The diagnostic accuracy based on area under receiver operator characteristic curve was 0.86. There was also a significant association between increasing shock grade and both injury severity score (β coefficient 7.0, p<0.001, 95% CI 6.2 to 7.8) and the presence of significant haemorrhage (OR 5.1, p<0.001, 95% CI 3.6 to 7.3). Conclusions: We conclude that a simple ATLS based clinical tool that objectively categorises haemorrhagic shock is a useful part of the primary survey of the trauma patient, although a larger study with higher statistical power is required to evaluate this conclusion further.


Introduction: Gastrointestinal graft-versus-host disease (GI-GvHD) is extremely debilitating and is multifactorial in its causative factors, management and treatment. It is an exaggeration of normal physiological mechanisms wherein the donor immune system attempts to rid itself of the host. The inflammatory process that follows has the benefit of providing an anti-tumour effect for many diseases, but unfortunately in patients undergoing human stem-cell transplantation, the nature of the inflammation can result in disability, wasting and death.; Aim: The aim of this article is to discuss the pathophysiology of this often misunderstood or misdiagnosed condition, as well as its signs and symptoms, management and considerations for nursing care. Considerations for nursing practice: While the medical management is aimed at minimising GvHD through the reduction of T-cell production and proliferation and gastrointestinal decolonisation, the nursing care is often focused on the signs and symptoms that can have the most prominent impact on patients.; Conclusion: GI-GvHD has serious life-threatening complications, namely wasting syndrome, diarrhoea and dehydration. The basis of signs and symptomology is easily recognisable owing to the stages of progression through the human stem-cell transplantation process. Oncology nurses are in a prime position to identify these serious risks, initiate treatment immediately and collaborate effectively within the multidisciplinary team to minimise GvHD onset and provide expert support to patients, family and caregivers.;


Objective: To explore aspects of anorexia nervosa occurring in older populations, especially men, by reviewing the literature and presenting a case study of an elderly man with unexplained vomiting and weight loss. Method: The literature is reviewed and an illustrative case study of an elderly man with unexplained vomiting and weight loss is described. Conclusions: Anorexia nervosa is an uncommon cause of unexplained weight loss in the elderly, but may be under-recognized and associated with a high level of mortality. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Objectives The Emergency Triage Education Kit (ETEK) was published in 2007. To date, the impact of ETEK has not been measured. The purpose of this study was to measure the effectiveness of ETEK on paediatric triage. Method A retrospective chart audit was undertaken in a tertiary paediatric hospital. Its aim was to review the completeness of documentation recorded at the point of triage after a standardised documentation framework was introduced and to measure inter-rater agreement. Primary assessment and physiological discriminators documented at the point of triage were compared with those from the paediatric physiological discriminator table (PPDT) within ETEK. Using an audit tool developed by the researchers, a parallel decision-making pathway was used to ascertain whether the original ATS score could be substantiated by the PPDT. Improvement in documentation of the primary assessment and inter-rater agreement was measured over time. Results 600 triage records were selected 200 each from 2007, 2008 and 2010. Triage documentation that did not support parallel decision-making decreased significantly according to the year of presentation (2007 112 (56%), 2008 106 (53%), 2010 13 (7%), P<0.001). When parallel decision-making was facilitated by an improvement in triage documentation, there was improvement in matched triage scores (2007 54%, 2008 69%, 2010 72%, P=0.01). Conclusion The introduction of ETEK has had a significant impact in this ED, particularly when combined with education sessions. The use of the PPDT as a framework to guide documentation and triage language facilitated parallel decision-making and auditing, and led to an improvement in inter-rater agreement when applied to children.


The object of this study is to report a rare case of explosion during laparotomy where diathermy ignited intraperitoneal gas from a spontaneous stomach perforation. Fortunately, the patient survived but the surgeon experienced a finger burn. A literature review demonstrates other examples of intraoperative explosion where gastrointestinal gases were the fuel source. Lessons learned from these cases provide recommendations to prevent this potentially lethal event from occurring.; Copyright © 2012. Published by Elsevier B.V.


This paper examines victims' short and long-term experiences of safety and wellbeing after being supported through a six week police-led integrated response to domestic violence in Caboolture, Southeast Queensland. The overarching objective of this integrated response was to create safer home environments for women and children affected by domestic violence. The response was run as a pilot project from January 2010 until December 2011 and received subsequent funding for continuation after the initial pilot period. Findings presented in this paper are based on the last six months of the pilot period and illustrate women's perceived safety and wellbeing during and after their initial state of crisis. [ABSTRACT FROM AUTHOR]

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Introduction: The ethics governing procedural consent in surgery dictate that the patient be duly informed of the potential risks of any procedure. This study evaluates the quality, competence and confidence with which current surgical residents undertake the informed consent process. Methods: The existing Queensland Health surgical consent form was used as the standard template for information provision of general and specific risks for a given procedure. Current surgical residents from 3 hospitals were asked to complete a survey midway through, and at the end of their 10 week surgical rotation. Factors such as previous exposure, career path interest and the current rotation undertaken by the
residents were evaluated. The survey asked the participant to outline 5 most important risks to discuss with the patient for a given procedure, and these responses were given scores of 1 or 2 for each response for general or surgery specific risks respectively. They were then asked how comfortable they were at consenting for this given procedure, and whether they felt confident consenting independently or under supervision of their senior colleagues. Results: We aimed to have at least 50 residents participate in this study. Preliminary results at this stage show 18 participants have completed the initial survey, with 2 participants lost to follow-up at the second survey. Of these, there were 12 Interns, 3 Junior House Officers (PGY2) and 1 Senior House officer (PGY3 + ) who completed both surveys. Across both surveys, only 1 respondent had participated in the surgery they were consenting for, and a further 13 responses pertained to procedures that the participant had never witnessed. The 5 most important surgical specific risks were scored between 0 and 10, with an average score of 5.22 and 5.62 out of 10 for surveys 1 and 2 respectively. Results show that those who indicated an interest in a surgical career path scored below the average with 5.11 and 5.33 respectively. Only 3 residents felt completely or somewhat uncomfortable consenting for procedures. More than half (10/18) of the participants respondents felt that they needed supervision conducting consent. Conclusions: This study identifies that there was a poor application of informed consent amongst current residents. There was a minor improvement in scores with greater exposure to their resident term. Our results are incongruous with the perceived competency with conducting consent that most residents believe they have. Further study to improve resident insight and knowledge is required in order to ensure that patients have proper informed consent. It appears that residents require greater supervision and guidance at informed consent.


Anxiety and depression are common and important comorbidities in patients with chronic obstructive pulmonary disease (COPD). The pathophysiology of these psychological comorbidities in COPD is complex and possibly explained by common risk factors, response to symptomatology and biochemical alterations. The presence of anxiety and/or depression in COPD patients is associated with increased mortality, exacerbation rates, length of hospital stay, and decreased quality of life and functional status. There is currently no consensus on the most appropriate approach to screening for anxiety and depression in COPD. Treatment options include psychological [relaxation, cognitive behavioural therapy (CBT), self-management] and pharmacological interventions. Although there is some evidence to support these treatments in COPD, the data are limited and mainly comprised by small studies. Pulmonary rehabilitation improves anxiety and depression, and conversely these conditions impact rehabilitation completion rates. Additional high quality studies are urgently required to optimise screening and effective treatment of anxiety and depression in patients with COPD, to enhance complex chronic disease management for these patients.


Aim: To assess the predictors of a significant decrease or cessation of substance use (SU) in a treated epidemiological cohort of first-episode psychosis (FEP) patients.; Method: Participants were FEP patients of the Early Psychosis Prevention and Intervention Centre in Australia. Patients' medical files were reviewed using a standardized file audit. Data on 432 patients with FEP and baseline co-morbid substance use disorder (SUD) were available for analysis. Predictors of reduction/cessation of SU at follow up were examined using logistic regression analyses.; Results: In univariate analyses, a reduction/cessation of SU was predicted by baseline measures reflecting higher education, employment, accommodation with others, cannabis use disorder (CUD) only (rather than poly-SUDs), better global functioning and better premorbid social and occupational functioning, later age at onset of psychosis, and a diagnosis of non-affective psychosis. In multivariate analysis, CUD alone and better premorbid social and occupational functioning remained significant predictors.; Conclusions: Addressing SUDs and social and occupational goals in people with FEP may offer opportunities to prevent SUDs becoming more severe or entrenched. Further longitudinal research on recovery from SU and FEP is needed to disentangle directions of influence and identify key targets for intervention.; © 2013 Wiley Publishing Asia Pty Ltd.


Background and Objectives: Cannabis use is common in early psychosis and has been linked to adverse outcomes. However, factors that influence and maintain change in cannabis use in this population are poorly understood. An existing prospective dataset was used to predict abstinence from cannabis use over the 6 months following inpatient admission for early psychosis. Methods: Participants were 67 inpatients with early psychosis who had used cannabis in the 6 weeks prior to admission. Current
guidelines."


Introduction: Low stage renal cell carcinoma (RCC) is increasingly commonly diagnosed. There are a number of guidelines but no consensus on the recommended postoperative surveillance of patients who undergo surgical excision of these lesions. Patients and Methods: A retrospective audit identified 34 patients who underwent radical or partial nephrectomy for T1 RCC at the Redcliffe Hospital between July 1999 and June 2011. We compared the existing surveillance recommendations from the American Urological Association (AUA) and European Association of Urology (EAU) with respect to cost and efficacy of diagnosing recurrences in our cohort of patients. Results: Within our cohort five patients developed recurrent RCC: one local recurrence; three contralateral metachronous recurrences; and one metastatic recurrence. Time from operation to recurrence ranged from 9 to 80 months. Applying the...
AUA surveillance guidelines to our cohort resulted in detection of one of the five recurrences. In contrast, applying the EAU surveillance guidelines resulted in detection of four of the five recurrences. Using current Queensland Health costings and including the cost of appointments and surveillance investigations, the cost of surveillance per patient ranged between $1064 and $2318 using the AUA guidelines compared with $2366 using the EAU guidelines. Conclusions: Preliminary results from our cohort suggest postoperative surveillance for patients with T1 RCC should be continued for at least 5 years and should include regular abdominal imaging. Despite a modestly increased cost per patient, the EAU surveillance guidelines, as applied to our cohort, were more efficacious at detecting postoperative recurrences than the AUA guidelines. A larger patient cohort is required to demonstrate a statistically significant difference.


Obturator hernia (OH) is a rare type of pelvic hernia. It can cause significant morbidity and mortality, especially in the elderly age group. Delayed treatment is associated with high rates of strangulation (25-100%). We present an 88-year-old woman who presented with symptoms of bowel obstruction and right hip pain. Computed tomography (CT) abdomen revealed bilateral OHs and bowel obstruction secondary to the right OH. She was managed conservatively due to her age and co-morbidities and her bowel obstruction subsequently resolved. She was discharged, only to re-present 1 month later with similar complaints. A repeat CT scan revealed bilateral OHs and bowel obstruction due to the left OH. She underwent midline laparatomy and both OHs were reduced. The right OH was fixed with polypropylene mesh plug and the left OH was fixed with primary closure. The patient recovered and no recurrence was noted during follow-up.; Published by Oxford University Press and JSCR Publishing Ltd. All rights reserved. © The Author 2014.


Background: The USCOM monitor allows Emergency Physicians to rapidly and non-invasively measure stroke volume. Aim: To determine if fluid resuscitation guided by non-invasively measured response in stroke volume improves lactate clearance and haemodynamic indices in critically ill patients in the emergency department Methods: Randomised controlled pilot study of adult patients requiring urgent fluid resuscitation and having two out of three of the following: heart rate > 100 bpm, systolic blood pressure < 100 mmHg and lactate > 1.5 mmol/L. Participants randomised to standard care vs fluid resuscitation guided by stroke volume response. Results: 110 participants were enrolled. There was a significant difference between groups at enrolment with more participants in the stroke volume receiving pre-hospital fluid, 12 (22%) vs 27 (46%), P = 0.004 and in enrolment heart rate, 118 bpm (110-127) vs 105 bpm (99-113), P = 0.01. There was no difference in the amount of fluid given as boluses between groups (1379 ml (1182-1592) vs 1618 ml (1360-1875). Primary outcome, four hour lactate, showed no difference, 2.2 mmol/L (1.7-2.7)/L vs 2.7 mmol/L (1.8-3.7), P = 0.57. Mortality was similar in both groups, 9 (17%) vs six (10%), P = 0.25. Univariate analysis demonstrated a difference in the proportion achieving normalisation of vital signs (HR < 100, SBP > 100, 30% vs 51%, P = 0.04). However multivariate analysis controlling for differences between the groups showed the significance was not sustained, P = 0.20. Conclusion: In this pilot study, stroke volume response guided fluid resuscitation in critically ill ED patients did not improve outcomes.


Hypothesis: Patients waiting in excess of 2 years for endoscopic procedures would be keen to accept alternative endoscopic provisions. Introduction: International healthcare reform has often looked for the lowest cost provider, this may have required patients to have been treated out of their local hospital. The literature suggests that patient feedback rates ‘local provision’ of healthcare as the most important factor influencing their choice of provider, even when public and private options are available. Recent increased healthcare funding in Metro North, Brisbane, facilitated a waiting list initiative for TPCH to address waiting lists at Caboolture Hospital (CABH). Provision of endoscopic services was contracted to a private provider (10 km from CABH) and to TPCH (25 km). Methods: Retrospective data collection following increased healthcare funding to fund a waiting list initiative to improve and reduce waiting times for endoscopy, colonoscopy and gastroenterology outpatients. TPCH (administered the processes to facilitate the patient journey. Three choices were available, TPCH (25 km from CABH), a private provider (10 km from CABH) or to stay on the CABH waiting list. Waiting lists were analyzed, a total of 1392 patients were processed some having waited up to seven years. Data collected includes patient demographics, age, gender, ASA, BMI, wait times, colonoscopy duration, withdrawal times, failure rates,
redo rates and polyp and adenoma detection rates. Results: Results are illustrated in Table 1. Conclusion: Despite long waiting times for Gastroenterology services in parts of Metro North, facilitation of non-local hospital intervention was declined in favor of 'local healthcare' in almost 1/3 of patients interviewed. This cohort had a higher mean age and this may have contributed to their choice. Only 56% of patients offered alternative healthcare choices in both public and private facilities proceeded with procedures or outpatient consultations. These findings were unexpected given the years patients had spent on waiting lists, but is supported in the international experience of preference for 'care closer to home'. (Table Presented).


Introduction: Advances in technology surrounding flexible ureterorenoscopy (FURS) and Holmium:YAG Laser stone ablation has increased the success rate of renal stone clearance. It has also increased the feasibility of treating complex and large renal calculi ( > 20 mm) using FURS and laser compared with percutaneous nephrolithotomy which is a comparatively morbid operation. This cohort study highlights the outcomes of thirteen patients with renal calculi > 20 mm treated with FURS and laser. To date there has been no known published series in Australia and New Zealand looking at treatment of large renal calculi with FURS. Patients and Methods: A retrospective review was performed of 13 patients undergoing FURS from July 2011 to May 2013. Only patients with either a single calculus or multiple calculi with a combined diameter greater than 20 mm located within the renal pelvis or proximal ureter were included in the study. A 9.9 Fr Olympus digital flexible ureterorenoscope (URF-V, Olympus Medical Systems, Japan) was used for renal access. Endoscopic fragmentation and ablation of calculi was performed with a 200 and 365 micrometer Holmium:YAG laser fibre. A 14/16 Fr ureteric access sheath (Cook Medical, USA) was used routinely. A ureteric stent was inserted when required. Post operative follow up was performed using appropriate imaging (CT or XR). Successful clearance was defined intraoperatively as visual clearance of the renal tract with fragments too small to retrieve with a basket and on follow up as fragments of less than 2 mm on surveillance imaging. Measured outcomes included: stone clearance rate, operative time, number of procedures to stone clearance, complication rate and recurrence-free follow up period. Results: 92% of followed-up patients (11/12, median follow up 11 months) had successful calculi clearance with staged procedures. Median number of procedures to achieve clearance was 1.66. Six patients required a single procedure, while seven patients required two procedures to achieve clearance. Median operative time was 80.5 minutes (range 30-158 min first procedure, 10-91 min second procedure). Median length of stay was 2 days/1 night. 4/13 patients had a stent prior to their initial procedure, all 13 had a stent inserted afterwards. 3/7 patients with a second procedure had a stent postoperatively. 2/13 had a complication (ileus conservatively managed for 3 days; candida-positive blood culture nine days postop required inpatient admission and stent removal). Conclusions: FURS and laser is an effective treatment modality for complex and large renal calculi providing a feasible, safer option to PCNL when counselling patients. FURS requires longer operative time and staged procedures. It should be offered to patients as an option for treatment of large renal calculi.